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

4. 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

25-0622 2025-2026 Late Late Alcohol License renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2025

Attachments: 2025 Late Late Alcohol License Renewals.pdf

25-0650 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

25-0616 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

Attachments: American Dining Creations (Warch).Alcohol.Class B Beer Reserve Liquor.5.21.2

25-0619 Class "B" Beer and Reserve "Class B" Liquor License renewal application for American Food & Vending Corporation d/b/a American Dining Creations, Kelly Noel, Agent, located at 711 E Boldt Way, contingent upon approval of the original application

Attachments: American Dining Creations.Warch 2025 Renewal.pdf

25-0617 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

25-0621 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

25-0625 2025-2026 Late Late Cigarette, Tobacco, and Electronic Vaping Device License renewal applications

Attachments: 2025 LATE LATE CTV RENEWALS.pdf

25-0623 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

25-0624 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

25-0626 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

25-0627 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

25-0628 Class "B" Beer and "Class B" Liquor License Permanent Premises Amendment application for Bowl Ninety-One LLC d/b/a Bowl Ninety-One, 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

25-0630 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

25-0632 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

25-0586 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

25-0642 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

25-0638 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

Attachments: Golper Supply Co.SV.5.28.25.REDACTED.pdf

25-0641 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

Attachments: Mach IV Motors.SV.6.3.25.REDACTED.pdf

25-0611 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

Attachments: Z's Overflow LLC - Taxicab Co Renewal App.pdf

25-0634 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

25-0635 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.p

25-0636 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 La

25-0637 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

25-0651 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
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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 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

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

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

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

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

NAME	TRADE NAME	ADDRESS
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		

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Form **AB-105**

Producer Full-Service Retail Sales Application

Date

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor): Hop Yard Ale Works LLC

2. Business Name or DBA: Hop Yard Ale Works

3. Agent Name: Amy Behm

4. FEIN:

5. Wisconsin Seller's Permit Number: 456-1030505526-04

6. Wisconsin Producer Permit Number: BR-WI-21258

7. Producer Type: ☐ Brewery ☑ Winery ☐ Liquor Manufacturer/Rectifier

8. Contact Person's First Name: Amy

9. Last Name: Behm

10. M.I.:

11. Contact Person's Phone:

12. Contact Person's Email: amy@hopyardaleworks.com

Part B: Production Quantity

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

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels	☐ Less than 1,500 liters	☐ Less than 1,000 gallons
☑ 250 - 2,499 barrels	☐ 1,500 - 4,999 liters	☐ 1,000 - 4,999 gallons
☐ 2,500 - 7,499 barrels	☐ 5,000 - 34,999 liters	☐ 5,000 - 24,999 gallons
☐ 7,500 or more barrels	☐ 35,000 or more liters	☐ 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 331	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

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

1. Start Date:

2. Production Premises Address:

3. City:

4. State:

5. Zip Code:

6. County:

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

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? . . . . . ☐ Yes ☐ No
   If yes, complete boxes 2 through 9.

2. Current Outlet Name:

3. Current Outlet Premises Address:

4. City:

5. State:

6. Zip Code:

7. County:

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

9. Premises Phone Number:

Continued ⟶

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality ☐ City ☐ Town ☐ Village of: _____		18. Premises Phone Number

19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

20. Will you operate a restaurant on the premises? . . . . . ☐ Yes ☐ No

21. What alcohol beverages will be offered for sale? (check all that apply) . . . . . ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

23. How will customers be served? (check all that apply) . . . ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption

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

1. Name of Event (if applicable)
Flicks & Sips

2. Dates of Operation (attach a schedule, if necessary)	3. Hours of Operation
July 11,2025 AND Sept 13,2025	6p-10p

4. Premises Address
301 W Lawrence St, Appleton, WI 54911

5. City	6. State	7. Zip Code
Appleton	WI	54911

8. County	9. Governing Municipality ☑ City ☐ Town ☐ Village of: Appleton
Outagamie	

10. Organizer of Event (if not the named applicant)	11. Email and/or Phone Number for Organizer of Event
Appleton Parks and Recreation	elizabeth.konrath@appletonwi.gov
12. Organizer Website	13. Event Website
www.appletonparkandrec.org	https://parks.appletonwi.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 from a tent under the Jones Park Bridge. ID's will be checked with bracket given from nearby tent (or pavilion). Beer will not be allowed to leave the park.

15. On-Site Contact (Last Name, First Name)	16. On-Site Contact Phone	17. On-Site Contact Email
Amy Behm		amy@hopyardaleworks.com

18. Will you operate a restaurant on the premises? . . . . . ☐ Yes ☑ No

19. What alcohol beverages will be offered for sale? (check all that apply) . . . . . ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

20. What alcohol beverages does the permittee produce? (check all that apply) ☑ Beer ☑ Wine ☐ Intoxicating Liquor (other than wine)

21. How will customers be served? (check all that apply) . . . ☐ Samples ☑ On-premises consumption ☐ Off-premises consumption

Continued ⟶

Part F: Attestation

Who must sign this application?

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

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature	Date
	May 22

Last Name	First Name	M.I.
Behm	Amy	

Title	Email	Phone
Vice President	amy@hopyardaleworks.com	

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

1. Will the municipality limit the scope of alcohol beverages offered for sale? . . . . . ☐ Yes ☐ No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? . . . . . ☐ Yes ☐ No

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

4. Last Name of Municipal Official	5. First Name	6. M.I.

7. Signature of Municipal Official	8. Date

9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body

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 full-service 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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	

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

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

Deposit $50

Fees	
License Fees	$ 10,600
Background Check Fee	$ 28
Publication Fee	$ 60
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. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: NY
7. Date of Organization: 09/26/1990
8. Wisconsin DFI Registration Number:
9. Premises Address: 711 E. Boldt Way
10. City: Appleton
11. State: WI
12. Zip Code: 54915
13. County: Outagamie
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Appleton
15. Aldermanic District:
16. Premises Phone: (920) 238-3402
17. Premises Email: knoel@afvusa.com
18. Website: 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 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.

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: 1st 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. 3rd Floor – Kraemer, Art Gallery, Pusey, and Somerset Rooms. 4th Floor – Arthur Vining Davis and Runkel Rooms.

20. Mailing Address (if different from premises address): 124 Metropolitan Park Drive
21. City: Syracuse
22. State: NY
23. Zip Code: 13088

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Wells	Martin	President	
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:

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Noel	Kelly	A

Title	Email	Phone
Resident District Manager		

Signature	Date
Kelly Noel	5/14/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 05/14/2025

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)
American Food & Vending Corporation

2. Business Trade Name or DBA
American Dining Creations

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

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

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Noel	Kelly	A.

4. Email	5. Phone

6. Home Address
1242 Stine Way

7. City	8. State	9. Zip Code	10. Date of Birth
De Pere	WI	54115	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

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

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Wells	Martin	

Title	Email	Phone
President		

Signature	Date
[signature]	5/19/25

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Noel	Kelly	A.

Signature	Date
Kelly Noel	5/14/25

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:** 711 E. Boldt Way
4. **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 at 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.
6. **Do you lease or own the building?** ☐ **Lease** ☐ **Own** N/A - occupying space under an agreement with Lawrence University.
   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? N/A
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 hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☒ No If yes, explain: _____

8. **Anticipated date of opening?** Currently serving as the food provider at Lawrence University. Would like to begin liquor services by 6/15/25.

9. **Will your business sell or serve food?**

Yes ☑ If yes, please describe the type of food offerings available Catering food, Buffets, served meals, or reception events

No ☐

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

Seating Capacity: Inside: 1,092 - Outside: N/A

- 1st floor, Schumann, Parrish, and Perille hold 12 people each.
- 2nd floor, Hurvis and Mead Witter each hold 150 people.
- 3rd floor, Kraemer holds 24 people, the Art Gallery holds 200, Pusey holds 100, and Somerset holds 400.
- 4th floor, Arthur Vining Davis and Runkel hold 16 people each.

Operating Days/Hours: Inside: 7am - 11pm daily - based on catering events. Outside: N/A

Employees/Staff (per shift/day) Number of Personnel: Varies based on needs. We currently have 6 managers and 62 team members that work in food service. Only limited numbers working with catering and alcohol.

Approximate floor building area of the premises to be licensed: Level 0: 13,500 sq. ft; Level 1: 23,800 sq. ft; Level 2: 23,800 sq. ft; Level 3: 23,800 sq. ft; Level 4: 9,700 sq. ft sq. ft.

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

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

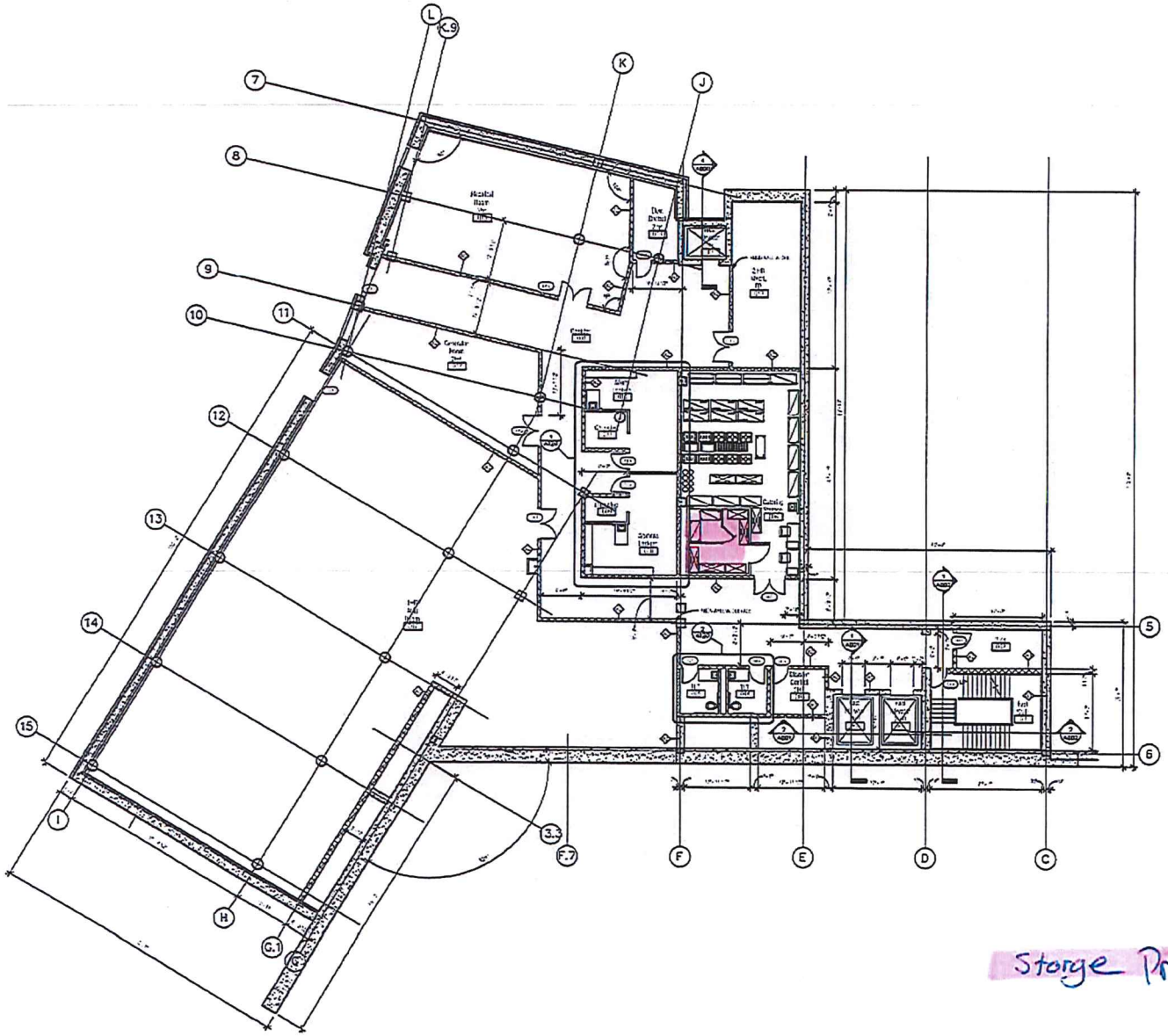
College foodservice that has one all-you-care-to-eat location, one Café retail location, and one c-store location. Catering Operation that supplies food for events throughout campus buildings. Alcohol would be limited to catering events only and areas within licensed premises.

