



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, July 10, 2019

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[19-0950](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 6-12-19.pdf](#)
4. **Public Hearings/Appearances**
5. **Action Items**

[19-0907](#) Class "B" Beer and "Class C" Wine License application for MK2 Investments d/b/a Pinot's Palette, Mari P. Kessenich, Agent, located at 226 E. College Ave, contingent upon approvals from all departments.
Attachments: [Liquor License-Pinots Palette-MK2 Investments S&L 7-10-19.pdf](#)

[19-0879](#) Class "B" Beer and "Class C" Wine License application for Moon Water Cafe LLC d/b/a Moon Water Cafe, Shannon Boegh, Agent, located at 606 N. Lawe Street, contingent upon approvals from all departments.
Attachments: [Liquor License-Moon Water Cafe S&L 6-26-19.pdf](#)

[19-0904](#) 2019-20 Class "B" Beer and "Class C" Wine License renewal application for The Draw LLC, John C. Adams, Agent, 800 S. Lawe St.
Attachments: [2019 Beer-Wine Renewal application-The Draw-S&L 7-10-19.pdf](#)

[19-0947](#) Operator's Licenses
Attachments: [Operator's Licenses for 7-10-19 S & L.pdf](#)

[19-0948](#) Renewal Operator's Licenses
Attachments: [RENEWAL Licenses for 7-10-19 S&L.pdf](#)

- [19-0912](#) 2019 Cigarette/Tobacco License renewal application for Family Dollar, located at 808 W Wisconsin Ave.
Attachments: [2019 Cigarette renewal - Family Dollar S&L 7-10-19.pdf](#)
- [19-0871](#) 2019 Cigarette/Tobacco License renewal application for The Factory, Eugene Rice, owner, located at 508 W College Ave.
Attachments: [The Factory 2019 S&L 6-26-19.pdf](#)
- [19-0921](#) 2019 Secondhand Article Dealer Mall/Flea Market application for Ye Old Goat, Meghan M Keller, Person In Charge, located at 1919 East Calumet St, contingent upon approvals from all departments.
Attachments: [Ye Old Goat S&L 7-10-19.pdf](#)
- [19-0962](#) Commercial Quadricycle Renewal License application of Social Station, LLC, Chris Burns, 325 N Appleton St, contingent upon approval from all departments.
Attachments: [The Social Station.pdf](#)
- [19-0857](#) Pet Store License renewal application for HSA Corporation d/b/a Pet Supplies Plus, located at 702 W Northland Ave, contingent upon approvals from all departments.
Attachments: [Pet Supplies Plus S&L 6-26-19.pdf](#)
- [19-0858](#) Salvage Dealer's License renewal application for Golper Supply Co, located at 1810 W. Edgewood Dr, contingent upon approvals from all departments.
Attachments: [Golper Supply Co S&L 6-26-19.pdf](#)
- [19-0958](#) Class "B" Beer and "Class C" Wine Permanent Premise Amendment application for Garden View Restaurant, Rose Villanueva, Agent, located at 216 E. College Ave, contingent upon approvals from all departments.
Attachments: [Garden View-permanent premise amendment.pdf](#)
- [19-0859](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for Theadocia, LLC dba Spats, Bill Neubert, Agent, located at 733 W College Ave, from July 31-August 5, 2019, contingent upon approvals from all departments.
Attachments: [Spats.pdf](#)

- [19-0881](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for Emmett's Bar & Grill, Sharon Reader, Agent, 139 N. Richmond St, August 1-4, 2019, contingent upon approval from all departments.
- Attachments:* [Emmetts Bar & Grill.pdf](#)
- [19-0964](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for Riverside Bar & Grill, Gregg Van Dinter, Agent, 906 S. Olde Oneida St, contingent upon approval from all departments.
- Attachments:* [Riverside Bar & Grill-MoM.pdf](#)
- [19-0959](#) Reserve "Class B" Liquor and Class "B" Beer Temporary Premise Amendment application for Fox Cities Building for the Arts, Christina Turner, Agent, Houdini Plaza, September 19, 2019, contingent upon approvals from all departments.
- Attachments:* [Fox Cities Bldg for the Arts Fundraiser 9-19.pdf](#)
- [19-0870](#) Temporary Class "B" Beer and Temporary Class "B" Wine application for Future Urban Leaders, Appleton Memorial Park, August 24, 2019, contingent upon approvals from all departments.
- Attachments:* [Future Urban Leaders Fundraiser S&L 6-26-19 .pdf](#)
- [19-0872](#) Temporary Class "B" Beer License application for DuTriRun Foundation, Bike to the Beat Bike Ride, located at Woodward Radio Group, 2800 E. College Ave, contingent upon approvals from all departments.
- Attachments:* [Bike to the Beat Special B S&L 6-26-19.pdf](#)
- [19-0922](#) Temporary Class "B" Beer License application for Appleton Area Hockey Association's Family Picnic, Sara A. Janssen, Person in Charge, September 13, 2019, contingent upon approvals from all departments
- Attachments:* [Appleton Area Hockey Association Family Picnic S&L 7-10-19.pdf](#)
- [19-0936](#) Temporary Class "B" Beer License application for Outagamie County Historical Society d/b/a History Museum, Matthew J. Carpenter, Person in Charge, August 2-3, 2019, contingent upon approvals from all departments.
- Attachments:* [Outagamie County Historical Society for MoM S&L 7-10-19.pdf](#)

- [19-0949](#) Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton, Inc, Jones Park, August 1-4, 2019, contingent upon approvals from all departments.
Attachments: [Creative Downtown Appleton -MoM Jones Park S&L 7-10-19.pdf](#)
- [19-0951](#) Temporary Class "B" Beer License application for Creative Downtown Appleton, Inc, Houdini Plaza, August 1-4, 2019, contingent upon approvals from all departments.
Attachments: [Creative Downtown Appleton -MoM Houdini Plaza S&L 7-10-19.pdf](#)
- [19-0877](#) Temporary Class "B" Beer and/or Temporary "Class B" Wine application for Sacred Heart Catholic Church, located at 222 E. Fremont St, on the following dates: August 17-18, 2019, October 26, 2019, January 25, 2020, February 15, 2020, March 6, 2020, March 20, 2020 and April 3, 2020, contingent upon approvals from all departments.
Attachments: [Sacred Heart Catholic Church - multiple events S&L 6-26-19.pdf](#)
- [19-0952](#) Special Class "B" License applications filed after the agenda was published.

6. Information Items

- [19-0906](#) Special Events:
Appleton Area Jaycees, Fireworks, Appleton Memorial Park, July 3, 2019
Bigger ProDUCTION'Z LLC, Hip Hop for Humanity, Pierce Park, July 13, 2019
Appleton Parks & Recreation, Kids Rummage Sale, Pierce Park, July 23, 2019
Eternal Love Church, Summer Vacation Bible School Day at the Park, Green Meadows Park, July 27, 2019
Mile of Music, Downtown Appleton, August 1-4, 2019
Appleton Police Department, National Night Out, Community Neighborhoods, August 6, 2019
- [19-0957](#) Director's Reports
-City Clerk
-Fire Chief
-Police Chief
- [19-0956](#) 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

Wednesday, June 12, 2019

5:30 PM

Council Chambers, 6th Floor

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, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

3. Approval of minutes from previous meeting

[19-0821](#)

Approval of minutes from previous meeting.

Attachments: [S&L Minutes 5-22-19.pdf](#)

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

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

4. Public Hearings/Appearances

5. Action Items

[19-0614](#)

Reserve "Class B" Liquor application of Jai Sung Mah, located at 122 W. Wisconsin Ave, Nusara Yang, Owner.

