



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, February 6, 2019

6:45 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[19-0066](#) Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 1-9-19.pdf](#)

4. **Public Hearings/Appearances**

5. **Action Items**

[19-0067](#) Class "B" Beer and "Class C" Wine application of Garden View Family Restaurant LLC, Located at 216 E College Ave., Rose Villanueva Salinas, Agent, contingent upon approval from all departments.

**Attachments:** [Liquor License Garden View Application.pdf](#)

[19-0080](#) Operator's Licenses

**Attachments:** [Operator's Licenses for 1-23-19 S & L.pdf](#)

[19-0065](#) Special Class "B" Beer/Wine License application for Littlest Tumor Foundation, Katharine E. Patience, Person in Charge, on 2-15-2019, contingent upon approval from all departments.

**Attachments:** [Littlest Tumor spec B S.L 1.15.19.pdf](#)

[19-0078](#) Special Class "B" Beer/Wine License application of NAMI Fox Valley, Kathleen M. Kumbier, Person in Charge, 2351 Fiesta Ct, Neenah, April 4, 2019, contingent upon approval from all departments

**Attachments:** [NAMI Fox Valley special B-S.L. 1.23.19.pdf](#)

[19-0068](#) Special Class "B" License applications filed after the agenda was published.

**6. Information Items**

[19-0069](#) Special Events:  
Esto Vir- Mend for All Seasons Conference- St Pius X, 500 W Marquette  
St, March 2, 2019

[19-0082](#) Director's Reports  
-City Clerk  
-Fire Chief  
-Police Chief

Attachments: [2018 Week 52.pdf](#)

[19-0081](#) Police Department information on liquor law violation convictions.

**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

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Wednesday, January 9, 2019

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

*The meeting was called to order by Chair Lobner at 5:30 p.m.*

2. Roll call of membership

**Present:** 4 - Lobner, Konetzke, Reed and Siebers

**Excused:** 1 - Williams

3. Approval of minutes from previous meeting

[19-0056](#)

Minutes from previous meeting

**Attachments:** [S&L Minutes 12-12-18.pdf](#)

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

**Aye:** 4 - Lobner, Konetzke, Reed and Siebers

**Excused:** 1 - Williams

4. Public Hearings/Appearances

5. Action Items

[18-1859](#)

Operator's License application of Mark S. Stein, 2509 N. Locust Street

**Attachments:** [Mark S. Stein.pdf](#)  
[SL Denial- Stein, 1-9-19.pdf](#)

*Mr. Stein was present and addressed the Committee.*

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

**Aye:** 3 - Lobner, Reed and Siebers

**Nay:** 1 - Konetzke

**Excused:** 1 - Williams

[19-0016](#)

Operator's License application of Benjamin Lasfalk, 516 Nicolet Blvd.

**Attachments:**    [Benjamin D. Lasfalk.pdf](#)  
                              [SL Denial-Lasfalk 1-9-19.pdf](#)  
                              [B. Lasfalk Recommendation Letter.pdf](#)

*Mr. Lasfalk was present and addressed the Committee. Eric Anderson, owner of Stuc's Pizza also spoke on behalf of Mr. Lasfalk.*

**Konetzke moved, seconded by Lobner, that the Operator License be recommended for approval. Roll Call. Motion failed by the following vote:**

**Nay:** 4 - Lobner, Konetzke, Reed and Siebers

**Excused:** 1 - Williams

*The Motion to approve failed, a second vote was taken on a Motion to deny the license.*

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

**Aye:** 3 - Lobner, Reed and Siebers

**Nay:** 1 - Konetzke

**Excused:** 1 - Williams

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

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

**Aye:** 4 - Lobner, Konetzke, Reed and Siebers

**Excused:** 1 - Williams

[19-0052](#)

"Class A" Liquor and Class "A" Beer License Application from Pedro Juarez of Lindo Michoacan Mexican Restaurant, LLC, located at 211 N Richmond Street.

**Attachments:**    [Lindo Michoacan Class A Application-S&L1-9-19.pdf](#)

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

[19-0058](#)

Affidavit of Correction for Ward Designation of Leona Pond Annexation

**Attachments:**    [Memo- Leona Pond Annex. Ward Correction.pdf](#)  
                              [Leona Pond Annexation Ward Correction.pdf](#)

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

[19-0057](#)

Operator's Licenses

**Attachments:**    [Operator's Licenses for 1-9-19 S & L.pdf](#)

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

[18-1863](#)

Pawnbroker License Renewal application of JGB LLC d/b/a Mister Money, Gregory A. Baer, Applicant, 1933B N. Richmond St., contingent upon approval from all departments.

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

[19-0017](#)

Secondhand Article License Renewal application of Scott A. Gonnering, d/b/a Scooter G Sports, 129 E. College Ave., contingent upon approval from all departments.