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

Kelly Noel
Signature

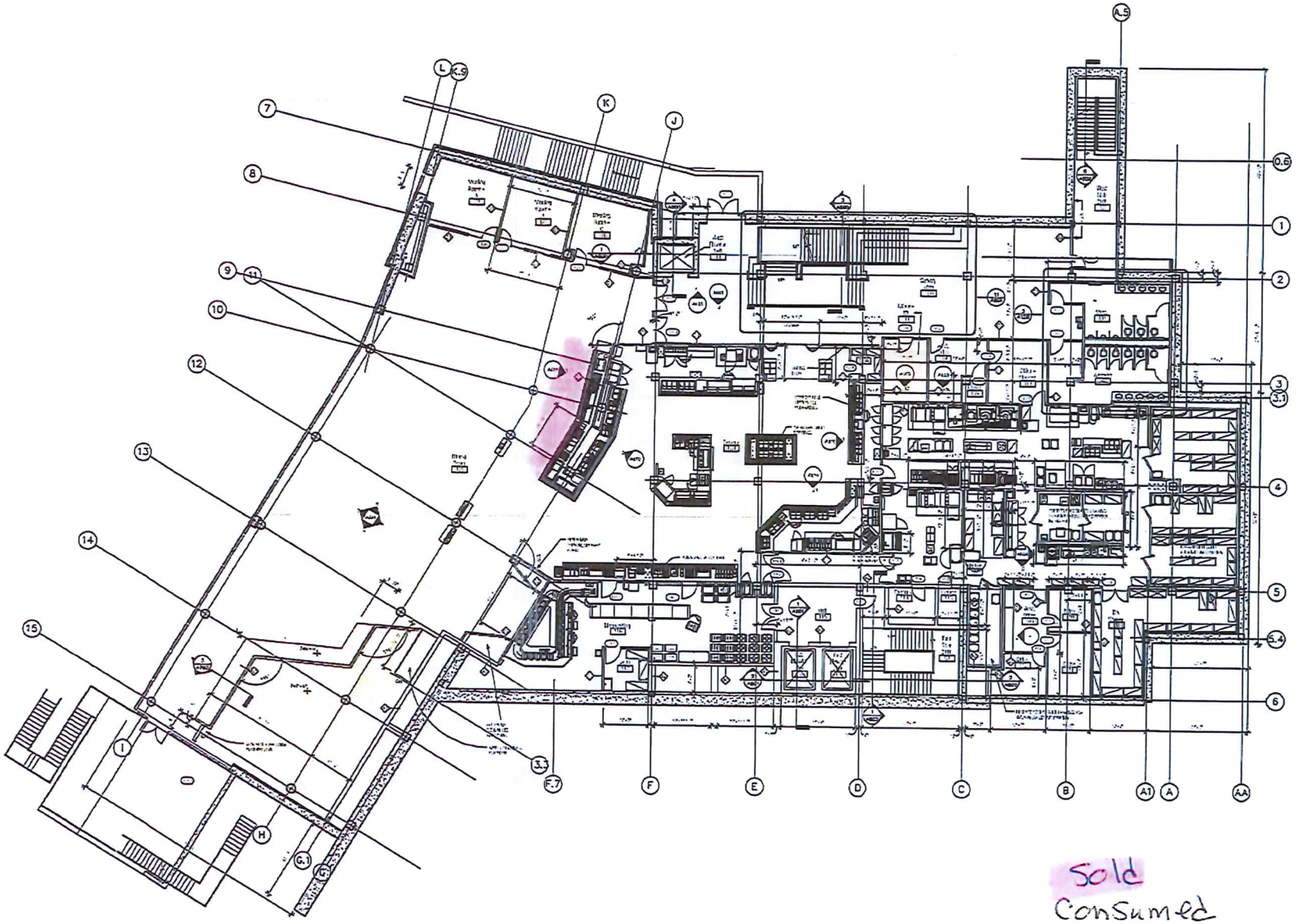
5/14/25
Date

Level 0



Storge Product

Level 1



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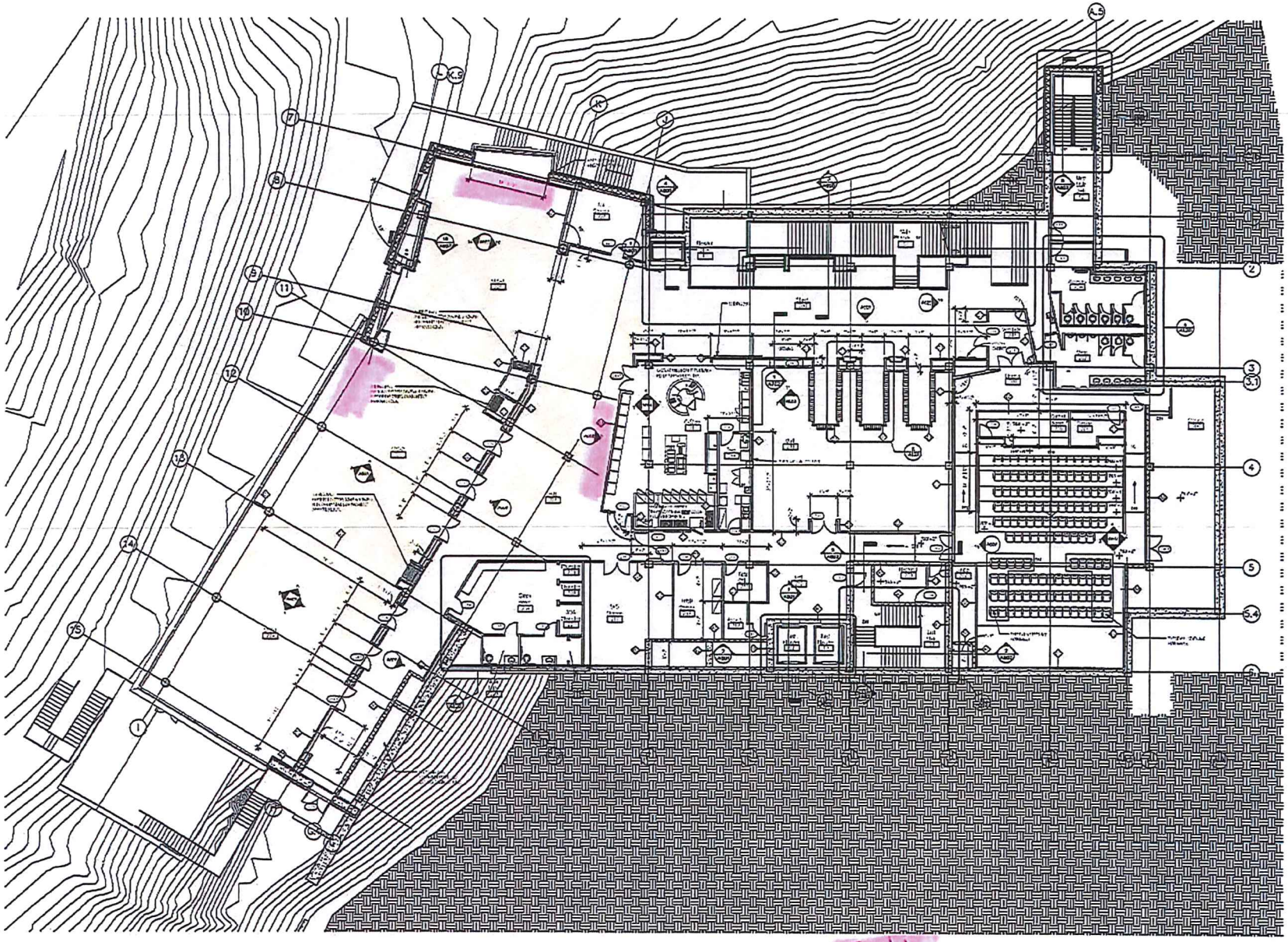
Doc storage

Level 2



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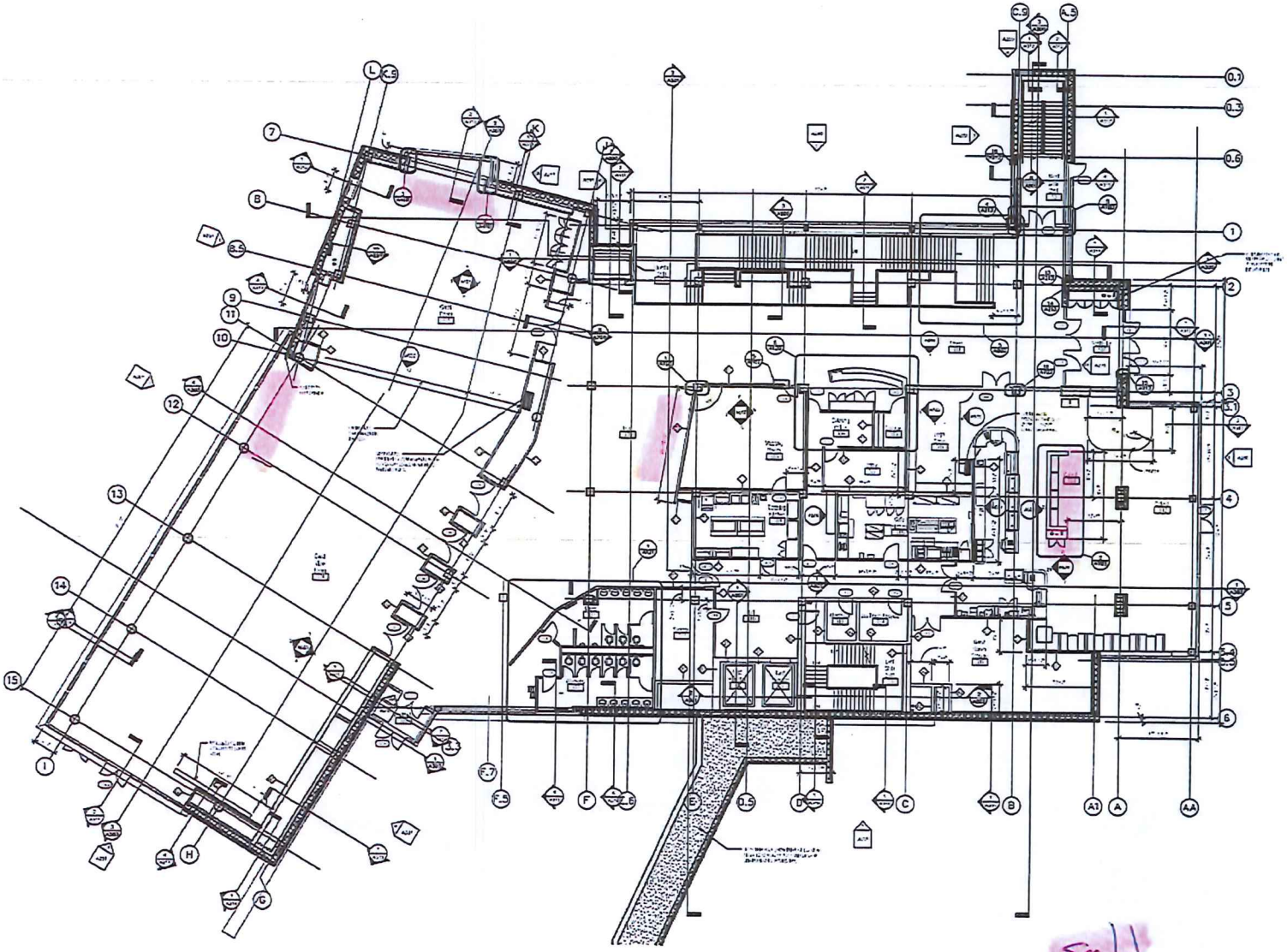