Attachments: [Liquor License-Jai Sung Mah.pdf](#)
[Denial- Yang 2019.pdf](#)

Lobner moved, seconded by Williams, that the Reserve "Class B" license be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

[19-0829](#)

2019 Class "B" Beer License renewal application for Jai Sung Mah Pool Club, Nusara Yang, owner, located at 122 W. Wisconsin Ave.

Attachments: [2019 Renewal for Jai Sung Mah Pool Club-Beer License.docx](#)
[Denial- Yang 2019.pdf](#)

Lobner moved, seconded by Van Zeeland, that the license be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

[19-0791](#)

Approval of additional 2019-2020 Beer/Liquor License renewals contingent upon approval from all departments by 12:00 p.m. on June 28, 2019.

Attachments: [Late Renewals- Updated 6-11-19.pdf](#)

This Report Action Item was recommended for approval

[19-0822](#)

Operator's Licenses

Attachments: [Operator's Licenses for 6-12-19 S & L.pdf](#)

This Report Action Item was recommended for approval.

[19-0823](#)

Renewal Operator's Licenses

Attachments: [RENEWAL Operator Licenses for 6-12-19 s & L.pdf](#)

This Report Action Item was recommended for approval

[19-0818](#)

2019 Cigarette/Tobacco License Renewals

Attachments: [2019 Cigarette renewals-S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval

[19-0785](#)

Temporary Premise Amendment application for Tempest Coffee Collective, located at 181 S. Riverheath Way Ste 1100, on July 13 and September 21, 2019, contingent upon approvals from all departments.

Attachments: [Tempest Coffee Colletive.pdf](#)

This Report Action Item was recommended for approval.

[19-0772](#)

Temporary Class "B" Beer and "Class B" Wine License application for the Fox Valley Vietnam Veterans Association, Mile of Music, Washington Square, August 1-4, 2019, contingent upon approval from all departments.

Attachments: [FVVVA -MoM-Washington Square S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0773](#)

Temporary Class "B" Beer and "Class B" Wine license application for the Fox Valley Vietnam Veterans Association, Mile of Music, Lake Ormsby Hall-Lawrence University, August 1-4, 2019, contingent upon approval from all departments.

Attachments: [FVVVA -MoM-Lake Ormsby Hall S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0784](#)

Salvage Dealer's License renewal application for Green Meadow Recycling, Inc, located at 2220 W. Everett St, contingent upon approvals from all departments.

Attachments: [Green Meadow Recycling S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0816](#)

Salvage Dealer's License renewal application for Appleton Aluminum Recycling Inc, located at 300 N Kensington Dr, contingent upon approval from all departments.

Attachments: [Appleton Aluminum Recycling S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0828](#)

Salvage Dealer's License renewal application for Mach IV Motors LLC, located at 600 E Hancock St, contingent upon approvals from all departments.

Attachments: [Mach IV Motors S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0834](#)

Salvage Dealer's License renewal application for Mr C's Motorcycles LLC, located at 724 S Outagamie St, contingent upon approvals from all departments.

Attachments: [Mr Cs Motorcycles LLC S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval

[19-0771](#)

Pet Store License renewal application for Petco #1656, located at 3829 E. Calumet St.

Attachments: [Petco -1656 S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0848](#)

Pet Store License renewal application for Just Pets, Craig Weborg, Person in Charge, located at 2009 N. Richmond St, contingent upon approvals from all departments.

Attachments: [Just Pets S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0826](#)

Taxi Cab Company Renewal License application of Atlas Taxi, Matthew J. Hyde, 1125 W Main St Lot 17, Little Chute, WI 54140.

Attachments: [Atlas Taxi.pdf](#)

This Report Action Item was recommended for approval.

[19-0827](#)

Taxi Cab Company Renewal License application of Dynasty Limousine Service, LLC, Diana Wolters, 314 E Wilson Ave.

Attachments: [Dynasty Limo.pdf](#)

This Report Action Item was recommended for approval.

[19-0832](#)

Taxi Cab Company Renewal License application fro LIR Transportation (Fox Valley Cab), Igor Leykin, 719 W Frances St, Appleton, WI 54914

Attachments: [LIR Transportation.pdf](#)

This Report Action Item was recommended for approval.

[19-0835](#)

Secondhand Article Dealer License application for EcoATM, LLC, located at 511 N. Ballard Ave, contingent upon approvals from all departments.

Attachments: [EcoATM LLC - PicknSave Ballard S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0836](#)

Secondhand Article Dealer License application for EcoATM, LLC, located at 511 West Calumet St, contingent upon approvals from all departments.

Attachments: [EcoATM LLC - PicknSave Calumet S&L 6-12-19.pdf](#)

This Report Action Item was recommended for approval.

[19-0824](#)

Temporary Class "B" License Applications filed after the agenda was published.

There were no applications filed.

6. Information Items

[19-0767](#)

Special Events:

Boys and Girls Club of the Fox Valley, 2nd Annual Summer Kickoff, 160 S. Badger Ave, June 1, 2019.

Horizons Elementary Fun Run, Horizons Elementary School, June 5, 2019.

Appleton Parks & Recreation, Kids Fun Runs, Appleton Memorial Park, Telulah Park and Erb Park, June 9, June 23, July 21, 2019.

Renaissance School for the Arts, Graduation Celebration, Houdini Plaza, June 4, 2019

African Heritage Inc - Juneteenth - City Park - June 9, 2019

[19-0833](#)

Director's Reports:

City Clerk

Fire Chief

-Battalion Chief of Prevention and Public Education

Police Chief

-Staffing

-CompStat Dashboard

[19-0825](#)

Police Department information on liquor law violation convictions.

7. Adjournment

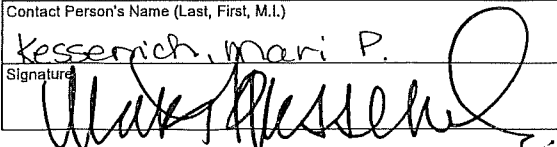

Meltzer moved, seconded by Van Zeeland, that the meeting be adjourned at 5:41 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Van Zeeland

Excused: 1 - Thao

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
renew old license, course completed 6-23-19
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 1/2014 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>Kessenich, Mari P.</u>	Title/Member <u>President</u>	Date <u>6-13-19</u>
Signature 	Phone Number <u>281-386-9796</u>	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	

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.

To the governing body of: Town Village City of Appleton County of outagamie

The undersigned duly authorized officer(s)/members/managers of MK2 Investments 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 _____
(trade name)

located at PINOT'S palette

appoints 226 e. college ave. appleton, WI 54911.
(name of appointed agent)

Mari Kessenich 4509 n. Knollwood ln appleton 54913
(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? 5YRS.

Place of residence last year 4509 n. Knollwood ln. Appleton

For: MK2 Investments LLC
(name of corporation/organization/limited liability company)

By: Mari Kessenich
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, MARI KESSENICH, 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.

Mari Kessenich 6-24-19
(signature of agent) (date)

Agent's age ●●

4509 n. Knollwood ln. Appleton
(home address of agent)

Date of birth ●●●●●●

**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)	
Kessenich		Mari		Pauline	
Home Address (street/route)	Post Office	City	State	Zip Code	
4509 N. Knollwood		Appleton	WI	54913	
Home Phone Number	Age	Date of Birth	Place of Birth		
281-386-9796	●●	●●●●	Edina, MN		

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.