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

[19-0018](#)

Secondhand Article License Renewal application of James A. Boylan, d/b/a The Attique Resale, 415 N. Oneida St., contingent upon approval from all departments.

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

[19-0019](#)

Secondhand Article License Renewal application of Dean M. Vandenhoy, d/b/a Richmond Resale, LLC, 204 N. Richmond St., contingent upon approval from all departments.

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

[19-0039](#)

Special Class "B" Beer License applications filed after the agenda was published.

*There were no applications filed.*

## 6. Information Items

[19-0037](#)

Director's Reports:  
City Clerk  
-Hiring Update  
-Spring Election Update  
Police Chief  
- Employee Wellness Committee  
Fire Chief  
- Update on hiring process  
- 2019 Retirements

[19-0038](#)

Police Department information on liquor law violation convictions

**This Item was presented.**

7. Adjournment

**Konetzke moved, seconded by Reed, that the meeting be adjourned at 6:07 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Lobner, Konetzke, Reed and Siebers

**Excused:** 1 - Williams

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending \_\_\_\_\_ 20\_\_\_\_

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Appleton  
 City of }

County of outagamie Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

LICENSE REQUESTED		FEE
TYPE		
<input type="checkbox"/> Class A beer		\$
<input checked="" type="checkbox"/> Class B beer		\$
<input checked="" type="checkbox"/> Class C wine		\$
<input type="checkbox"/> Class A liquor		\$
<input 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		\$
<b>TOTAL FEE</b>		\$

1. The named  Individual  Partnership  Limited Liability Company  
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Garden View Family Restaurant 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 name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Salinas Villanueva Rose</u>	<u>125 E. Calumet St. App. WI 54915</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Rose Villanueva Salinas</u>		
Directors/Managers			

3. Trade Name Garden View Restaurant Business Phone Number \_\_\_\_\_  
4. Address of Premises 216 E. College Ave. Post Office & Zip Code Appleton WI 54911

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WI and date sep. 12 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  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  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) next to the bar will be the refrigerator entire building  
10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (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? \_\_\_\_\_  
12. 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  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1/10/19</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Operator's Licenses for 1/23/19 S & L

Approved

James J. Carter	631 Strawberry Ln Kimberly
Angelina B. Cousineau	5475 W Edgewood Dr Appleton
Rachel S. Couillard	417 Durkee St #3 Appleton
Mark. A. Doering	1209 N Drew St Appleton
Black D. Fowler	1785 Sanctuary Ct #94 Appleton
Jason L. Gengler	2400 W Cherokee Dr Appleton
Niruta Khatri	155 W Calumet St Appleton
Daniel Knueppel	537 E Calumet St Appleton
Kenneth R. Loehrke	8255 Cty Rd T Larsen
Moria M. McHugh	W7197 Prairie Ct Greenville
Margaret A. O'Neill	2316 N Rankin St Appleton
Dominic I. Pingel	418 6 <sup>th</sup> St Menasha
Tiffany R. Schepis	421 E Brewster St Appleton
Samantha J. Schilly	730 Fairwood Dr Apt 4 Neenah
Robyn L. Schulz	209 Berkley St Neenah
Justin D. Schuman	413 E Evergreen Dr Kaukauna
Haley J. Sorensen	1604 Acorn Ct Menasha
Noah P. Spinner	740 N Mayflower Dr Apt 3 Appleton
Chyenne S. Steffens	1409 E Taft Ave Appleton
Juan C. Vera	2125 N Appleton St Appleton
Teresa M. Verkuilen	1225 E Pauline St Appleton





OFFICE OF CITY CLERK  
FILED  
JAN 07 2019  
"meeting community needs  
APPLETON, WISCONSIN  
.....enhancing quality of life"

**FEES ARE NON-REFUNDABLE** Date Rec'd 1/2/19  
License Fee - \$10.00 per event Acct. 11030.4322  
Investigation Fee + 7.00 Acct. 100.2359  
Total Amount Paid 87 Receipt \_\_\_\_\_

**Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings**

**The named organization applies for:**

A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.  
 A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)

**SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly**

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Littlest Tumor Foundation Date Organized 3/9/2010

Address PO Box 7051 City Appleton State WI Zip 54912

Person in Charge of Event: Name: Last Patience First Katharina Middle Initial E Date of Birth \_\_\_\_\_

Address 130 Cherry Ct City Appleton State WI Zip 54915 Person in charge phone number: \_\_\_\_\_

President Last Miyera First Steve Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address 4200 N Windcross Dr City Appleton State WI Zip 54913

Vice President Last Wirtanwa First Tracy Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female

Address 140 N Jefferson Rd City South Burlington State VT Zip 05403

Secretary Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 2/15/19 Ending: 2/15/19 Hours 7:30 AM  10:00 AM