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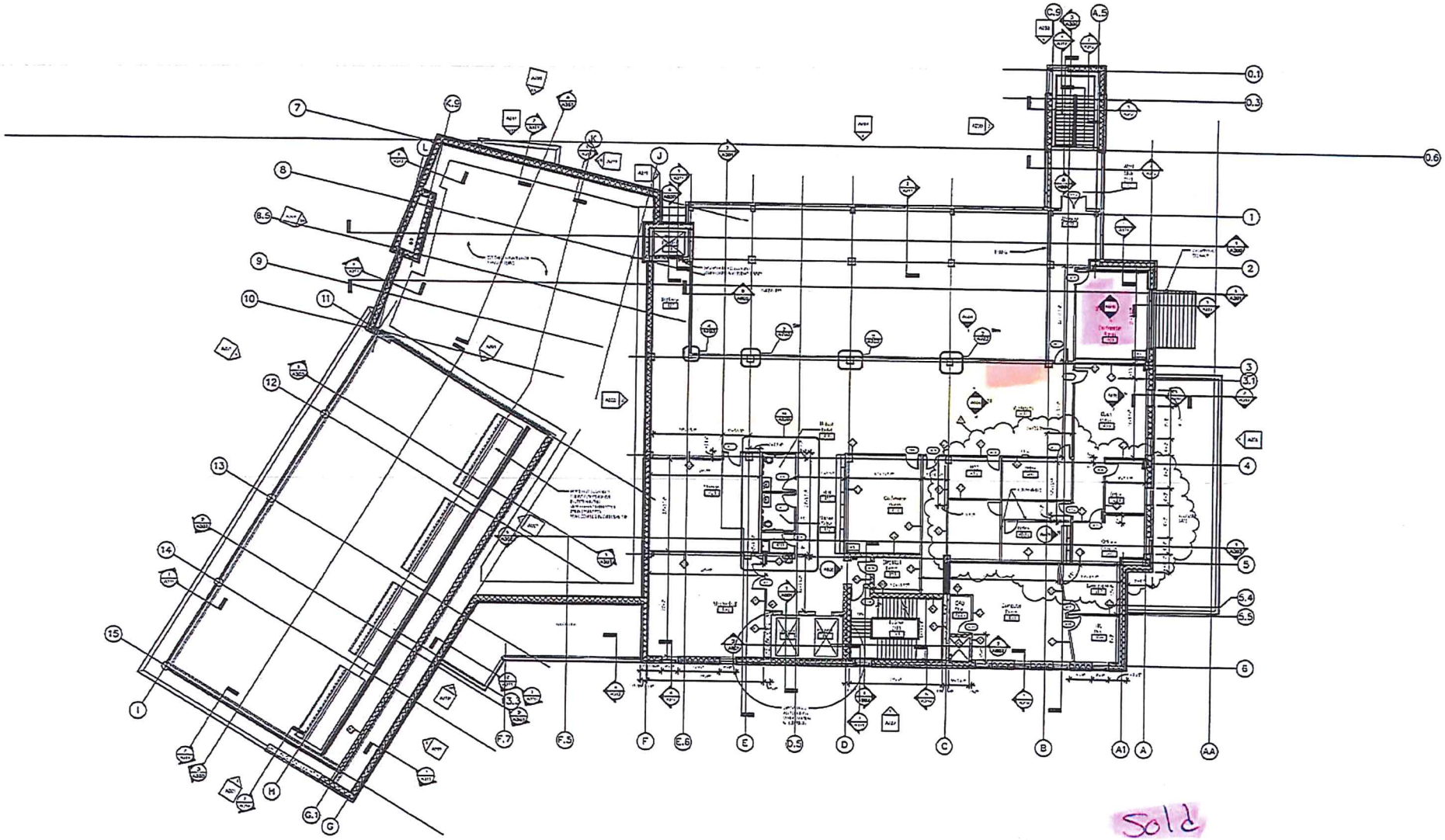
Level 4



Sold

Consumed

Warch

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)

- ☐ Class "A" Beer ..... $ _____
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ "Class C" Liquor (wine only) $ _____
- ☒ Class "B" Beer ..... $ 100
- ☐ "Class B" Liquor ..... $ _____
- ☑ Reserve "Class B" Liquor $ 500

Fees	
License Fees	$ 600
Background Check Fee	$ 0
Publication Fee	$ 60
Total Fees	$ 660

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. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: NY
7. Date of Organization: 09/26/1990
8. Wisconsin DFI Registration Number: A056771
9. Premises Address: 711 E. Boldt Way
10. City: Appleton
11. State: WI
12. Zip Code: 54915
13. County: Outagamie
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Appleton
15. Aldermanic District:
16. Premises Phone: (920) 238-3402
17. Premises Email: knoel@afvusa.com
18. Website: 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 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.

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: 1st 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. 3rd Floor – Kraemer, Art Gallery, Pusey, and Somerset Rooms. 4th Floor – Arthur Vining Davis and Runkel Rooms.

20. Mailing Address (if different from premises address): 124 Metropolitan Park Drive
21. City: Syracuse
22. State: NY
23. Zip Code: 13088

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Wells	Martin	President	
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:

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Wells	Martin	

Title	Email	Phone
President		

Signature	Date
	5/19/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Banta Bowl

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality: Appleton
License Period

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

- ☐ Class "A" Beer ..... $ _____
- ☑ Class "B" Beer ..... $ 100
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☑ "Class C" Liquor (wine only) $ 100

Deposit $50

Fees	
License Fees	$ 200
Background Check Fee	$ 0
Publication Fee	$ 60
Total Fees	$ 260

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. Entity Type (check one): ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: NY
7. Date of Organization: 09/26/1990
8. Wisconsin DFI Registration Number: A056771
9. Premises Address: 1201 E John Street
10. City: Appleton
11. State: WI
12. Zip Code: 54915
13. County: Outagamie
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Appleton
15. Aldermanic District:
16. Premises Phone: (920) 238-3402
17. Premises Email: knoel@afvusa.com
18. Website: 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 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.

Banta Bowl licensed area is approx. 18,505 sq. ft. Entire premises of Banta Bowl site. Sales are limited to plaza adjacent to Ron Roberts Field and interior of building on plaza. Storage is within interior room of building located on plaza. Consumption within interior of building on plaza, on plaza and all seating areas at Ron Roberts Field.

20. Mailing Address (if different from premises address): 124 Metropolitan Park Drive
21. City: Syracuse
22. State: NY
23. Zip Code: 13088

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☑ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Wells	Martin	President	
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:

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law. Including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Noel	Kelly	A

Title	Email	Phone
Resident district Manager		

Signature	Date
Kelly Noel	5/14/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 05/14/2025

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
American Food & Vending Corporation

2. Business Trade Name or DBA
American Dining Creations

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

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

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Noel	Kelly	A.

4. Email	5. Phone

6. Home Address
1242 Stine Way

7. City	8. State	9. Zip Code	10. Date of Birth
De Pere	WI	54115	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

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

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Wells	Martin	

Title	Email	Phone
President		

Signature	Date
[illegible]	5/19/25

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Noel	Kelly	A.

Signature	Date
Kelly Noel	5/14/25

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 at 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.
6. **Do you lease or own the building?** ☐ **Lease** ☐ **Own** N/A - occupying space under an agreement with Lawrence University.

   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? N/A
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 hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☒ No If yes, explain: _____

8. Anticipated date of opening? Currently serving as the food provider at Lawrence University. Would like to begin liquor services by 6/15/25.

9. Will your business sell or serve food?

Yes ☑ If yes, please describe the type of food offerings available Catering food, Buffets, served meals, or reception events

No ☐

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

Seating Capacity: Inside: N/A
Outside: 3,676

Operating Days/Hours: Inside: N/A
Outside: 7am - 11pm daily - based on catering events.

Employees/Staff (per shift/day) Number of Personnel: Varies based on needs

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

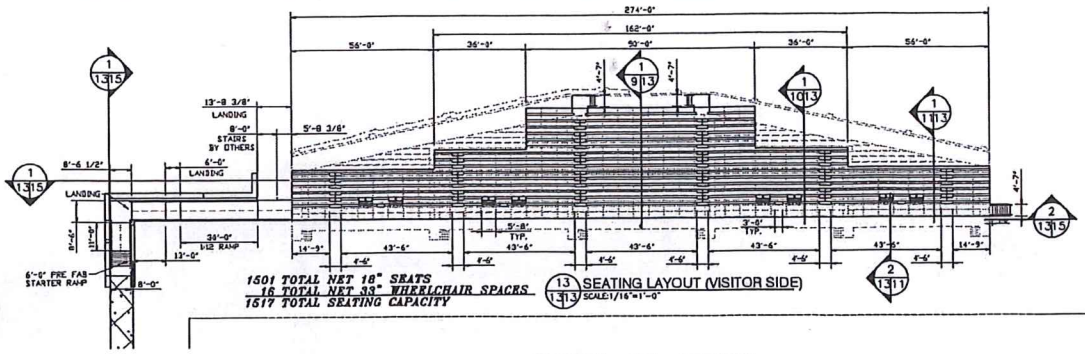
Approximate outdoor area of the premises to be licensed: 18,405 sq. ft.

Summarize the day-to-day operations of the business in the space below:
Sports complex with catering requests before and after games during university events.

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

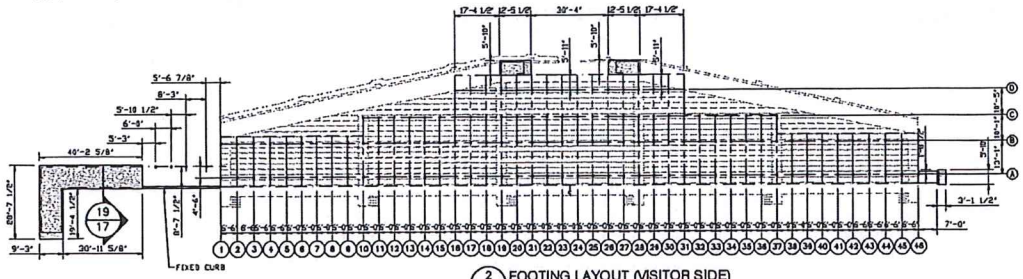
Kelly Noel
Signature

5/14/25
Date



1501 TOTAL NET 18" SEATS
16 TOTAL NET 33" WHEELCHAIR SPACES
1517 TOTAL SEATING CAPACITY

13/1315 SEATING LAYOUT (VISITOR SIDE)
SCALE:1/16"=1'-0"



2/1315 FOOTING LAYOUT (VISITOR SIDE)
SCALE:1/16"=1'-0"

LOADS DESCRIPTION

NOTE: DESIGN LOADS @ EACH COLUMN LOCATION		
G =	(DEAD LOAD)	(VERTICAL LOAD – DOWN)
L =	(LIVE LOAD)	(VERTICAL LOAD – DOWN)
H =	(HORIZONTAL WIND LOAD)	(HORIZONTAL WIND LOAD PERPENDICULAR TO BLEACHER – HORIZONTAL)
S =	(HORIZONTAL SWAY)	(HORIZONTAL SWAY LOAD PERPENDICULAR TO BLEACHER – HORIZONTAL)
S_L =	(LONGITUDINAL SWAY)	(VERTICAL LOAD – UP OR DOWN DUE TO SWAY PARALLEL TO BLEACHER – HORIZONTAL)
S_V =	(LONGITUDINAL SWAY)	(VERTICAL LOAD – UP OR DOWN DUE TO SWAY PARALLEL TO BLEACHER)

15 ROW (VISITOR SIDE)

	ROW "A"	ROW "B"	ROW "C"	ROW "D"
G	0.8"	0.9"	0.8"	0.9"
L	5.8"	7.0"	6.2"	6.8"
H	2.8"	N/A	N/A	N/A
S	1.0"	N/A	N/A	N/A
S_L	0.8"	1.3"	1.2"	1.2"
S_V	0.3"	0.3"	0.2"	0.2"

9 ROW (VISITOR SIDE)

	ROW "A"	ROW "B"	ROW "C"
G	0.8"	0.9"	0.5"
L	5.8"	7.0"	3.3"
H	2.0"	N/A	N/A
S	0.6"	N/A	N/A
S_L	0.8"	1.3"	0.6"
S_V	0.3"	0.3"	0.1"

6 ROW (VISITOR SIDE)

	ROW "A"	ROW "B"
G	0.8"	0.8"
L	5.8"	5.8"
H	1.7"	N/A
S	0.4"	N/A
S_L	0.8"	1.1"
S_V	0.3"	0.3"