President of **MKA Investments LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

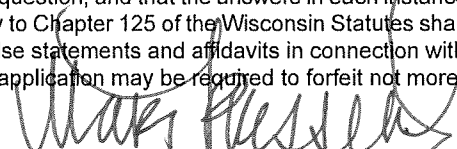
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 5 years
- 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.)
- 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.
- 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)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Redstone Golf Club	5860 Wilson Rd, Humble, TX 77396	2007	2012
BI Worldwide	7630 Bush Lake Rd, Minneapolis, MN 55439	2004	2007

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kessenich		Eric		Arthur	
Home Address (street/route)		Post Office	City	State	Zip Code
4509 N. Knollwood Ln.			Appleton	WI	54913
Home Phone Number		Age	Date of Birth	Place of Birth	
381-638-0223		●●	●●●●	Appleton WI	

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

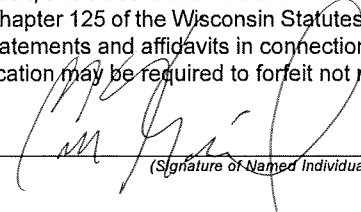
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- ~~Agent~~ **vice president** of MKZ Investments LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 5 years
- 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.)
- 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.
- 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)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
U.S. Venture	425 Betterway, Appleton WI	8/2010	Present
Saracen Energy Partners	Houston, TX	06/2004	07/2010

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)



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Mari Pauline Kessenich

2. Name of Business: Pinot's Palette

3. Address of Business: 226 E. College Ave., 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: _____

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

<u>Mari</u>	<u>P</u>	<u>Kessenich</u>	<u>●●●●</u>
First name	Initial	Last name	Date of Birth
<u>Eric</u>	<u>A.</u>	<u>Kessenich</u>	<u>●●●●</u>
First name	Initial	Last name	Date of Birth

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

Name: Amy L Duffey / Artful Expressions LLC
First name Initial Last name
 Address: W6310 Rocky Memorial Drive
 City, State, Zip: Greenville, WI 54942-8583

7. What was the previous name and nature of the business operating at this location?
Pinot's Palette, art studio (same business, new owner)

8. Are alcohol sales an existing use in this building? Yes No
If no, When did the operation cease? _____ months ago.

9. Are alcohol sales a new use in this building? Yes _____ No
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes _____ No

11. Seating capacity: Inside _____ Outside _____

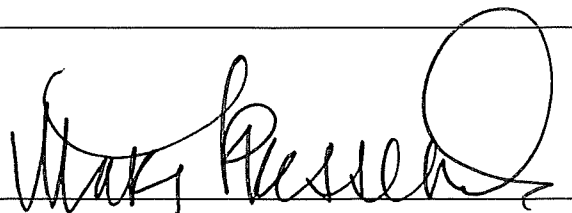
12. Operating hours: _____

13. Number of floor personnel _____ Number of door checkers _____

14. In general, state the size, design and type of the proposed establishment and the operational details.

2800 sq. ft. two room studio offering art classes

6-13-19
Date


Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

City Clerk



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0269382032

MK2 INVESTMENTS LLC
4509 N KNOLLWOOD LN
APPLETON WI 54913-7668

Wisconsin Department of Revenue Seller's Permit

Legal/real name: MK2 INVESTMENTS LLC
Business name: PINOT'S PALETTE
226 E COLLEGE AVE
APPLETON WI 54911-5713

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number



Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending June 30 20 20

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

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

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): Moon Water Cafe 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>President Boegh, Shannon, L</u>	<u>1644 E. Vine St.</u>	<u>54911</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Shannon Boegh</u>	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name Moon Water Cafe Business Phone Number 920-475-6992
4. Address of Premises 606 N. Lawe Street Post Office & Zip Code 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 Wisconsin and date _____ 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.) Cafe in local neighborhood serving coffees + teas, baked

10. Legal description (omit if street address is given above): goods along with salads/soups. would like to serve/sell locally

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.

S. Boegh / Moon Water Cafe
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

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	

02

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-1030372118</u> [REDACTED]	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<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	\$ <u>60 + 7</u>
TOTAL FEE	\$ <u>267</u>

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.

To the governing body of: Town Village City of Appleton County of Outagamie

The undersigned duly authorized officer(s)/members/managers of Moon Water Cafe 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 Moon Water Cafe
(trade name)

located at 606⁽¹⁶⁾ North Lawe Street

appoints Shannon Boegh
(name of appointed agent)

1044 E. Vine St. Appleton, WI 54911
(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? 22 years

Place of residence last year 1044 East Vine Street

For: _____
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Shannon Boegh, 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.

S. Boegh 6.17.19
(signature of agent) (date)

Agent's age 30

1044 East Vine St.
(home address of agent)

Date of birth 08/08/80

**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)	
Boegh		Shannon		Leigh	
Home Address (street/route)		Post Office	City		State
1044 East Vine St			Appleton		WI
Home Phone Number		Age	Date of Birth		Place of Birth
920-475-6992		●●	●●-●●-●●		Wisconsin

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.
 - Director** of **MOON WATER CAFE 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? 22 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	
Appleton Beer Factory	603 W. College Ave.	2014	2018	
Employer's Name	Employer's Address	Employed From	To	
Urban Evolutions	2401 W. College Ave.	2012	2018	

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)



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Shannon Boegh

2. Name of Business: Moon Water Cafe LLC

3. Address of Business: 606 N. Lawe St.

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

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

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

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

First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are ^{leasing} ~~buying~~ the premises and equipment from?

Name: Peter H. Smaby
First name Initial Last name

Address: 11 Bellaire Ct.

City, State, Zip: Appleton, WI 54911

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

Gentle Paws - pet groomer

8. Are alcohol sales an existing use in this building? Yes _____ No X
If no, When did the operation cease? _____ months ago.

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes X No _____

11. Seating capacity: Inside 15 Outside _____

12. Operating hours: Tuesday - Saturday 8:30 - 6:30

13. Number of floor personnel 1 Number of door checkers 0

14. In general, state the size, design and type of the proposed establishment and the operational details.

The space is about 500 sqft. The primary use will be coffee and tea drinks along with baked goods, salads and small plates. Since my capacity is 15, most of the food/drinks will be for carry out. The business is near Jacob's, so I'd be encouraging customers to patronize there as well.

6.17.19
Date

S.P.R.
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

OFFICIAL NOTICE

Published pursuant to Section 125.04(3)(g) of the Wisconsin Statutes.

NOTICE is hereby given that the following persons have given application to the Common Council of the City of Appleton for a License to Sell Intoxicating Liquors and/or Fermented Malt Beverages in the City of Appleton, the granting of which is now pending.