Please describe the type of event you are going to have: Bingo + Raffle

Do you plan to serve food at this event? No  Yes  If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold: Copper Rock Party Room We will order food through Copper Rock 920.882.9462

Address 210 W College Ave City Appleton State WI Zip 54911

Are you requesting an "open concept" license? No  Yes  Will minors be present? No  Yes

Describe actual location and dimensions of area to be licensed - Be precise! Copper Rock Party Room - Capacity 75 If yes, how will you prevent minors from obtaining alcoholic beverages? We will ask for ID

**SECTION 3 - PENALTY SECTION**

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.  
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.  
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer:

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number



"meeting community needs  
.....enhancing quality of life"

19-0078

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>1/16/19</u>
License Fee - \$10.00 per event	Acct. <u>41030.4322 CLC SPB</u>
Investigation Fee + 7.00	Acct. <u>400.2359 CLC PIF</u>
Total Amount Paid <u>17.00</u>	Receipt <u>3294</u>

### Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:

A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.

A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) NAMI Fox Valley				Date Organized 04/07/1981		
Address 211 E. Franklin St.		City Appleton	State WI	Zip 54911		
Person in Charge of Event:		Name: Last Kumbier	First Kathleen	Middle Initial M	Date of Birth	
Address 2351 Fiesta Ct.		City Neenah	State WI	Zip 54956	Person in charge phone number:	
President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		

#### SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 04 / 04 / 19 Ending: 04 / 04 / 19 Hours 5:30 AM  PM 8:00 AM  PM

Please describe the type of event you are going to have: Fundraiser Spring Dinner

Do you plan to serve food at this event? No  Yes  If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold: Sacred Heart Parish

Address 222 E. Fremont Street		City Appleton	State WI	Zip 54915
Are you requesting an "open concept" license?	No <input type="radio"/> Yes <input type="radio"/>	Will minors be present?		No <input type="radio"/> Yes <input checked="" type="radio"/>
Describe actual location and dimensions of area to be licensed - Be precise! <u>Gymnasium at Sacred Heart Parish</u>		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Bartenders will check ID</u>		

#### SECTION 3 - PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.  
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.  
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer

#### FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health	<u>1-17-19</u>		<u>Mikes</u>	
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.  
Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

**APPLETON POLICE DEPARTMENT  
WEEKLY REPORT  
2018**

**WEEK # 52 (8 days)  
ENDING 12/31/2018**

<b>Calls and Report Data</b>	<b>TW</b>	<b>TWLY</b>	<b>TYTD</b>	<b>LYTD</b>	<b>YTD Incr</b>
Calls for Service	752	766	46,056	51,184	-10.0%
Citizen Initiated	520	541	30,842	33,383	-7.6%
Officer Initiated	231	197	14,812	17,018	-13.0%
Crime Prevention Screens	1	117	3,527	6,810	-48.2%
Offense Reports	178	129	9,836	7,993	23.1%
Offense Report Follow-ups	73	38	4,369	2,287	91.0%
Reports Handled by Comm Technicians	5	8	486	761	-36.1%

<b>Total Crimes Reported</b>	<b>TW</b>	<b>TWLY</b>	<b>TYTD</b>	<b>LYTD</b>	<b>YTD Incr</b>
Group A Crimes	51	85	3,980	4,109	-3.1%
Group B Crimes	63	55	4,454	4,750	-6.2%

<b>Crime and Productivity Data</b>	<b>TW</b>	<b>TWLY</b>	<b>TYTD</b>	<b>LYTD</b>	<b>YTD Incr</b>
Lock-ups	19	33	1,995	2,118	-5.8%
Citizen Contacts (Written)	160	140	9,500	12,279	-22.6%
Traffic Citations	111	110	6,242	7,187	-13.1%
City Summonses	20	16	1,671	1,909	-12.5%
Assaults (Simple)	4	13	446	455	-2.0%
Assaults (Aggravated)	-	5	113	118	-4.2%
Rape	1	-	12	20	-40.0%
Robbery	-	1	19	19	0.0%
Burglary	2	5	135	137	-1.5%
Shoplifting	12	1	410	268	53.0%
Theft from Vehicle	-	1	112	125	-10.4%
Motor Vehicle Theft	1	-	58	40	45.0%
Drug/Narcotic Violations	6	6	534	421	26.8%
Drug Equipment Violations	5	6	323	305	5.9%
OWI	17	4	520	342	52.0%
All Adult Arrests	43	74	3,860	4,506	-14.3%
All Juvenile Arrests	1	1	549	598	-8.2%
2 A.M. to 5 A.M.	86	7	4,087	4,504	-9.3%

\*The Appleton Police Department implemented a new Records Management System effective 06/25/2018. Data in this report is comparing as closely as possible data gathered from two different systems until 06/25/2019.