DETAIL NUMBER
SHEET NUMBER
SHEET CUT FROM

THE SADLER GROUP
Southern BLEACHER COMPANY
P.O. Box 1811, Gadsden, Texas 76529
Phone: 903/943-3111 Fax: 903/944-3134
SEATING • FOOTING • ACCESSORIES

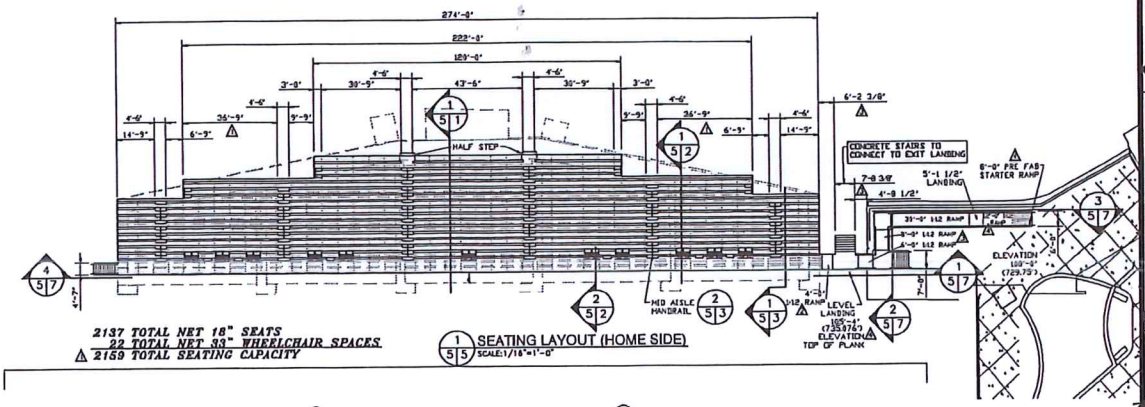
3/6/15
WISCONSIN
Thomas M. Hill

SEATING & FOOTING (VISITOR SIDE)
30" TREAD / 15 ROWS X 270'-0"
LAWRENCE UNIVERSITY
BANTA BOWL
APPLETON, WISCONSIN

REVISIONS			
1/9/15	JGR	KCMC	

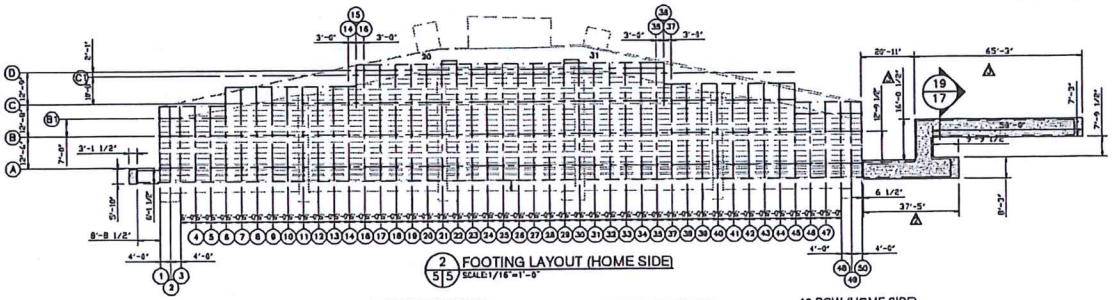
15050

SHEET 13 OF 17



2137 TOTAL NET 18" SEATS
22 TOTAL NET 33" WHEELCHAIR SPACES
2159 TOTAL SEATING CAPACITY

1/5 SEATING LAYOUT (HOME SIDE)
SCALE: 1/16"=1'-0"



2/5 FOOTING LAYOUT (HOME SIDE)
SCALE: 1/16"=1'-0"

LOADS DESCRIPTION

NOTE: DESIGN LOADS @ EACH COLUMN LOCATION	
D = (DEAD LOAD)	(VERTICAL LOAD – DOWN ↓)
L = (LIVE LOAD)	(VERTICAL LOAD – DOWN ↓)
H = (HORIZONTAL WIND LOAD)	(HORIZONTAL WIND LOAD PERPENDICULAR TO BLEACHER = HORIZONTAL ⟶)
S = (HORIZONTAL SWAY)	(HORIZONTAL SWAY LOAD PERPENDICULAR TO BLEACHER = HORIZONTAL ⟶)
S_L = (LONGITUDINAL SWAY)	(HORIZONTAL SWAY LOAD PARALLEL TO BLEACHER = HORIZONTAL ⟶)
S_V = (LONGITUDINAL SWAY)	(VERTICAL LOAD – UP OR DOWN DUE TO SWAY PARALLEL TO BLEACHER ↕)

16 ROW (HOME SIDE)

	ROW "A"	ROW "B"	ROW "C"	ROW "D"
D	0.9*	1.0*	1.0*	0.7*
L	6.8*	7.6*	7.7*	5.2*
H	3.0*—	N/A	N/A	N/A
S	1.0*—	N/A	N/A	N/A
S_L	0.8*—	1.5*—	1.5*—	1.1*—
S_V	0.3*	0.3*	0.3*	0.2*

13 ROW (HOME SIDE)

	ROW "A"	ROW "B"	ROW "C"
D	0.9*	1.0*	1.0*
L	6.8*	7.6*	7.7*
H	2.5*—	N/A	N/A
S	0.8*—	N/A	N/A
S_L	0.8*—	1.5*—	1.6*—
S_V	0.3*	0.3*	0.3*

10 ROW (HOME SIDE)

	ROW "A"	ROW "B"	ROW "B1"
D	0.9*	0.8*	0.6*
L	6.8*	5.9*	4.9*
H	2.2*—	N/A	N/A
S	0.6*—	N/A	N/A
S_L	0.6*—	1.2*—	1.1*—
S_V	0.3*	0.3*	0.2*

TRUE NORTH
SHOWN ON SHEET CUT FROM ORIGINAL DRAWING

The reproduction, copy or other use of this drawing without written consent of Sadler Group is prohibited. Only those persons, firms or corporations to which this drawing has been issued or certified may use it for the purpose for which it was intended. Any other use is prohibited. Sadler Group assumes no responsibility for any other use of this drawing.

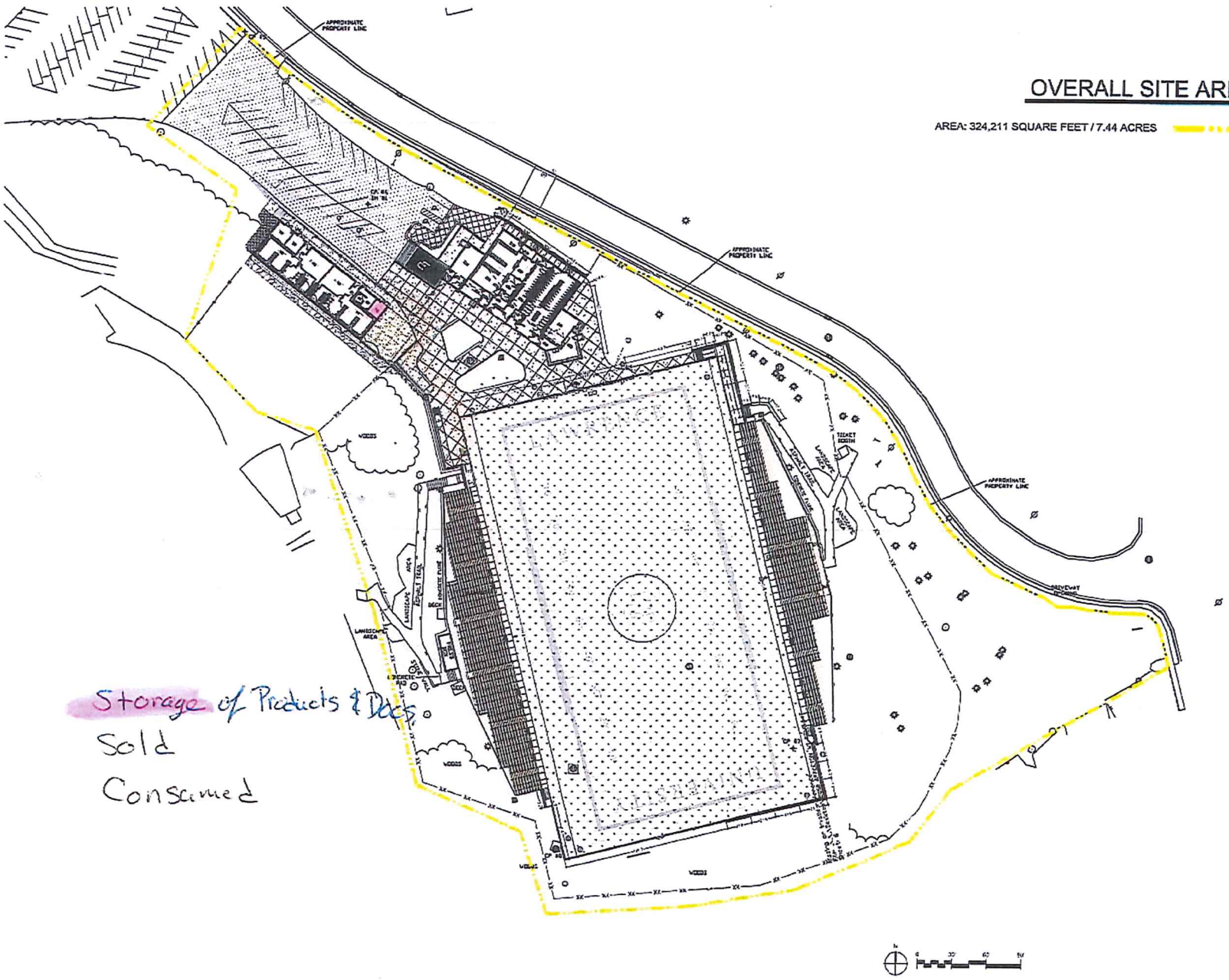
SADLER GROUP
Southern
BLEACHER COMPANY
PO Box 1344, Cullman, Texas 76380
Phone: (972) 842-2333 Fax: (972) 842-2342

3/6/15
WISCONSIN REGISTERED PROFESSIONAL ENGINEER

SEATING & FOOTING LAYOUT (HOME SIDE)
30" TREAD / 18 ROWS X 274'-0"
LAWRENCE UNIVERSITY
BANTA BOWL
APPLETON, WISCONSIN

DATE	BY	CHK'D	REVISIONS
1/9/15	JGS		

JOB NUMBER 15050
SHEET 5 OF 17


OVERALL SITE AREA
AREA: 324,211 SQUARE FEET / 7.44 ACRES
APPROXIMATE PROPERTY LINE
APPROXIMATE PROPERTY LINE
APPROXIMATE PROPERTY LINE
TICKET BOOTH
ASPHALT TRAIL
LANDSCAPE AREA
LANDSCAPE AREA
ASPHALT TRAIL
LANDSCAPE AREA
DRIVEWAY
WOODS
WOODS
WOODS
Storage of Products & Docs
Sold
Consumed

Banta Bowl

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)

- ☐ Class "A" Beer ..... $ _____
- ☑ Class "B" Beer ..... $ _____
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☑ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 200
Background Check Fee	$ 0
Publication Fee	$ 60
Total Fees	$ 260

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. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: NY
7. Date of Organization: 09/26/1990
8. Wisconsin DFI Registration Number: A056771
9. Premises Address: 1201 E John Street
10. City: Appleton
11. State: WI
12. Zip Code: 54915
13. County: Outagamie
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Appleton
15. Aldermanic District:
16. Premises Phone: (920) 238-3402
17. Premises Email: knoel@afvusa.com
18. Website: 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 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.

Banta Bowl licensed area is approx. 18,505 sq. ft. Entire premises of Banta Bowl site. Sales are limited to plaza adjacent to Ron Roberts Field and interior of building on plaza. Storage is within interior room of building located on plaza. Consumption within interior of building on plaza, on plaza and all seating areas at Ron Roberts Field.