2019-2020 RENEWALS

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

NAME

TRADE NAME

ADDRESS

The Draw LLC
John C. Adams, Agent, 425 E Circle St Appleton WI 54911

The Draw

800 S Lawe St

Operator's Licenses for 7/10/19 S & L

1. Ashon Anderson 1401 S Nicolet Rd Appleton 54914
2. Destiny Ashworth 720 W 8th St Appleton 54914
3. Dul Bahadur 4494 Soda Creek Rd #B Oshkosh 54901
4. Joseph Brawner 1812 W Weiland Ln #10 Appleton 54914
5. Philip Carroll 3000 S Lance Ave Appleton 54915
6. Veronica Castro-Sendejas 1614 E Harding Dr #6 Appleton 54915
7. Katherine Cunningham 848 Higgins Ave Neenah 54956
8. Christopher Damaso 926 W Franklin St Appleton 54914
9. Julianne Durie 2470 W Glendale Ave D Appleton 54914
10. Beau Ellenbecker 400 N Division St Appleton 54911
11. Elijah Farnum 3628 N Cherryvale Pl #1 Appleton 54913
12. Michaela Frichner 525 N Sampson St Appleton 54911
13. Jenna Funk 803 W Browning St Appleton 54914
14. Stefanie Galeana 2105 E Forest St Appleton 54915
15. Megan Gundrum 420 E Carrington Ln Appleton 54913
16. Ryan Hacker 1808 E Fremont St Appleton 54915
17. Madelin Hamilton N9599 Golden Way Appleton 54915
18. Corrina Heider 224 E Coolidge Ave Appleton 54915
19. John Kiesau 500 E Eagle Flats Pkwy #102 Appleton 54915
20. Rebecca Koopman 622 S Commercial St Neenah 54956
21. Logan Lang W5947 Sweet Pea Dr Appleton 54915
22. Melissa Langenhuizen 774 S Commercial St Neenah 54956
23. Menzinda Lee 1119 N Story St Appleton 54914
24. Sabrina MacDonald W7014 Manitowoc Rd Menasha 54952
25. Caitlin McDonald 816 W Harris St Appleton 54914
26. Darrin McElhatton 511 N Superior St #2 Appleton 54911
27. Sienna Olson 1763 Harrison St #8 Neenah 54956
28. Jamie Ott 245 Twin Harbor Dr Winneconne 54986
29. Kaide Pop W6022 Zinnia Dr Appleton 54915
30. Alexandria Riemer 3108 S Stonemeadow Way #10 Appleton 54915
31. Laura Riemer 4012 Towne Lakes Cir 8212 Appleton 54913
32. Erin Schubin 1504 W Commercial St Appleton 54914
33. Darby Schumacher 1280 Washington St Wrightstown 54180
34. Justin Shapiro 4005 Towne Lakes Cir 10315 Appleton 54913
35. Chitra Kala Sharma Chapai 209 W Calumet #3 Appleton 54915
36. Jack Slowey 3016 E Greenleaf Dr Appleton 54914
37. Alexis Snedden 202 ½ N Story St Appleton 54914
38. Hayllie Sorenson 15 Tri Park Way Appleton 54914
39. Amanda Stohltz 122 Mayer St Neenah 54956
40. Samuel Tabbert 1023 W Lawrence St Appleton 54914
41. Jeffrey Thao 1316 S Theodore St Appleton 54915

- | | |
|-------------------------|---|
| 42. Jeremiah Torrez | 209 ½ W Fair St Appleton 54911 |
| 43. Michael Troncoso | 838 W Airport Rd Menasha 54952 |
| 44. Megan Turner | 1205 E Gunn St #5 Appleton 54915 |
| 45. Derek VandenBloomer | 2002 N Superior St Appleton 54911 |
| 46. Erin Visocky | 631 W 5 th St Appleton 54911 |
| 47. Dayon Walker | 1003 W Summer St Appleton 54914 |
| 48. Spencer Washington | 711 E Boldt Way SPC1542 Appleton 54911 |
| 49. Joshua Wiedoff | 203 Meadowbrook Dr Neenah 54956 |
| 50. Jordan Wuensch | N2268 Hillandale Dr Greenville 54942 |
| 51. Jenna Wydeven | W1445 Berkans Rd Fremont 54940 |
| 52. Ileana Yanez | 1380 Scheuring Rd #19 De Pere 54115 |
| 53. Bau Bai Yang | 209 Royal Ct #1 Appleton 54915 |

RENEWAL Operator's Licenses for 7/10/19 S&L

1. Chelsea Adrian 713 W Hawes Ave Appleton 54914
2. Summer Alswager 1127 Geneva Rd Menasha 54952
3. Elizabeth Armstrong N9643 Crystal Ct Appleton 54915
4. Justine Arnoldussen-Gravedoni 706 S John St #7 Kimberly, WI 54136
5. Dale Baird W2810 Brookhaven Dr Appleton 54915
6. Dakota Bartlein W6707 Manitowoc Rd Menasha 54952
7. Lesley Bartley 118 S Story St Appleton 54914
8. Jennifer Bass 4026 Towne Lakes Cir #2213 Appleton 54913
9. Michael Bierstaker 1715 S Hillcrest Dr Appleton 54914
10. Heather Blohowiak W5779 County Rd KK Appleton 54914
11. Mark Boone N346 Greenwood Rd Hortonville 54944
12. Tammy Boone N3146 Greenwood Rd Hortonville 54944
13. Jacob Brooks 1073 Still Meadow Ln #8 Menasha 54952
14. Brendan Brustman 418 Heyrman St Green Bay 54302
15. Denise Bunn 2345 Spring Meadow Dr Neenah 54956
16. Karen Bunnell 36 Spencer Village Ct Appleton 54914
17. Jeffrey Byrne 1230 W Frances St Appleton 54914
18. Shiua Prasad Chapai 209 W Calumet St #3 Appleton 54915
19. Julie Clemins 2606 N Lisa St Appleton 54914
20. Catherine Cole 1418 N Union St Appleton 54911
21. Jeffrey Collier 2970 W Spencer St Appleton 54914
22. Quiton Creapeau 306 N Appleton St #3 Appleton 54911
23. Mary Dennis 1380 Home Ave Menasha 54952
24. Peter DiNardo 701 S Joseph St Appleton 54915
25. Debbie Dollaway 217 W 12th St #10 Kaukauna 54130
26. John Engerson 900 4th St De Pere 54115
27. Antonio Espinoza-Perez 1726 S Angela Dr Appleton 54915
28. Agnieszka Facius 2700 E Plank Rd #10 Appleton 54915
29. Rebecca Fowler 3221 E Parkside Blvd #89 Appleton 54915
30. Eli Gartner 4803 N Apple Rd Appleton 54913
31. Bryanna Gullickson 202 N Union St Appleton 54911
32. Debra Gullikson W5843 Sweet Pea Dr Appleton 54915
33. Lori Hanke 1019 ½ Elsie St Appleton 54914
34. Brittni Hemauer 1820 E Pershing St #12 Appleton 54911
35. Michael Hetzel 2130 Elmview Dr #D Green Bay 54304
36. Jamie Hostettler 1900 E Calumet St Apt G Appleton 54915
37. Kristi Jenkins 1422 W Pershing St Appleton 54914
38. Amanda Johnson 2624 Vista Ct Appleton 54915
39. Deborah Kamps 1500 N Mason St Appleton 54914
40. Christian Johnson 1512 Kingswood Dr Neenah 54956
41. Mandeep Kaur 3709 S Boyd Ct Appleton 54915
42. Joseph King 2329 N Cloudview Dr Appleton 54914
43. Ann Koleske 5504 W Michaels Dr #2 Appleton 54913
44. Abigail Kosiorek 310 Cherry Lane Apt B Little Chute 54140
45. Travis Krause 835 W Grant St Appleton 54914
46. Vincent Lebrun 1709 E Wyndmere Dr Appleton 54913
47. Kevin LeClaire 564 Belmont Ave Neenah 54956
48. Lindsay Love 1518 S Jackson St Appleton 54915
49. Brendton Mack 423 N College Ave #202 Appleton 54911

