



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, January 13, 2021

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[21-0035](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 12-9-2020.pdf](#)

4. **Public Hearings/Appearances**

5. **Action Items**

[20-1641](#) Class "B" Beer and "Class B" Liquor License application for Zeusinator LLC d/b/a Ambassador, Corbin Schiedermayer, Agent, located at 117 S Appleton St, contingent upon approval from all departments.

Attachments: [Ambassador.pdf](#)

[21-0007](#) Class "A" Beer and "Class A" Liquor License application for Nepal LLC d/b/a Memorial Liquor, Puspa Subedi, Agent, located at 415 S. Memorial Dr, contingent upon approval from all departments.

Attachments: [Memorial Liquor.pdf](#)

[20-1642](#) Class "A" Beer License application for Auto Stop LLC d/b/a Oneida St BP, Shahezad S Noorani, Agent, located at 1306 S Oneida St, contingent upon approval from all departments.

Attachments: [Oneida St BP.pdf](#)

[21-0039](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for McGregors LLC d/b/a The Dirty Leprechaun, Jonathon E Kuehn, New Agent, located at 343 W College Ave, contingent upon approval from Appleton Police Department.

Attachments: [Jonathon E Kuehn S&L.pdf](#)

[20-1639](#) Cigarette License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley Hotel, Linda Garvey, Agent, located at 333 W College Ave.

Attachments: [Driftwood - Red Lion S&L.pdf](#)

[21-0016](#) Cigarette License application for Nepal LLC d/b/a Memorial Liquor, Puspa Subedi, Applicant, located at 415 S Memorial Dr.

Attachments: [Memorial Liquor S&L.pdf](#)

[21-0018](#) Cigarette License application for Auto Stop LLC d/b/a Oneida Street BP, Shahezad Noorani, Applicant, located at 1306 S. Oneida St.

Attachments: [Oneida St BP S&L.pdf](#)

6. Information Items

[21-0036](#) Director's Reports

1. City Clerk
2. Police Chief
 - Introduction of Lt. Adam Nagel who will be handling all licensing processes
 - Hiring Update
3. Fire Chief
 - Update on changes to performance evaluations

7. Adjournment

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

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



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, December 9, 2020

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

This meeting was called to order by Chair Siebers at 5:30 p.m.

2. Roll call of membership

Present: 4 - Siebers, Lobner, Reed and Schultz

Excused: 1 - Van Zeeland

3. Approval of minutes from previous meeting

[20-1603](#)

Approval of minutes from previous meeting

Attachments: [S&L Minutes 11-18-2020.pdf](#)

**Reed moved, seconded by Lobner, that the Minutes be approved. Roll Call.
Motion carried by the following vote:**

Aye: 4 - Siebers, Lobner, Reed and Schultz

Excused: 1 - Van Zeeland

4. Public Hearings/Appearances

5. Action Items

[20-1366](#)

"Class B" Liquor and Class "B" Beer License application for Poonsiri Parncham d/b/a Jai Sung Mah, located at 122 W Wisconsin Ave, contingent upon approvals from all departments.

Attachments: [Jai Sung Mah - Poonsiri Parncham.pdf](#)

Reed moved, seconded by Lobner, that the License be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 4 - Siebers, Lobner, Reed and Schultz

Excused: 1 - Van Zeeland

Balance of the action items on the agenda.

Reed moved, Lobner seconded, to approve the balance of the agenda. The motion carried by the following vote:

Aye: 4 - Siebers, Lobner, Reed and Schultz

Excused: 1 - Van Zeeland

[20-1526](#)

Class "B" Beer and "Class C" Wine License application for Urban Modern Kitchen LLC d/b/a Urban Modern Kitchen, Shirley Bullock-Vazquez, Agent, located at 800 E Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Urban Modern Kitchen.pdf](#)

This Report Action Item was recommended for approval.

[20-1597](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Walgreens Co. d/b/a Walgreens #07323, Jeremy A Vetter, New Agent, located at 3330 E Calumet St, contingent upon approval from Appleton Police Department.