20. Mailing Address (if different from premises address): 124 Metropolitan Park Drive
21. City: Syracuse
22. State: NY
23. Zip Code: 13088

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... ☐ Yes ☐ No

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Wells	Martin	President	
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:

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Wells	Martin	

Title	Email	Phone
President		

Signature	Date
	5/19/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (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

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 3/31/25

Agent Type *(check one)*

☐ Original (no fee) ☑ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) WALGREEN CO
2. Business Trade Name or DBA WALGREENS #05102
3. Entity Type *(check one)* ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization *(check one)* ☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

New Store Manager and need to be updated as Agent

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Gallagher	David	J

4. Email	5. Phone

6. Home Address 702 Kinzie Ct

7. City	8. State	9. Zip Code	10. Age
Menasha	WI	54952	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* Submit a completed Form AB-100 with this form. ☑ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
BROWN	BRIAN	R

Title	Email	Phone
VICE PRESIDENT AND TREASURER		

Signature	Date
B.R.B.	5/15/25

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Gallagher	David	J

Signature	Date
David J Gallagher	3/31/25

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☐ Original (no fee) ☒ Successor ($10 fee for municipal licensees only)

Part A: Business Information

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

2. Business Trade Name or DBA
Holidays Pub & Grill

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

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

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

6. Describe the reason for appointing a successor agent, if successor is checked above.
Previous manager was termed.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Jaramillo	Franklin	Y.

4. Email	5. Phone
Frankj@Tomsdriveins.com	

6. Home Address
1004 Lucerne Dr. #1C

7. City	8. State	9. Zip Code	10. Date of Birth
Menasha	WI	54952	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

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

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Grishaber	Scot	T

Title	Email	Phone
Pres.		

Signature	Date
Scot Grishaber	5/30/2025

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Jaramillo	Franklin	X

Signature	Date
	5-29-2025

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☐ License Fee - $10.00	Date Recv'd 5 / 20 / 25 Total $ 10.00 Receipt #56613-1

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name: The Daily Pint	Establishment Phone Number: 920-840-6912
Establishment Address: 830 E. Northland Avenue	
Agent Name: Chris Paulson	Agent Phone Number *(Required)*

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 ☐ TEMPORARY

Please describe the change in premises: want to add the existing fenced in patio for beverage consumption. This will be another outdoor patio area labeled as an outdoor activity area for beer by tap.

MAP included --

If temporary, please specify the event or reason for the amendment: _____

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: _____

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: 5 / 19 / 25

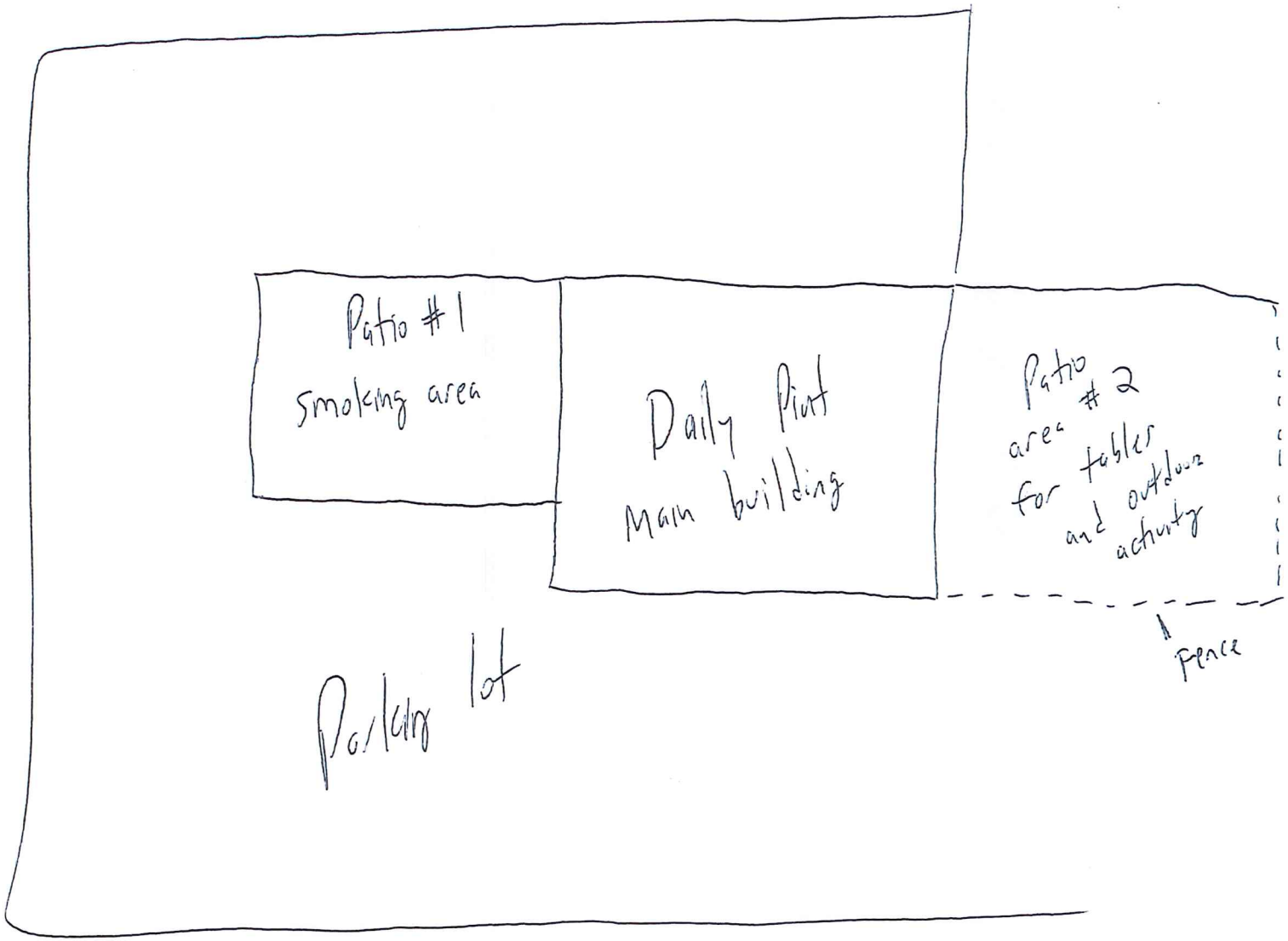
FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

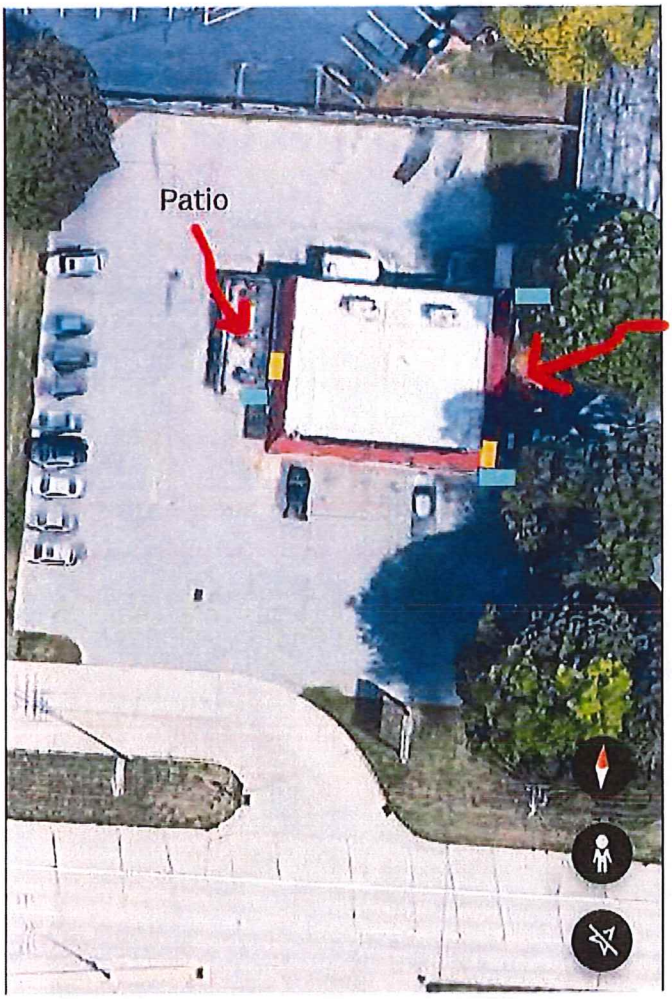
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

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


Patio #1
smoking area
Daily Pint
Main building
Patio
area #2
for tables
and outdoor
activity
fence
Parking lot

Patios

- entry/exit to patio
- Bar Entry



Patio 1 (already part of premises)

Proposed amended premises area

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

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
License Fee - $10.00	Date Recv'd 5/20/25 Total $ 10.00 Receipt #: 51013-3

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name: Daily Pint	Establishment Phone Number: 920-840-6912
Establishment Address: 830 E. Northland Ave	
Agent Name: Chris Paulson	Agent Phone Number *(Required)*

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 ☒ TEMPORARY

Please describe the change in premises: Fence in portion of parking lot for live music will serve food / bev inside secure area.

If temporary, please specify the event or reason for the amendment: live music to celebrate outdoor area and to help generate revenue during slower summer time.

If temporary, please list the **date(s)** and **time(s)** that this premises amendment will be utilized: July 27th 1-8pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: [signature] Date: 5/20/25

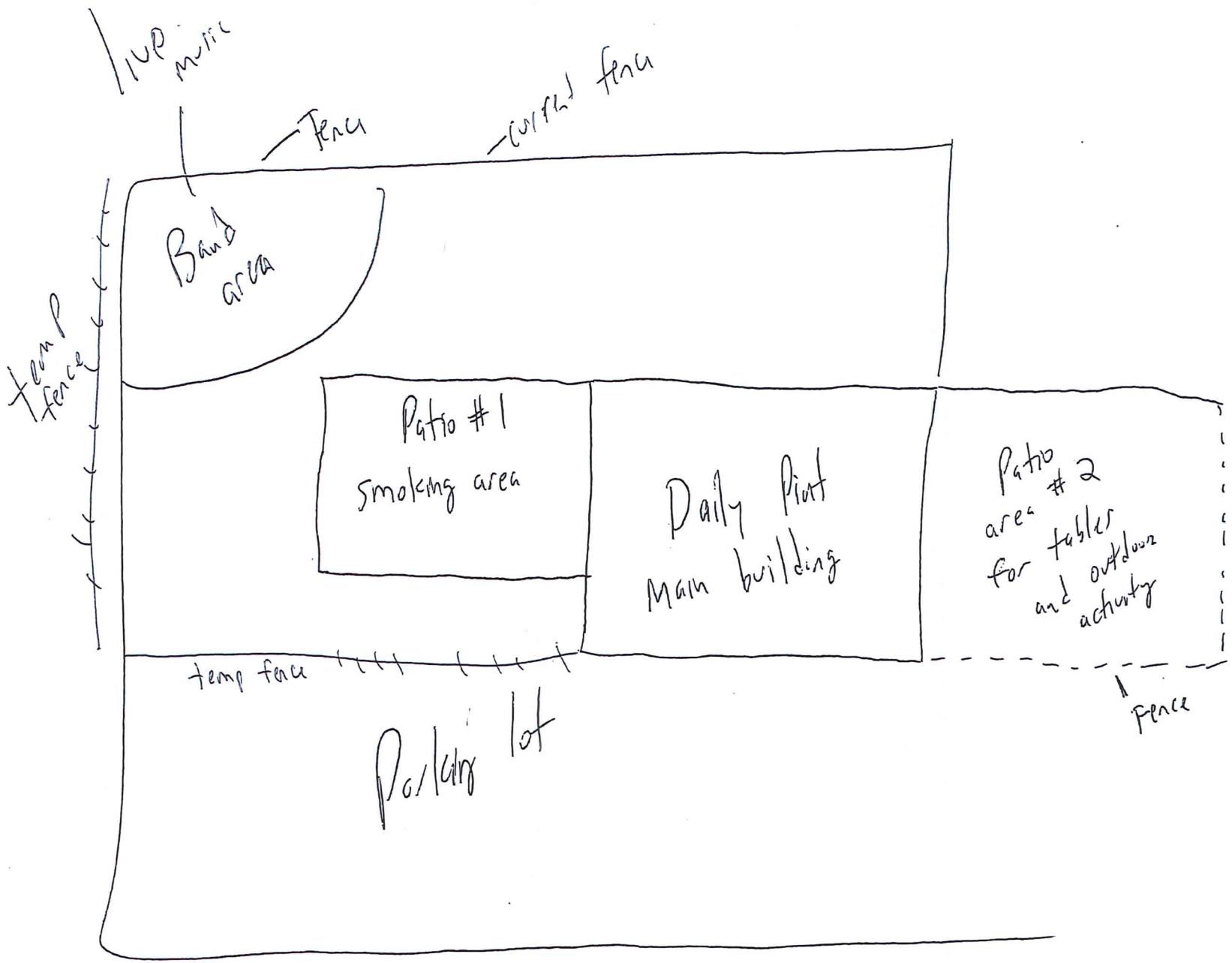
FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
__/__/__	__/__/__	__/__/__	__/__/__	

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


IVP main
Fence
curved fence
Band area
temp fence
Patio #1
smoking area
Daily Pint
Main building
Patio #2
area for tables and outdoor activity
temp fence
Parking lot
fence

Parking lot party

Controlled Entry

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☒ License Fee - $10.00	Date Recv'd 5 / 6 / 25 Total $ 10.00 Receipt #: 8541-7

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name	Establishment Phone Number
Bowl Ninety One	920-815-3184

Establishment Address: 100 E COLLEGE AVE APPLETON WI 54914

Agent Name	Agent Phone Number *(Required)*
THONG VUE	

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 ☐ TEMPORARY

Please describe the change in premises: Expand to outdoor table in Front of Store.