50. Andrew Maloney	127 Madison St Menasha 54952
51. Johnathon Maloney	N771 Municipal Dr Appleton 54914
52. Graham Matuszak	W261 Country Rd UU Kaukauna 54130
53. Jason Mazanec	2240 W Cortland Dr Appleton 54914
54. Kevin McElrath	2901 S Dellwood St Appleton 54915
55. Carrie Michaelis	22 Eastwood Ct #2 Appleton 54915
56. Adam Michelic	721 N Oneida St Appleton 54911
57. James Micke	W2220 Gentry Rd #7 Kaukauna 54130
58. Kelsey Micke	505 Buchanan Rd Kaukauna 54130
59. Kevin McElrath	2901 S Dellwood St Appleton 54915
60. Melissa Miller	1800 W Marquette St #411 Appleton 54914
61. Christopher Montour	904 N Bay Ridge Rd Appleton 54915
62. Gaoshang Moua	2302 Southwood Dr Appleton 54915
63. Lynda Nabbefeld	2810 N Park Drive Ln #9 Appleton 54911
64. Kyle Nelson	W7243 Moonlight Dr Greenville 54942
65. Julie Parizek	501 N Cambridge Dr Appleton 54915
66. Priscilla Person	1015 E Eldorado St Appleton 54911
67. Jeanne Peskie	405 S Olde Oneida St Appleton 54911
68. Joseph Plamann	3500 N Marco Ln Appleton 54911
69. Justine Plamann	2511 N Helen St Appleton 54911
70. Jessica Prime	1506 E Lindbergh St Appleton 54911
71. Andrew Reader	W3841 Highview Dr Appleton 54913
72. Sarah Reetz	410 Bicentennial Ct #6 Kaukauna 54130
73. Robin Rothe	526 E Wilson Ave Appleton 54915
74. Jessica Scheer	224 Olde Pulley Ln Apt O Menasha 54952
75. Jena Scherer	1763 Paul Dr Kaukauna 54130
76. Vicki Scheerer	PO Box 272 Menasha 54952
77. Samantha Schroeder	206 E Harding Dr Appleton 54915
78. Paul Shrode	726 Washington St Appleton 54911
79. Samantha Schroeder	206 E Harding Dr Appleton 54915
80. Kay Scruton	1137 W Wisconsin Ave Appleton 54914
81. Paul Shrode	726 E Washington St Appleton 54911
82. Tabatha Slagle	N5685 Island St Shioctic 54170
83. Brian Springer	635 5 th St Menasha 54952
84. Anne Stichman	N11037 State Rd 22 Clintonville 54929
85. Dennis Stiller	402 S Memorial Dr #1 Appleton 54911
86. Sara Strelow	603 E Fremont St Appleton 54915
87. Lisa Stucke	709 W 3 rd St Appleton 54914
88. Joseph Svejda	3221 E Parkside Blvd #89 Appleton 54915
89. Karen Thomas	1400A E Wisconsin Ave Appleton 54911
90. Vicki Thompson	706 S John St #9 Kimberly 54136
91. Denise Thor	2641 N Linwood Ave Appleton 54914
92. Jodi Ulman	916 W Ridgeview Dr Appleton 54914
93. Drew Van Ess	3221 N Country Run Dr Appleton 54914
94. Sonia Verrett	1825 Harrison St #15 Neenah 54956
95. Benjamin Walters	2612 S Meadowview Ln Appleton 54915
96. Kimberly Wians-Bixby	1715 N Helen St Appleton 54911
97. Alexandria Witkowski	614 N Appleton St 54911
98. Suzanne Wolkiewicz	2221 N Ballard Rd #20 Appleton 54911
99. Carrie Zachow	N257 VanHandel Dr Appleton 54915

P 2400
6-27-19 Rec 11211
#23800

V#33697.R02

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$100.00 fee

License Number
Period Covered 7/1/2019-6/30/2020
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) FAMILY DOLLAR STORES OF WISCONSIN, LLC		Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name) FAMILY DOLLAR #23800		Telephone Number (920-731-0919)	
Business Address (License Location) 808 W WISCONSIN AVENUE		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (757-321-5000)
Municipality APPLETON	State WI	Zip Code 54914-3509	County OUTAGAMIE
Mailing Address (if different than Business Address) ATTN: TOBACCO, 500 VOLVO PKWY		Municipality CHESAPEAKE	State VA
		Zip Code 23320-1604	

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 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.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
Store Lic. Coordinator

Rec-10824 #100
6-18-19

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered 7-11-19 thru 6-30-20
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1027048147-04
--

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Eugene Rine		Federal Employer Identification No. (FEIN) [REDACTED]	
Trade or Business Name (if different than Legal Name) The Factory		Telephone Number (920) 809-6844	
Business Address (License Location) 588 W college		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (920) 809-6844
Municipality Appleton	State WI	Zip Code 54911	County OUTAGAMIE
Mailing Address (if different than Business Address) 3602 E Edgemere Dr		Municipality Appleton	State WI
		Zip Code 54915	

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 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.

Eugene Rine - 6-18-19
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



LICENSE APPLICATION

for
 PAWNBROKER
 SECONDHAND ARTICLE DEALER
 SECONDHAND JEWELRY DEALER
 SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/28/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>172-</u>		Receipt # <u>11328</u>

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input checked="" type="checkbox"/> Renewal	Acct Code: CLLSJR

Instructions: Individual license – Complete Sections 1, 2, 3 and 6
 Partnership license – Complete Sections 1, 2, 3, 4, and 6
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:
 OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET
 APPLETON, WI 54911

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Keller Meghan M</u>		Sex <u>F</u>	Race <u>W</u>	Date of Birth <u>●●●●</u>	Place of Birth (City & State) <u>Oshkosh Wisconsin</u>
Street Address <u>7651 Jacquis Rd</u>	City <u>Winneconne</u>	State <u>WI</u>	Zip <u>54986</u>	Home Telephone Number <u>920-203-9123</u>	

SECTION 2 – CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

- A felony within the last ten (10) years? YES NO
- Within the last ten (10) years of:
- A misdemeanor? YES NO
 - A statutory violation punishable by forfeiture? YES NO
 - A county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

SECTION 3 – BUSINESS INFORMATION

Business Name <u>Ye Old Goat</u>	Street Address <u>1919 E Calumet</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>920-243-4014</u>
Owner's Name <u>Meghan Keller</u>	Street Address <u>7651 Jacquis Rd</u>	City <u>Winneconne</u>	State <u>WI</u>	Zip <u>54986</u>	Telephone Number <u>920-203-9123</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>American Management Group</u>	Street Address <u>3305-C N. Ballard</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>920-733-3214</u>

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name: Ye Old Goat LLC

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 5 – CORPORATE INFORMATION

Corporation Name: _____ State of Incorp. _____

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 6 – PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: Meghan M. Keller Date 6, 15, 19

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>7, 10, 19</u>	<u>7, 10, 19</u>	___/___/___	___/___/___	



Quadricycle

FEES ARE NON-REFUNDABLE

Date Recv'd 6/28/19

License fee EACH Vehicle \$30.00

Acct. CLLTSE

Investigation fee \$ 7.00

Acct. CLLPIF

Total fee paid \$ 37-

Receipt 11354

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application

Renewal - License #

1-19

SECTION 1 - APPLICANT INFORMATION

Name of Company Social Station LLC		Business Phone 920-205-9644	
Business Street Address 325 N. Appleton		City App	State WI
Zip 54911		Owner's Name Chris Burns	Date of Birth [REDACTED]
Owner's Name Tina Seashore		Date of Birth [REDACTED]	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
1	15	Pedal Biz - MegaCycle	N/A

SECTION 3 - 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:
Pedal tours Downtown Appleton

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 4 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: US Fire Insurance Co

Insurance Agent Name and Phone Number: James Eatmon

Policy Number: AH - 6A26932-002

Policy Period: 4/24/19 - 4/24/2020

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



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APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>6/12/19</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75</u>	Acct. Code: CLPETK
Investigation Fee	+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82</u>	Receipt <u>10576</u>
License period July 1 to June 30		