Attachments: [Jeremy A Vetter S&L.pdf](#)

This Report Action Item was recommended for approval.

[20-1618](#)

2021 Secondhand Article, Secondhand Jewelry and Pawnbroker license renewal applications, contingent upon approval from all departments.

Attachments: [2021 Secondhand-Pawnbroker S&L.pdf](#)

This Report Action Item was recommended for approval.

[20-1509](#)

Temporary Class "B" Beer License application for Ice Dog Booster Club, Nick Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, contingent upon approval from all departments.

Attachments: [Ice Dog Booster Club S&L.pdf](#)

This Report Action Item was approved

6. Information Items**[20-1606](#)**

Notification of changes to Police Department's Table of Organization

Attachments: [M-F Patrol to VSO TO Modification 2020.pdf](#)

[APD support letter 2020.pdf](#)

[Letter of Support APD Victim Services.pdf](#)

The Update was presented

[20-1608](#)

Director's Reports

1. City Clerk
 - Candidate Filing Reminders for Spring Election
2. Fire Chief
 - 2021 Hiring Process
3. Police Chief

7. Adjournment

**Reed moved, seconded by Lobner, that the meeting be adjourned at 6:01 p.m.
Roll Call. Motion carried by the following vote:**

Aye: 4 - Siebers, Lobner, Reed and Schultz

Excused: 1 - Van Zeeland

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6/30/21
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } APPLETON
 Village of }
 City of }

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>600</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Z EUSINATOR LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SCHIEDERMAIER	CORBIN		506 W. PARK RIDGE AVE, APPLETON, 54911
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SCHIEDERMAIER	CORBIN		506 W PARK RIDGE AVE, APPLETON, 54911
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

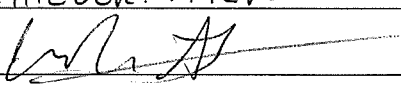

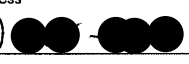
1. Trade Name AMBASSADOR Business Phone Number (920) ●●● - ●●●●
 2. Address of Premises 117 S. APPLETON ST. Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Seating capacity at bar, rear of building and private upstairs room. Approximately 200 sq. ft. Alcohol stored in basement & first floor behind bar. Alcohol consumed and served at bar & seating area and seating upstairs.

4. Legal description (omit if street address is given above): TAVERN
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? AMBASSADOR

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Already have license that is current. - exp 2022
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 12/4/20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>SCHIEDER MAYER CORBIN</u>	Title/Member <u>OWNER/OPERATOR</u>	Date <u>12/11/20</u>
Signature 	Phone Number 	Email Address <u>(920)</u> 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: CORBIN SCHIEDERMAIER

2. Name of Business: AMBASSADOR

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) _____

3. Address of Business: 117 S. APPLETON ST

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes X No _____

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail below:

Theft 07/09, stole a candybar & a sign. Young and dumb. I'm sorry.

5. List all partners, shareholders or investors of your business. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>CORBIN</u>		<u>SCHIEDERMAIER</u>	<u>●●●●</u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /

6. Name of person/corporation you are buying the premise and equipment from?

Name: Jordan L. Hereford

First name Middle Initial Last name

Address: 117 S. APPLETON ST. APPLETON WI 54911

City State ZIP

7. What was the previous name and primary nature of the business operating at this location?

Name: AMBASSADOR

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
 Tavern/Night Club/Wine Bar
 Microbrewery/Brewpub
 Painting/Craft Studio
 Other (describe) _____

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No _____ If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

N/A months ago. Continuous

10. Seating capacity: Inside 65 Outside 0

11. Operating hours (Inside the building): M-S 10 AM - 2:00 AM
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff
Number of floor personnel 1 Number of door checkers 1

13. In general, state the size and operational details of the proposed establishment:

- a. Gross floor building area of the premises to be licensed: 1300 square feet.
b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
c. Below, identify the operational details of the proposed establishment:

Tavern — selling and consuming beer, wine, & spirits
Approximately 1300 sq ft. Alcohol being consumed & served at
bar top and near seating / upstairs area. Alcohol being stored
downstairs and behind bar.