If temporary, please specify the event or reason for the amendment: Out door Seating For the warmer weather

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: Spring time to Fall time, when weather permit. [MIDDLE OF APRIL - Early October]

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: _____ Date: 05 / 05 / 2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

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

mmons
TABLES TO BE SET HERE

Alcohol License Premises Amendment Request Form

***NOTE**: Please allow approximately 4 weeks for application processing*

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☑ License Fee - $10.00	Date Recv'd ____/____/____
	Total $ 10
	Receipt #:

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name	Establishment Phone Number
Chandelier LLC	3307050238

Establishment Address
215 W College Ave, Appleton, WI 54911

Agent Name	Agent Phone Number *(Required)*
Kyle Jones	

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 ☒ TEMPORARY

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: We would like to have picnic tables in the terrace area for guests to enjoy food and alcoholic beverages outside during the summer months

If temporary, please list the **date(s)** and **time(s)** that this premises amendment will be utilized: From the approval of this application to October 31st from 10AM to 9PM Sun-Sat

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: 05 / 22 / 2025

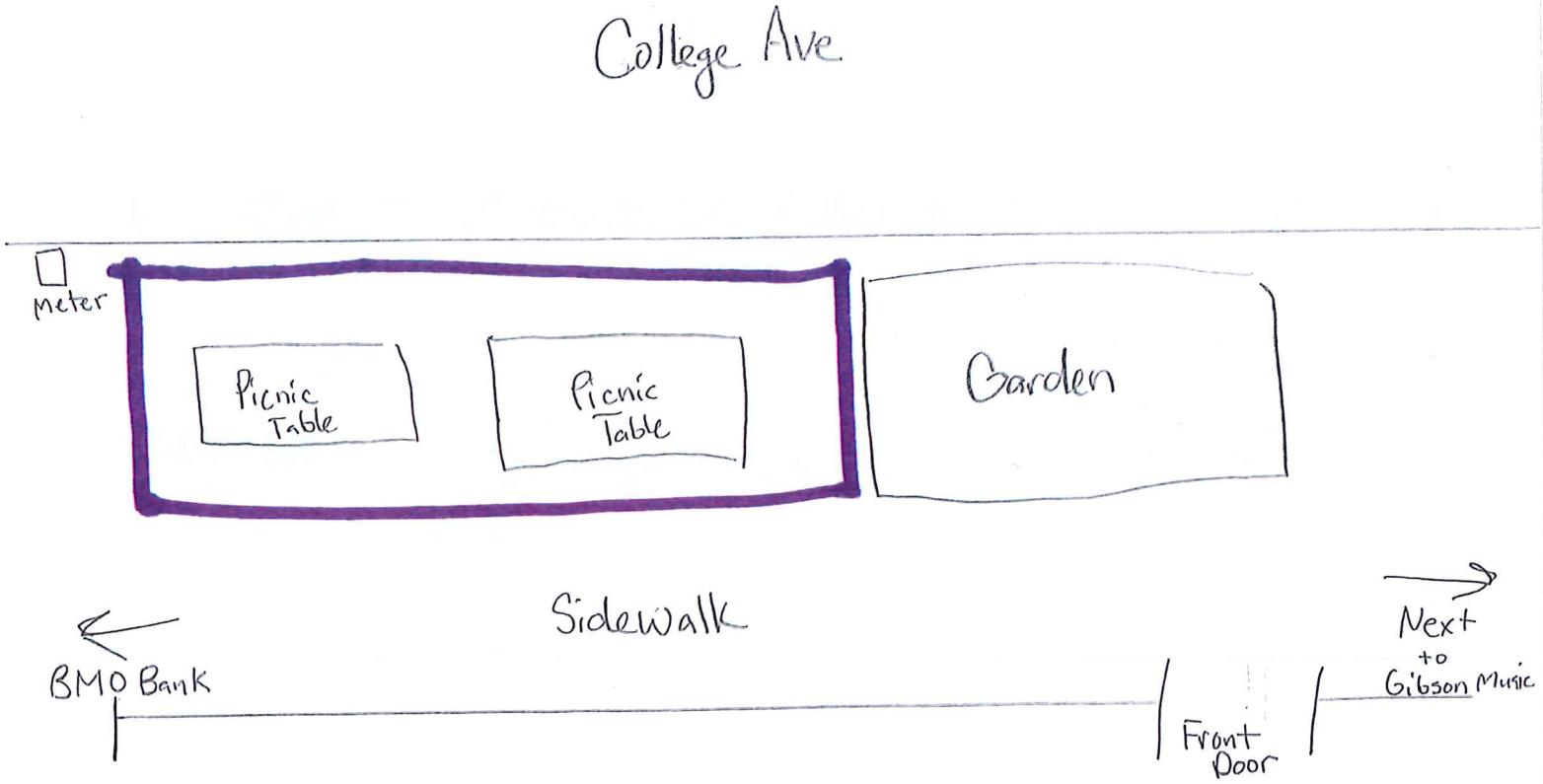
FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	____/____/____	

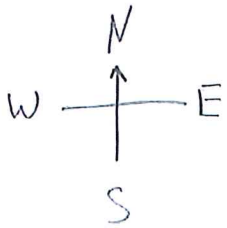
Return completed form to the Office of the City Clerk: 100 N Appleton St Appleton, WI 54911



215 W. College

Chandelier LLC

Current Premise



Outline for Proposed Premises Amendment

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☑ License Fee - $10.00	Date Recv'd 5/16/25
	Total $ 10
	Receipt #: 8599-4

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name	Establishment Phone Number
Spats	920-758-7171

Establishment Address: 753 W College Avenue

Agent Name	Agent Phone Number *(Required)*
Nick Kaplein	

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 ☑ TEMPORARY

Please describe the change in premises: We plant to serve Beer and Liquor in the parking lot of Spats for mile of music 7/31-8/5. Parking Lot will be fenced in.

If temporary, please specify the event or reason for the amendment: Mile of music 7/31 - 8/5

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 7/31 - 8/5
12:00pm - 12:00 A.m 7/31 - 8/5

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [signature] Date: 05/16/2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

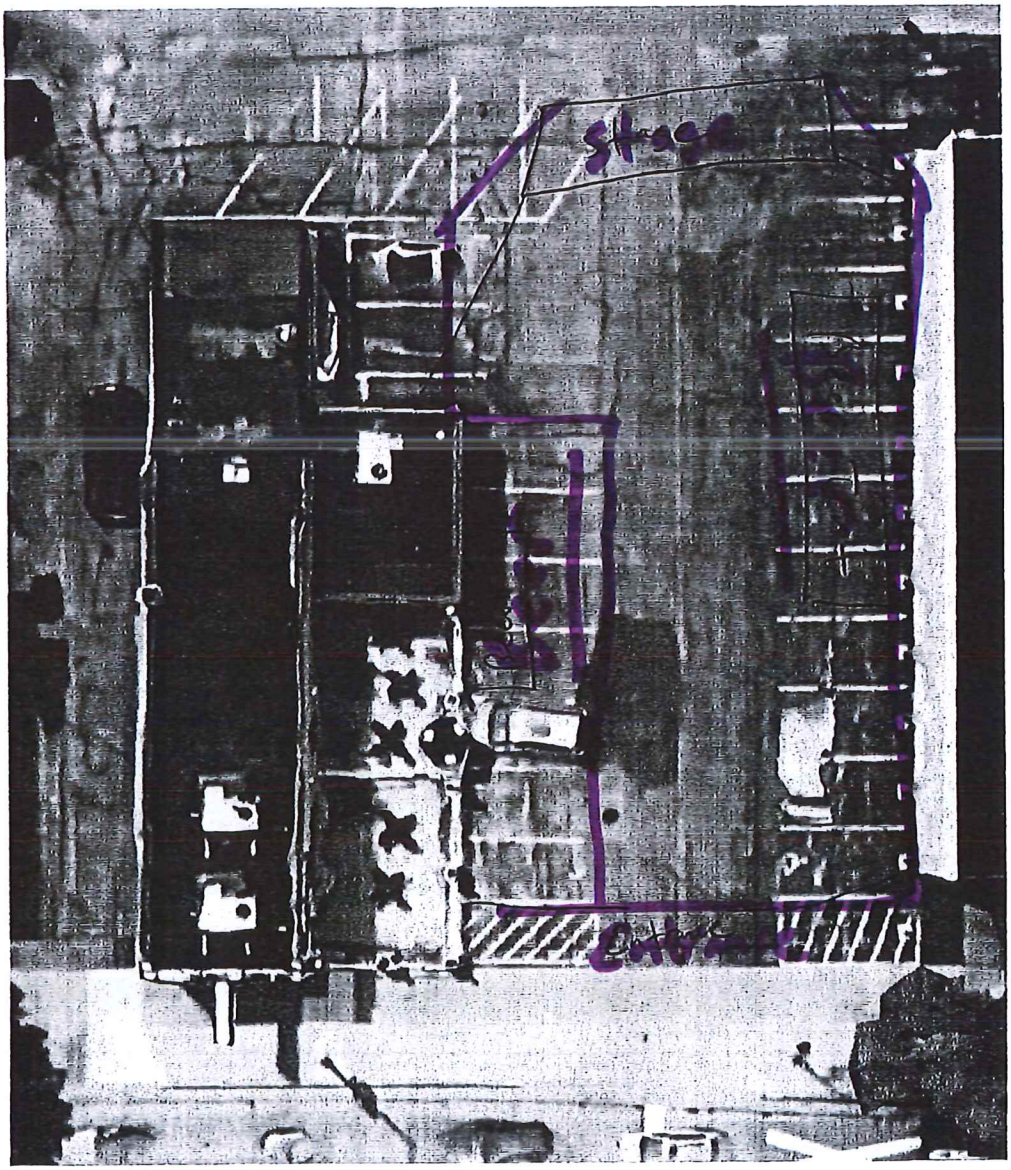
Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
__/__/__	__/__/__	__/__/__	__/__/__	

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

Spots ~~2024~~ 2025

mile of music Parking Lot



Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☑ License Fee - $10.00	Date Recv'd 3 / 4 / 25
	Total $ 10
	Receipt #: 8177-3

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name	Establishment Phone Number
Rookies Sports Bar + Grill	920-830-1004

Establishment Address: 325 N. Appleton St

Agent Name	Agent Phone Number *(Required)*
Steve Carrow	

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 ☒ TEMPORARY

Please describe the change in premises: Serving Alcohol in our parking lot and the lot next to Rookie's

If temporary, please specify the event or reason for the amendment: Mile of Music

If temporary, please list the **date(s)** and **time(s)** that this premises amendment will be utilized: July 31, 2025 Thru August 3, 2025 11AM JULY 31 TILL 11AM AUG 3

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: _____ Date: 03 / 04 / 25

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
/ /	/ /	/ /	/ /	

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

Packard St

Rockies Bar & Grill

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
☑ License Fee - $10.00	Date Recv'd 5/27/25
	Total $ 10
	Receipt #: 8644-5

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name: FOX RIVER HOUSE	Establishment Phone Number: 920-903-9968
Establishment Address: 211 S. WALNUT ST	
Agent Name: CASSIDY EVERS	Agent Phone Number *(Required)*

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 ☒ TEMPORARY

Please describe the change in premises: MILE OF MUSIC FESTIVAL, MOVING TAP TRAILERS AND SPONSOR TRAILERS TO PARKING LOT TO ACCOMODATE THE FESTIVAL.