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>HSA Corporation dba Pet Supplies Plus</u>			
Business Street Address <u>702 W. Northland Ave.</u>		City <u>Appleton</u>	State <u>WI</u>
Business Telephone Number <u>920-832-3858</u>		Zip <u>54914</u>	
SECTION 2 – APPLICANT INFORMATION			
Name <u>Angela Detlaan</u>			
Home Street Address <u>8955 Buchanan St</u>		City <u>Attendale</u>	State <u>MI</u>
Date of Birth <u>●●●●</u>		Male	Female <input checked="" type="checkbox"/>
		Telephone Number <u>●●●●●●●●</u>	
SECTION 3 – SERVICES TO BE PROVIDED			
Please check the type(s) of services your establishment will offer:			
<input checked="" type="checkbox"/> Pet Accessories		<input checked="" type="checkbox"/> Fish	<input checked="" type="checkbox"/> Pet Food
<input type="checkbox"/> Live animals			
<input type="checkbox"/> Other			
SECTION 4 – 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: <u>Angela Detlaan</u>			
SECTION 5 – FEE SCHEDULE			
Pet Store License	Initial Fee - \$90.00	Renewal Fee - \$75.00	
Kennel License	10 or less animals - \$55.00	25 or less animals - \$130.00	
	50 or less animals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00	
FOR OFFICE USE ONLY			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L <u>6-26-19</u>	Council <u>7-10-19</u>	Date Issued	Exp. Date
			License Number

05-23-19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



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APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/12/19</u>
License Fee - Local	\$200.00	Acct. CLSALV
✓ License Fee - Out of City	\$ 75.00	Acct. CLSALV
✓ Investigation Fee	+ 7.00	Acct. CLCPIF
Total Amount Paid	<u>82</u>	Receipt <u>10573</u>
License period July 1 to June 30		

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

Business Name <u>Golper Supply Co., Inc.</u>			
Business Street Address <u>1810 W. Edgewood Drive</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54913</u>
Business Telephone Number <u>920-731-3266</u>			

SECTION 2 – APPLICANT INFORMATION

Name <u>David Golper</u>			
Home Street Address <u>930 Pleasant Avenue</u>	City <u>Highland Park</u>	State <u>IL</u>	Zip <u>60035</u>
Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Telephone Number ●●●●●●●●

SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.

President	Last <u>Golper</u>	First <u>David</u>	Middle Initial <u>B</u>	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>930 Pleasant Avenue</u>		City <u>Highland Park</u>	State <u>IL</u>	Zip <u>60035</u>	
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 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*

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
S&L <u>6-26-19</u>	Council <u>7-10-19</u>	Date Issued	Exp. Date	License Number

5-28-19



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REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON-REFUNDABLE			Date Recv'd <u>6/27/19</u>
License Fee	\$10.00/event	Acct: CLCAGP	
Receipt	<u>11209</u>		

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Garden View</u>	
Address of Establishment <u>216 E. College Ave. Appleton WI 54911</u>	
Name of Agent <u>Rose Villarveva</u>	Phone Number <u>920-515-4824</u>

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application

Restaurant
 Sidewalk

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please list the date(s) and time(s) that this temporary premise 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: Rose Villarveva

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	Council	Date Issued	Exp. Date	License Number



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REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/12/19</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>10580</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Spats</u>	
Address of Establishment <u>733 W College</u>	
Name of Agent <u>Bill Neubert</u>	Phone Number <u>8501057</u>

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
Drawing on file from last year.

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>We would like to serve Beer in the parking lot between us + shooting star photography</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
July 31 - Aug 5 11am - 2a.m. daily

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]

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>6-26-19</u>	Council	<u>7-10-19</u>	Date Issued	Exp. Date
				License Number

College Ave

Fence 50'

Kitchen

Beer Truck

Parking lot

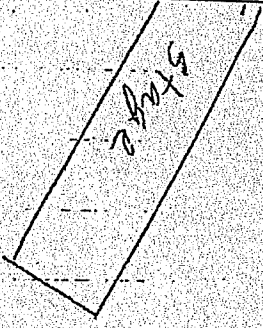
Back Dining area

2 Porta Pottys

SPAS

ALLEY

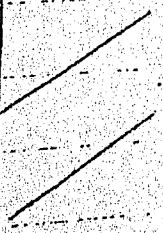
Dog PO



Fence 90'

Fence

Parking



110'

20'

10' x 30'

DOG PO

DOG PO

DOG PO



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**REQUEST for
Beer/Liquor License
Premise Amendment**

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/19/19</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>10885</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <i>Emmetts Bar & Grill</i>	
Address of Establishment <i>139 N. Richmond St</i>	
Name of Agent <i>Sharon Reader</i>	Phone Number <i>920 - 318 - 3697</i>

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application
*Parking lot use (approx. square footage 125' x 125')
 Fenced in.*

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <i>Mile of Music Aug 1-4</i>
--	--

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
*Thursday Aug 1 through Sunday Aug 4 ^{Sunday Noon - 11pm}
 Thurs - 11AM - 2AM Friday 11AM - 2AM Sat 11AM - 2AM*

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 Reader*

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	Council	Date Issued	Exp. Date	License Number

June 10, 2018

To Whom It May Concern,

I would like to amend my liquor license to include my parking lot (approximate sq. footage = 125 x 125 sq ft) for the Mile of Music weekend. The dates are Thursday, August 1 through Sunday, August 4, 2017. We are planning to have live music and serve alcohol outside.

Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

I have gotten permission from my landlord and surrounding business and neighbors to hold the event outside.

I have to say that I was extremely pleased how my security staff handled this event each year.

If there is any more information you would need, please call me at 920-378-3697.

Sincerely,

A handwritten signature in black ink that reads "Sharon Reader". The signature is written in a cursive, flowing style.

Sharon Reader
Owner - Emmetts Bar & Grill



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REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>7/3/19</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>11574</u>	

SECTION 1 - LICENSE INFORMATION

Name of Establishment <u>RIVERSIDE BART GRILL</u>	
Address of Establishment <u>906 S OIDA ONIWA 54915</u>	
Name of Agent <u>Gregg Van Dinter</u>	Phone Number <u>920 955-3808</u>

SECTION 2 - PREMISE AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application
SNOW FENCES AROUND EXISTING PARKING LOT
 WITH DOOR IN FRONT + DOOR IN BACK
 BOTH MONITORED

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>August 1, 2019 Thru August 4, 2019 MILE OF MUSIC</u>
--	--