[Signature]
Signature

12/11/20
Date

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 01-01-2021 ending: 6/30/21

To the Governing Body of the: [] Town of [] Village of [x] City of Appleton

County of Outagamie Aldermanic Dist. No. (if required by ordinance)

Check one: [] Individual [x] Limited Liability Company [] Partnership [] Corporation/Nonprofit Organization

Table with columns: TYPE OF LICENSE REQUESTED, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, TOTAL FEE.

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name) NEPAL LLC d.b.a Memorial Liquor

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.

Table with 4 columns: Name, (First), (Middle Name), Home Address. Rows include President (SUBEDI, PUSPA), Vice President, Secretary, Treasurer, Agent (SUBEDI, PUSPA), and Directors/Managers.

1. Trade Name Memorial Liquor Business Phone Number 920-560-5578

2. Address of Premises 415 S. Memorial Dr. Appleton Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records.

415 S Memorial Dr - 1,500 Sq Ft Convenience Store - storage in coolers + back room

4. Legal description (omit if street address is given above):

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [] No

(b) If yes, under what name was license issued? Fishtail LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 12-08-2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No




NPG LLC

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

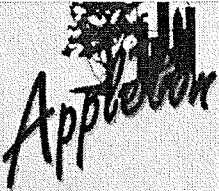
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) SUBEDI PUSPA	Title/Member OWNER	Date 12-08-2020
Signature 	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Puspa Subedi

2. Name of Business: Memorial Liquor (Nepal LLC) / ~~Wine~~ Store
 (Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Convenience store/liquor

3. Address of Business: 4155 Memorial Dr. Appleton, WI 54911

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No _____
 AND/OR been convicted of a felony? Yes _____ No _____

If yes to either question, please explain in detail below:

5. List all partners, shareholders or investors of your business. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Puspa</u>	<u>R</u>	<u>SUBEDI</u>	<u>●●●●</u>
First name	M.I.	Last name	Date of Birth
			/ /

6. Name of person/corporation you are buying the premise and equipment from?

Name: Buddi Sagar Subedi
 First name Middle Initial Last name

Address: 3045 Winnipeg St. Menasha WI 54952
 City State ZIP

7. What was the previous name and primary nature of the business operating at this location?

Name: Memorial Liquor (Fishtail LLC)

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
 Tavern/Night Club/Wine Bar
 Microbrewery/Brewpub
 Painting/Craft Studio
 Other (describe) Convenience store/Liquor store

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

_____ months ago.

10. Seating capacity: Inside N/A Outside N/A.

11. Operating hours (Inside the building): MTWTFSS-6:00AM-12:00AM; SUNDAY 7:AM-12PM
Operating hours (Outdoor seating areas): _____

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 2

13. In general, state the size and operational details of the proposed establishment:

- a. Gross floor building area of the premises to be licensed: 1500 square feet.
b. Gross outdoor seating areas of the premises to be licensed: N/A square feet.
c. Below, identify the operational details of the proposed establishment:

Convenience store/liquor store

We store all our liquor in the back storage

Purpadubady
Signature

12/29/20
Date

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 12/31/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

County of Outagamie Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 200
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 260

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Auto Stop LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Noorani</u>	<u>Shaheza</u>	<u>Sadiq</u>	<u>1000 N 15th St. Appleton WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
			<u>1500 W 6425 N Smoke Tree Pass Appleton WI 54913</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Oneida St. B.P. Business Phone Number 920 731 3518
 2. Address of Premises 1306 S. Oneida St. Post Office & Zip Code Appleton WI 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Beer cave, stored by sandwich cooler and behind counter

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Northern Gray LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No

IN PROCESS. Completed on 12/9/2020

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No

9. (a) Corporate/limited liability company applicants only: Insert state W.I. and date 11/22/2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Shahrezad S Noorani</u>	Title/Member <u>Owner</u>	Date <u>12/5/2020</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Shahzad S. Noorani