If temporary, please specify the event or reason for the amendment: MILE OF MUSIC ~~[illegible]~~

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: JULY 31 8AM - AUG 3 8pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: Cassidy Evers Date: 5/27/25

FOR OFFICE USE ONLY

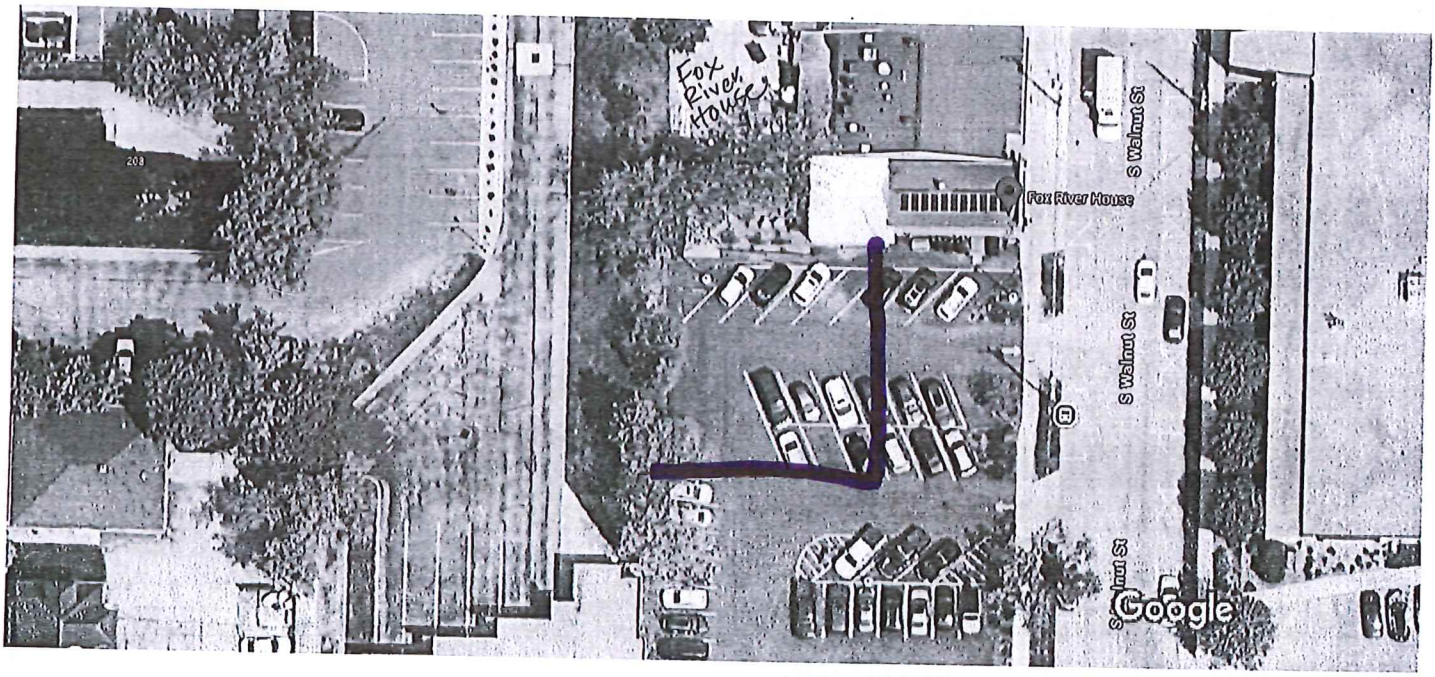
Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
__/__/__	__/__/__	__/__/__	__/__/__	

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

Google Maps Fox River House



Imagery ©2025 Airbus, Map data ©2025 Google 20 ft

Fox River House

4.6 ★★★★⯨ (233) · $

Bar · ♿

Overview Reviews About

Directions Save Nearby Send to phone Share

✓ Dine-in · ✕ Delivery >

Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE — CASH OR CHECK ONLY!

☑ License Fee - $10.00

Date Recv'd 5/28/25

Total $ 10

Receipt #: 8655-3

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name: Emmetts Bar & Grill

Establishment Phone Number: 920-733-7649

Establishment Address: 139 N. Richmond St. Appleton, WI 54911

Agent Name: Sharon Reader

Agent Phone Number *(Required)*:

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 ☑ TEMPORARY

Please describe the change in premises: Extend for Mile of Music (12) Outdoors MAP ATTACHED

If temporary, please specify the event or reason for the amendment: Mile of Music

If temporary, please list the **date(s)** and **time(s)** that this premises amendment will be utilized: Thurs July 31st 3-11pm Friday and Saturday 1pm-11pm, Sunday 3pm-8pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: Sharon L Reader Date: 5/28/2025

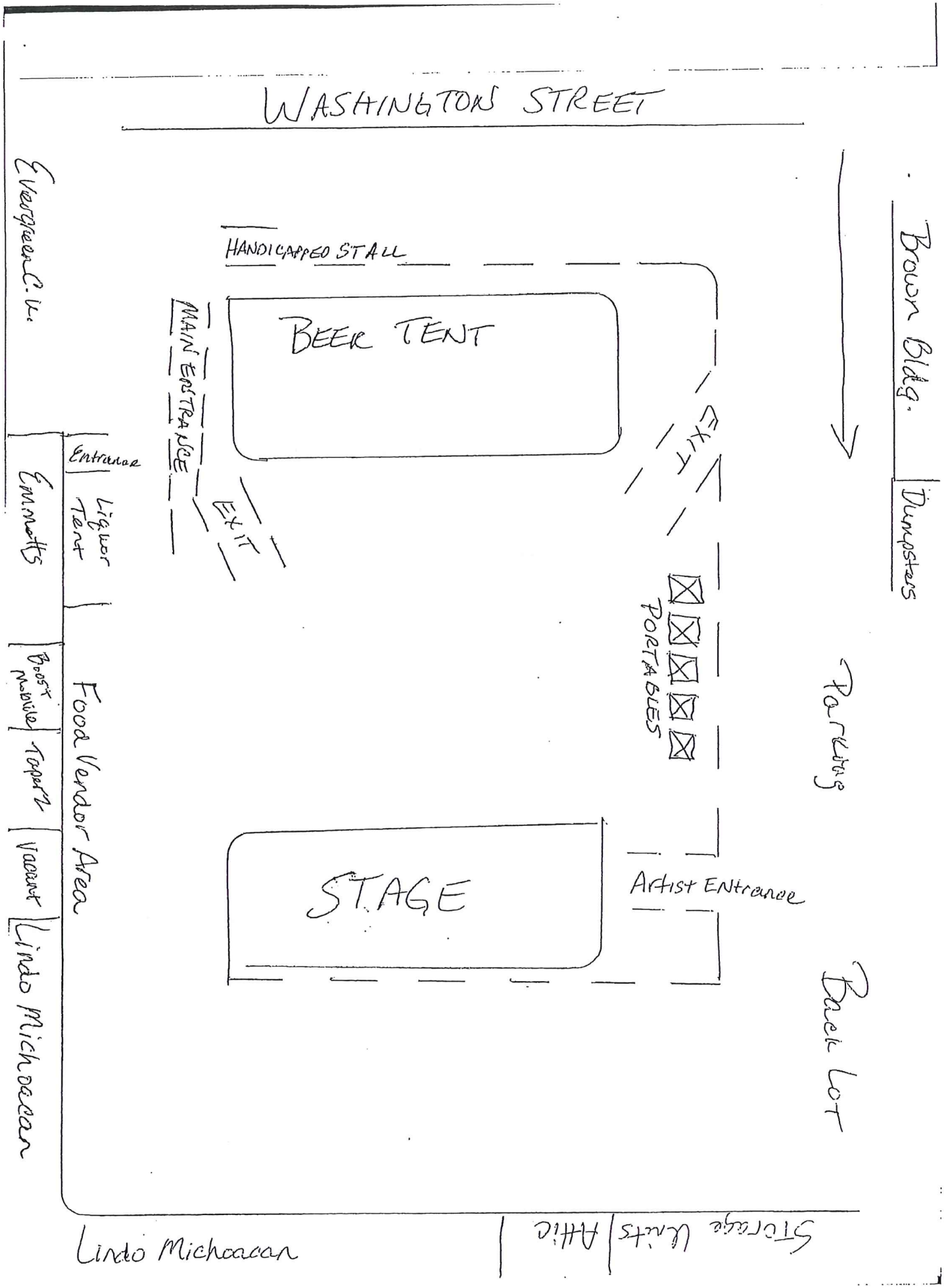
FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
__/__/__	__/__/__	__/__/__	__/__/__	

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


WASHINGTON STREET
Brown Bldg.
Dumpsters
Parking
Back Lot
Artist Entrance
HANDICAPPED STALL
BEER TENT
MAIN ENTRANCE
EXIT
EXIT
PORTABLES
STAGE
Evergreen C.U.
Entrance
Emmetts
Liquor Tent
Boost Mobile
Tapper
Food Vendor Area
Vacant
Lindo Michoacan
Lindo Michoacan
Storage Units
Attic

25-0586

Application for Mobile Home Park License

CASH OR CHECK ONLY!

LICENSE PERIOD IS FROM JULY 1ST – JUNE 30TH

FEES ARE NON-REFUNDABLE

☒ Mobile Home Park (CLMOBL) $132.00

Date Recv'd 5/27/25

Total $ 132.00

Receipt #: 8631-3

Note: Please allow approximately 3 weeks for application processing

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

Name of Company Holding License: FOX VALLEY ESTATES - MOORE ENTERPRISES, INC

Company Street Address	City	State	Zip
330 E JUNIPER LN	APPLETON	WI	54915

Company Telephone Number: 920-731-2344

Company Email Address: FOXVALLEYESTATES@GMAIL.COM

In addition, no person shall conduct a business or operate a mobile home park as defined by Wisconsin Administrative Code 177.02 without obtaining a Health Department License from the Health Department in accordance with Wisconsin Administrative Code Chapter 177.

SECTION 2 – CONTACT INFORMATION

Name of Contact applying for license (First, MI, Last): SCOTT MOORE

Date of Birth: [redacted]

Contact Home Street Address	City	State	Zip
4349 TARNOWSKI RD	DULUTH	MN	55803

Contact Phone Number [REQUIRED]: [redacted]

Contact Email Address [REQUIRED]: [redacted]

SECTION 3 – LOCATION

Location of Mobile Home Park: 106 E PRIMROSE LN APPLETON

Total Number of Units:	Number of Units Occupied:	Number of Units Unoccupied:
79	79	0

SECTION 4 – PENALTY NOTICE

I hereby certify that I/we have familiarized myself/ourselves with Chapter 11 of the City of Appleton Municipal Code as it relates to Mobile Home Parks and that I/we will comply with said code.