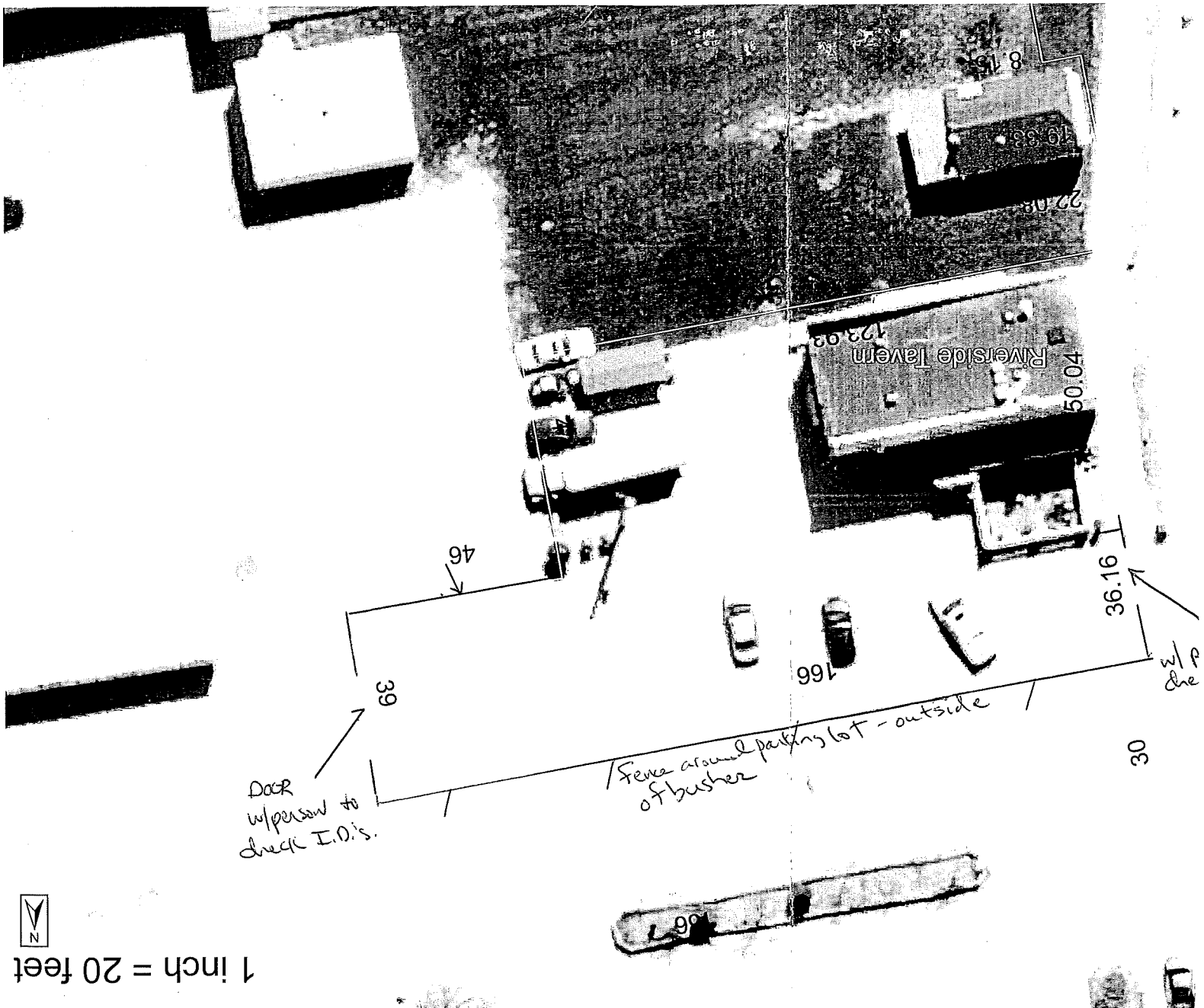
Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
August 1, 2019 Thru 4, 2019
9 am Thru 2:30 AM

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]

FOR OFFICE USE ONLY				
Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-10-19</u>	Council <u>7-10-19</u>	Date Issued	Exp. Date	License Number



Door
w/ person to
check I.D.'s.

Fence around parking lot - outside
of bushes

Riverside Tavern



1 inch = 20 feet

166

166

39

46

36.16

30

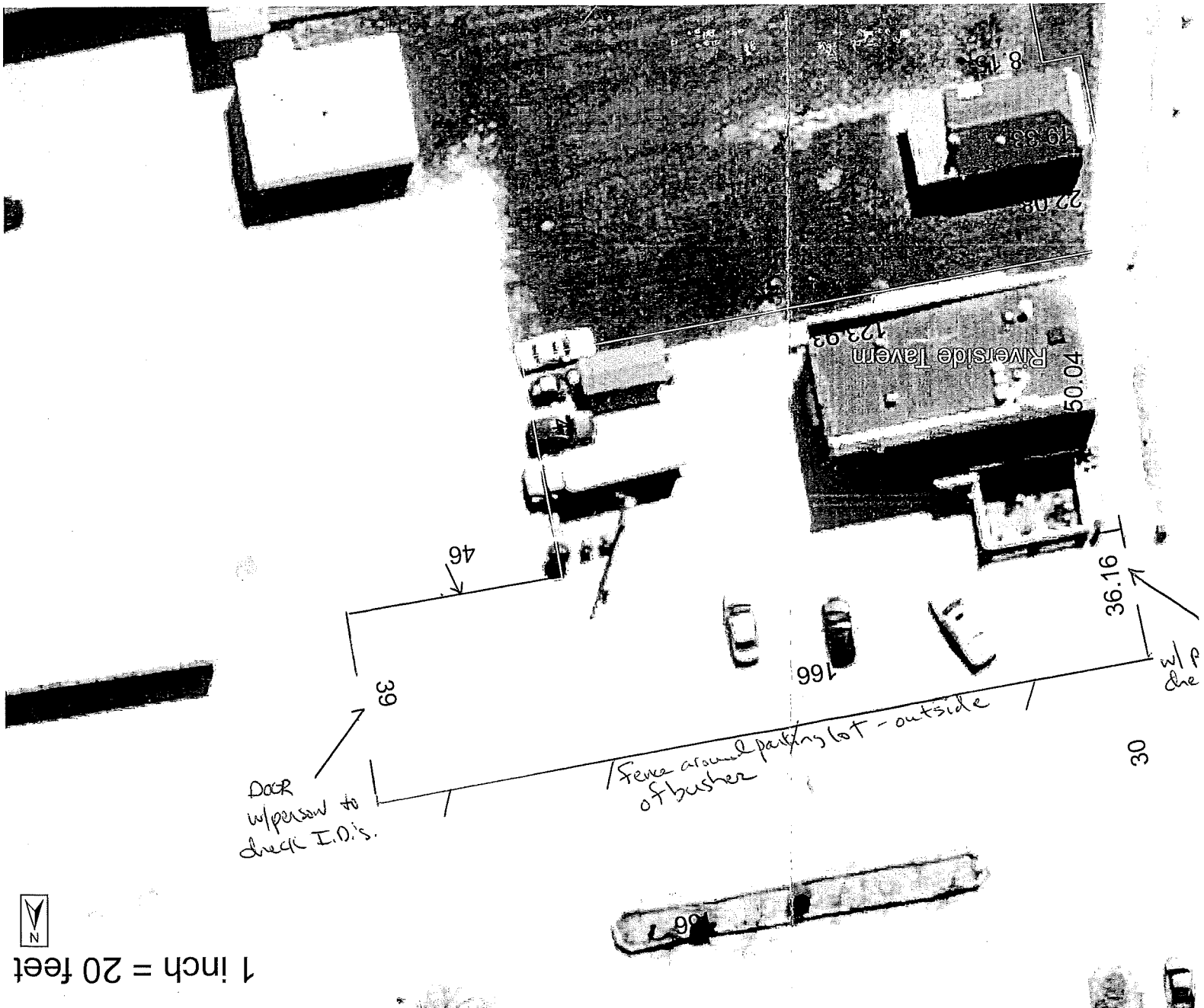
w/ p
che

50.04

22.08

19.33

8.15





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**REQUEST for
Beer/Liquor License
Premise Amendment**

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/3/19</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>11582</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Fox Cities Building for the ARTS</u>	
Address of Establishment <u>111 W. College Ave</u> <u>54911</u>	
Name of Agent <u>CHRISTINA TURNER</u>	Phone Number <u>920-733-4089</u>

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
Liquor Served by caterer one evening in Houdini Plaza

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>fund raising event on 9/19/19</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
9/19/19 5:00 AM until 10: PM

SECTION 4 – 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: Christina Turner

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-10-19</u>	Council <u>7-10-19</u>	Date Issued	Exp. Date	License Number



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FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/13/19</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>10685</u>