2. Name of Business: Auto Stop LLC DBA Oneida St. B.P.

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) C-store with Gas

3. Address of Business: 1306 S. Oneida St. Appleton 54915

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No ✓

AND/OR been convicted of a felony? Yes _____ No ✓

If yes to either question, please explain in detail below:

5. List all partners, shareholders or investors of your business. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Shahzad</u>	<u>S</u>	<u>Noorani</u>	
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

6. Name of person/corporation you are buying the premise and equipment from?

Name: Roshankumar K Patel

First name Middle Initial Last name

Address: 6425 N. Smoke Tree Pass Appleton WI 54915

City State ZIP

7. What was the previous name and primary nature of the business operating at this location?

Name: Northern Cies LLC DBA You Pump

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) C STORE WITH CIES

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

0 months ago.

10. Seating capacity: Inside — Outside —

11. Operating hours (Inside the building): —

Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 3 Number of door checkers —

13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 2500 square feet.

b. Gross outdoor seating areas of the premises to be licensed: — square feet.

c. Below, identify the operational details of the proposed establishment:

Beer Cave, stored by sandwich cooler
and behind counter

[Signature]
Signature

12/08/2020
Date

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official:

- Town
- Village
- City

To the governing body of: _____ of Appleton County of Douglas

The undersigned duly authorized officer(s)/members/managers of McGregor's LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Party Leperchaun
(trade name)

located at 343 W. College Ave. Appleton, WI 54911

appoints Jon Kuehn
(name of appointed agent)

203 N. Main St. Black Creek, WI 54106
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 30 years

Place of residence last year 203 N Main St. Black Creek WI 54106

For: McGregor's LLC
(name of corporation/organization/limited liability company)

By: J. E. [Signature]
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jon Kuehn, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 1.8.21
(signature of agent) (date)

203 N. Main St. Black Creek, WI 54106
(home address of agent)

Age 30 years
Date of birth [Redacted]

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kuehn		Jonathan		Edward	
Home Address (street/route)		Post Office	City	State	Zip Code
203 N. Main St.			Black Creek WI	WI	54106
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	Chicago, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Jonathan Kuehn of McGregor's LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 30 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

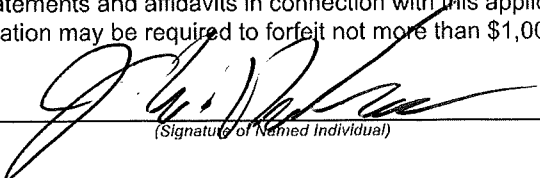
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
McGregor's LLC		1.1.07	1.1.07
Employer's Name	Employer's Address	Employed From	To
		Present	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 07-01-2020 to 06-30-2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Driftwood Special Servicing, LLC			Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name) Appleton Red Lion Paper Valley			Telephone Number 	
Business Address (License Location) 333 W. College Avenue		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 733-8000
Municipality Appleton	State WI	Zip Code 54911	County Outagamie	
Mailing Address (if different than Business Address) 11770 US Highway One, Suite #202		Municipality North Palm Beach	State FL	Zip Code 33408

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
 ●●●●●●●●●●●●●●●●

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) NEPAL LLC		Federal Employer Identification No. (FEIN) ●●●●●●●●●●	
Trade or Business Name (if different than Legal Name) XXXXXXXXXX Memorial Liquor		Telephone Number (920) 560 5578	
Business Address (License Location) 415 S. Memorial Dr.		Business Telephone ()	
Municipality Appleton	State WI	Zip Code 54911	County
Mailing Address (if different than Business Address)		Municipality	
		State	Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) **LLC**

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

REC

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
 [REDACTED]

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Auto Stop LLC			Federal Employer Identification No. (FEIN) [REDACTED]		
Trade or Business Name (if different than Legal Name) Oneida St. B.P.			Telephone Number ()		
Business Address (License Location) 1306 S. Oneida St.			Business Telephone (920) 731-3518		
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town			County Outagamie		
Municipality Appleton	State WI	Zip Code 54915	of: Appleton		
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: _____
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) **LLC**

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]

 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)