Signature of Applicant: Scott P Moore Date: 5/20/25

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reasoning
Police	✓		B. Goodin	JUN 02 2025
Fire	✓		D. Hansen	5-27-25
Public Works				
Inspections	✓		K. Cronnen	5-27-25
Community Development	✓		D. Harp	MAY 28 2025
Finance	✓		J. Huss	5-27-25
Health	✓		D. Henson	5-27-25
Safety and Licensing			6-11-25	
Common Council				

Date sent for approval	Approved date	Issued Date	Expiration Date	License Number
MAY 27 2025	/ /	/ /	/ /	

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

Application for Pet Store/Kennel License

LICENSE PERIOD IS JULY 1st TO JUNE 30th

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE — *CASH OR CHECK ONLY!*

See SECTION 4 for fee schedule

☐ License Fee - Initial $_____

☑ License Fee - Renewal $ 82

Date Recv'd 5/29/25

Total $ 82

Receipt #: 8655-4

SECTION 1 – BUSINESS LOCATION

Business Name (Company and Trade Name/DBA)			
FISH CAVE			
Business Street Address	City	State	Zip
2110 S MEMORIAL DR	APPLETON	WI	54915
Business Phone Number *(Required)*	Business Email Address		
414.234.3526	FISHCAVELLC@GMAIL.COM		

SECTION 2 – APPLICANT INFORMATION

Name (First, MI, Last)	Date of Birth		
TON VANG			
Home Address	City	State	Zip
1503 E COOLIDGE AVE	APPLETON	WI	54915
Drivers License/State ID Number	DL/ID State of Issuance		
Phone Number *(Required)*	Email Address		

SECTION 3 – SERVICES TO BE PROVIDED

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

☐ Other_____

SECTION 4 – FEE SCHEDULE NOTE: all application fees include a $7 Police Investigation fee

Pet Store License	
Initial Fee – $97.00	Renewal Fee - $82.00
Kennel License	
1-10 animals - $62.00	11-25 animals - $137.00
26-50 animals - $262.00	More than 50 animals - $5.00 ea. (minimum $287.00 fee)

SECTION 5 – PENALTY NOTICE

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

Signature of Applicant: _____ Date 05/07/2025

FOR OFFICE USE ONLY

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

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

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

Application for 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
- Outside City License - $82.00 ✓

Date Rec'd 5/28/25
Total $ 82
Receipt #: 8655-2

SECTION 1 – BUSINESS INFORMATION

Legal Business Name AND Trade Name/DBA: Golper Supply Co. Inc.

Business Street Address: 1810 W. Edgewood Dr. | City: Appleton | State: WI | Zip: 54913

Business Phone Number: 920-731-3266 | Business Email Address: golpersuc@gmail.com

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

List the kind of materials the business deals in: Paper recycling

SECTION 2 – APPLICANT INFORMATION

Applicant Name (First, MI, Last): David B. Golper | Date of Birth:

Address: 930 Pleasant Avenue | City: Highland Park | State: IL | Zip: 60035

Drivers License/State ID Number: | DL/ID State of Issuance:

Has the applicant previously been a salvage dealer or employed by another salvage dealer? If so, with who? | Phone Number *(Required)*

SECTION 3 – PARTNERSHIP/CORPORATION/ASSOCIATION/LLC INFORMATION

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

Name (First, MI, Last)	Title	Date of Birth	Address	City	State	Zip
David B. Golper	President		930 Pleasant Avenue	Highland Park	IL	60035

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

SECTION 4 – PENALTY NOTICE

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

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

Signature of Applicant: David B Golper Date: 5/16/2025

FOR OFFICE USE ONLY

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

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

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

Application for 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
☐ Outside City License - $82.00

Date Rec'd 6/3/25
Total $ 207
Receipt #: 8679-11

SECTION 1 – BUSINESS INFORMATION

Legal Business Name AND Trade Name/DBA: Mach IV Motors LLC

Business Street Address: 600 E Hancock St | City: Appleton | State: WI | Zip: 54911

Business Phone Number: 920-202-2201 | Business Email Address: KaraC mach4motors.com

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

List the kind of materials the business deals in: Vintage motorcycles, cars, parts, memorabilia

SECTION 2 – APPLICANT INFORMATION

Applicant Name (First, MI, Last): Kara L Tullberg | Date of Birth:

Address: 98 Estherbrook Ct | City: Appleton | State: WI | Zip: 54911

Drivers License/State ID Number: | DL/ID State of Issuance:

Has the applicant previously been a salvage dealer or employed by another salvage dealer? If so, with who? Only with Mach IV Motors | Phone Number (Required):

SECTION 3 – PARTNERSHIP/CORPORATION/ASSOCIATION/LLC INFORMATION

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

Name (First, MI, Last)	Title	Date of Birth	Address	City	State	Zip
Charles D Tullberg	President		98 Estherbrook Ct	Appleton	WI	54911
Kara L Tullberg	Vice president		98 Estherbrook Ct	Appleton	WI	54911

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

SECTION 4 – PENALTY NOTICE

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

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

Signature of Applicant: KL Tullberg Date: 05/26/2025

FOR OFFICE USE ONLY

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

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

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

25-0611

Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

☐ Original Application
☑ Renewal License
#_____

FEES ARE NON-REFUNDABLE
☒ Fee Per Each Individual Vehicle (CLLTSE) $30.00
☒ Investigation Fee (CLLPIF) $7.00

Date Recv'd 6/2/25
Total $ 97.00
Receipt #: 8678-4

LICENSE PERIOD IS FROM
July 1st – June 30th

Note: please allow 3 weeks for application processing

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

Company Name: Z's Overflow LLC dba Phoenix Transportation

Business Address: 1280 S. Van Dyke Rd # 3
City: Appleton
State: WI
Zip Code: 54914

Company Email Address [REQUIRED]: zoverflowllc@gmail.com
Company Phone Number [REQUIRED]: 920-840-6176
☐ Individual
☐ Partnership
☐ Corporation

Business Owners Name: Zonea Mims
Date of Birth:
Gender: F

Business Owner Phone Number:
Business Owner Email Address:

Driver's License Number:
State Licensed: WI

SECTION 2 - COMPANY HISTORY

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

If Yes, what municipality? _____

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

If Yes, please explain: _____

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

If Yes, please explain: _____

Describe the basic operations of the company:

Taxi Cab

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

_____

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

Vehicle Number	Capacity	Make/Model	DOT License Plate #
01	6	Dodge Grand Caravan	AVA 5727
02	3	Dodge Grand Caravan	ASR 2296
03	6	Chrysler Voyager	AZC 1328

SECTION 4 – INSURANCE NOTICE

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

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

Applicant's Signature Zoneen Mehmo **Date:** 6 / 02 / 25

FOR OFFICE USE ONLY

Department	Approve	Deny	Date of Recommendation	Staff Member
Risk Management				
Police	X		JUN 04 2025	B, Goodin
Fire	X		JUN 03 2025	D, Henson
Inspection	X		JUN 03 2025	K, Cranmer
Safety and Licensing			6-11-25	
Common Council			6-18-25	

COI on File?	Denial Reasoning	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(ies) 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 lieu of such endorsement(s).

PRODUCER
Ansay & Associates, LLC.
4351 W College Ave
Suite 310
Appleton WI 54914

CONTACT NAME: Tracy Boeing
PHONE (A/C, No, E: ____ FAX (A/C, No): 920-560-7078
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Scottsdale Insurance Co	41297
INSURER B : ICW Group	27847
INSURER C : Prime Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Z's Overflow LLC
1280 S. Van Dyke Rd Ste 3
Appleton WI 54914

ZSOVERF-01

COVERAGES **CERTIFICATE NUMBER:** 1491741978 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CPS7924309	1/11/2025	1/11/2026	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	X POLICY PRO-JECT LOC							$
C	AUTOMOBILE LIABILITY			SC25041036	4/3/2025	4/3/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WWI5081997	1/31/2025	1/31/2026	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Community Care, Inc
1801 Dolphin Drive
Waukesha WI 53186

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Tracy L. Boeing

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2025

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

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

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

Application Date: 4/29/25

☐ Town ☐ Village ☒ City of Appleton

County of Outagamie

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

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

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

at the premises described below during a special event beginning 7/26/25 and ending 7/27/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* →

☐ Bona fide Club ☐ Church ☐ Lodge/Society

☐ Veteran's Organization ☐ Fair Association or Agricultural Society

☑ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name The Trout Museum of Art

(b) Address 325 E. college Ave Appleton, WI 54911
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1967

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:
President Karen Cain / 13 Tilbury Ct. Appleton, WI 54913
Vice President Beth Zinsli / 224 E. Circle St. Appleton, WI 54911
Secretary Leila Mousai / 905 E Woodcrest Dr. Appleton, WI 54915
Treasurer Jon Brogan / 264 W. Wisconsin Ave Kaukauna, WI 54130

(g) Name and address of manager or person in charge of affair: Christina Turner 325 Lake Rd Menasha 54952 *please add

(g) 1. Date of Birth (g) 2. Drivers License #

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 500 E Franklin St. Appleton, WI 54911 - City Park

(b) Lot Blocks North st, Union st, Franklin st, Park Ave and Drew st.

(c) Do premises occupy all or part of building? All of the park.

(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 Art at the Park

(b) Dates of event July 26 + July 27, 2025

Sat: 9-5 July 26
Sun: 9-4 July 27

DECLARATION

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

Officer [signature] 05/02/25 Trout Museum of Art
(Signature / Date) (Name of Organization)

Date Filed with Clerk 5/2/25

Date Reported to Committee

Date Granted

License No.

Wisconsin Department of Revenue

AT-315 (R. 9-19)
COA Version 2024

Fire:
Health:

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

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

FEE $ 10 per event + $7 (applicant background investigation fee) Application Date: 05/05/2025

☐ Town ☐ Village ☒ City of Appleton County of OUTAGAMIE

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

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

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

at the premises described below during a special event beginning 7/31/2025 and ending 8/3/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name CREATIVE DOWNTOWN APPLETON, INC.

(b) Address C/O APPLETON DOWNTOWN, INC. 333 W. COLLEGE AVE. SUITE 100, APPLETON, WI 54911
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized 10/22/2014

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:
President STEVE LONSWAY, 1004 S. OLDE ONEIDA ST., APPLETON, WI 54915
Vice President KOLBY KNUTH, 901 S. LAWE ST., APPLETON, WI 54915
Secretary STEPHANIE LOWNEY, 425 BETTER WAY, APPLETON, WI 54915
Treasurer TOM KLISTER, 229 E. WASHINGTON ST., APPLETON, WI 54911

(g) Name and address of manager or person in charge of affair: JENNIFER STEPHANY

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

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

(a) Street number 301 W. LAWRENCE ST, APPLETON, WI 54911 - ALL OF JONES PARK

(b) Lot ALL OF JONES PARK Block _____

(c) Do premises occupy all or part of building? ALL OF JONES PARK

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

3. Name of Event

(a) List name of the event MILE OF MUSIC

(b) Dates of event 7/31/2025, 8/1/2025,8/2/2025,8/3/2025

(c) Time(s) of event 11:00 AM - 11;00 PM

DECLARATION

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

Officer Jennifer Stephany *(Signature / Date)* Creative Downtown Appleton Inc. *(Name of Organization)*

Date Filed with Clerk 5/13/25 Date Reported to Committee _____

Date Granted _____ License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____

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

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

FEE $ 10 per event + $7 (applicant background investigation fee) Application Date: 01/22/2025

☐ Town ☐ Village ☒ City of Appleton County of Outagamie

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

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

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

at the premises described below during a special event beginning 07/31/2025 and ending 08/03/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* →

☐ Bona fide Club ☐ Church ☐ Lodge/Society

☑ Veteran's Organization ☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name 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 box: ☐

(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. (g)2. Drivers License #. g)3. Email Phone

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

(a) Street number Lawrence Lawn on Lawrence Univeristy Campus

(b) Lot Block SE Corner of College Avenue and Drew Street

(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 through 08/03/2025

(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 forfeit not more than $1,000.

Officer RBoettcher *(Signature / Date)* Fox Valley Veterans Association *(Name of Organization)*

Date Filed with Clerk 4/15/25 Date Reported to Committee

Date Granted License No.

COA Dept. Approval: Police Fire Health

AT-315 (R. 9-19)
COA Version 2024

Wisconsin Department of Revenue

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

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

FEE $ 10 per event + $7 (applicant background investigation fee) Application Date: 01/22/2025

☐ Town ☐ Village ☒ City of Appleton County of Outagamie

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

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

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

at the premises described below during a special event beginning 07/31/2025 and ending 08/03/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* →

☐ Bona fide Club ☐ Church ☐ Lodge/Society

☑ Veteran's Organization ☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fox Valley Vietnam Veterans Association

(b) Address 120 N. Morrison St., Suite 102, 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 box: ☐

(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 (g)2. Drivers License # (g)3. Email Phone

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

(a) Street number Houdini Plaza

(b) Lot Block SE Corner of College Avenue and Appleton Street

(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 through 08/03/2025

(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 forfeit not more than $1,000.

Officer R Boettcher *(Signature / Date)*

Fox Valley Veterans Association *(Name of Organization)*

Date Filed with Clerk 4/15/25

Date Granted

Date Reported to Committee

License No.

COA Dept. Approval: Police Fire Health