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

The named organization applies for:				
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.				
<input checked="" type="checkbox"/> 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)			Date Organized	
<u>Future Urban Leaders</u>			<u>05/2013</u>	
Address		City	State	Zip
<u>P.O. Box 511073</u>		<u>Milwaukee</u>	<u>WI</u>	<u>53203</u>
Person in Charge of Event:		Name: Last	First	Middle Initial
		<u>Douglas</u>	<u>Laurie</u>	<u>R</u>
Address		City	State	Zip
<u>N3352 Cty Rd C</u>		<u>Pulaski</u>	<u>WI</u>	<u>54162</u>
Person in charge phone number:				
President	Last	First	Middle Initial	Date of Birth
	<u>Vonck</u>	<u>Brandon</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>421 W. Huron St.</u>		<u>Chicago</u>	<u>IL</u>	<u>60654</u>
Vice President	Last	First	Middle Initial	Date of Birth
Address		City	State	Zip
Secretary	Last	First	Middle Initial	Date of Birth
	<u>Spriggs</u>	<u>Lachrisa</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>5536 W Brooklyn Pl</u>		<u>Milwaukee</u>	<u>WI</u>	<u>53216</u>
Treasurer	Last	First	Middle Initial	Date of Birth
	<u>Rogers</u>	<u>Nasif</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>2329 S. 56th St.</u>		<u>West Allis</u>	<u>WI</u>	<u>53219</u>
SECTION 2 - EVENT INFORMATION SECTION				
Date(s) of Event: Beginning		Ending:		Hours
<u>8/24/19</u>		<u>8/24/19</u>		<u>3:00 AM</u> (PM) <u>10:00 AM</u> (PM)
Please describe the type of event you are going to have:				
<u>Fund raiser with food & music to benefit Future Urban Leaders</u>				
Do you plan to serve food at this event?		If yes, contact the Appleton Health Department. (920.832.6429)		
No		Yes		
Location where beer or wine will be sold or served:				
<u>Appleton Memorial Park Pavilion area</u>				
Address		City	State	Zip
<u>1620 E Witzke Blvd</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>
Are you requesting an "open concept" license?		Will minors be present?		
No		Yes		
Describe actual location and dimensions of area to be licensed - Be precise!		If yes, how will you prevent minors from obtaining alcoholic beverages?		
<u>South side of Pavilion area Stone Arch setting up bar</u>		<u>We are selling wrist bands & checking IDs w/ing licensed bartenders</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		<u>Laurie R Douglas</u>		
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"

FEEES ARE NON-REFUNDABLE	Date Rec'd <u>6/12/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee <u>+ 7.00</u>	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>10574</u>

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

The named organization applies for:					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> 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)					Date Organized
<u>OUTRI RUN FOUNDATION</u>					
Address		City	State	Zip	
<u>920 Keller Park Drive</u>		<u>Appleton</u>	<u>WI</u>	<u>54912</u>	
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth
		<u>Wesley</u>	<u>Heather</u>	<u>V.</u>	<u>[REDACTED]</u>
Address		City	State	Zip	Person in charge phone number
<u>9459 Emily Ln</u>		<u>Appleton</u>	<u>WI</u>	<u>54915</u>	<u>[REDACTED]</u>
President	Last	First	Middle Initial	Date of Birth	Male Female
	<u>West</u>	<u>Gloria</u>		<u>[REDACTED]</u>	<u>X</u>
Address		City	State	Zip	
<u>4800 West Sootenpine Ct</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
Vice President	Last	First	Middle Initial	Date of Birth	Male Female
	<u>West</u>	<u>Ben</u>	<u>M</u>	<u>[REDACTED]</u>	<u>X</u>
Address		City	State	Zip	
<u>920 S. Keller Park Dr.</u>		<u>Appleton</u>	<u>WI</u>	<u>54914</u>	
Secretary	Last	First	Middle Initial	Date of Birth	Male Female
	<u>Mosinski</u>	<u>Matt</u>		<u>[REDACTED]</u>	<u>X</u>
Address		City	State	Zip	
<u>4920 N Sunnapple Dr</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
Treasurer	Last	First	Middle Initial	Date of Birth	Male Female
	<u>Choudsiri</u>	<u>Pat</u>		<u>[REDACTED]</u>	<u>X</u>
Address		City	State	Zip	
<u>3401 W. Warner Estates Dr.</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
SECTION 2 - EVENT INFORMATION SECTION					
Date(s) of Event: Beginning <u>8/3/19</u> Ending: <u>8/3/19</u> Hours <u>7:00</u> <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM <u>4:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM					
Please describe the type of event you are going to have: <u>Bike to the Beat Bike Ride</u>					
Do you plan to serve food at this event? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold: <u>Woodward Radio Group</u>					
Address		City	State	Zip	
<u>2800 E. College Ave</u>		<u>Appleton</u>	<u>WI</u>	<u>54915</u>	
Are you requesting an "open concept" license? No <input type="checkbox"/> Yes <input type="checkbox"/>		Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
Describe actual location and dimensions of area to be licensed - Be precise! <u>See attached map.</u>		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Anyone under 40 will be carded</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: <u>[Signature]</u>					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
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

88
LAND





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.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>7/1/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>11382</u>

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

The named organization applies for:					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> 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) Appleton Area Hockey Association				Date Organized 09/13/2019	
Address 1717 E. Witzke Blvd		City Appleton	State WI	Zip 54911	
Person in Charge of Event:		Name: Last Janssen, Sara A	First Sara	Middle Initial A	Date of Birth ●●●●●●
Address W5820 Turnberry Drive		City Menasha	State WI	Zip 54952	Person in charge phone number: ●●●●●●
President Hasbargen, Luke	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 1315 E Wyndmere Drive		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
Vice President Satzwedel, Andrew	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 4525 W. Grand Meadows Drive		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
Secretary Evers, Amy	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input type="checkbox"/>
Address 344 Windmill Drive		City Kaukauna	State WI	Zip 54130	Female <input checked="" type="checkbox"/>
Treasurer King, Craig	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 313 W Crossing Meadows Ln		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
SECTION 2 - EVENT INFORMATION SECTION					
Date(s) of Event: Beginning 09 / 13 / 19		Ending: 09 / 13 / 19		Hours 4:00 pm AM PM 10:00 PM AM PM	
Please describe the type of event you are going to have: Family Picnic					
Do you plan to serve food at this event? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold: Appleton Ice Lobby					
Address 1717 Eitzke Blvd		City Appleton	State WI	Zip 54911	
Are you requesting an "open concept" license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
Describe actual location and dimensions of area to be licensed - Be precise! Inside the hockey rink		If yes, how will you prevent minors from obtaining alcoholic beverages? ID check and wristbands			
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 <u>Janssen</u> <u>6-28-19</u>					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
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



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FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/27/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17-</u>	Receipt <u>11050</u>

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

The named organization applies for:								
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.								
<input type="checkbox"/> 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)						Date Organized <u>1872</u>		
<u>Outagamie County Historical Soc. d.b.a. History Museum</u>						<u>at the Castle</u>		
Address <u>330 E. College Ave.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:			Name: Last <u>carpenter</u>		First <u>Matthew</u>	Middle Initial <u>J</u>	Date of Birth <u>●-●●-●●</u>	
Address <u>6 Hycrest Ct.</u>			City <u>Appleton</u>		State <u>WI</u>	Zip <u>54914</u>	Person in charge phone number: <u>●●●●●● ●●●●</u>	
President Last <u>whalen</u>		First <u>Anni</u>		Middle Initial		Date of Birth	Male <u>✓</u>	Female
Address <u>1128 E. Grant St.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Vice President Last <u>Dearing</u>		First <u>Chris</u>		Middle Initial		Date of Birth	Male <u>✓</u>	Female
Address				City		State	Zip	
Secretary Last <u>Skaric</u>		First <u>Adam</u>		Middle Initial		Date of Birth	Male <u>✓</u>	Female
Address				City		State	Zip	
Treasurer Last <u>Nrutz</u>		First <u>David</u>		Middle Initial		Date of Birth	Male <u>✓</u>	Female
Address				City		State	Zip	
SECTION 2 – EVENT INFORMATION SECTION								
Date(s) of Event: Beginning <u>8/2/19</u> Ending: <u>8/3/19</u> Hours <u>12</u> AM <input checked="" type="radio"/> PM <input checked="" type="radio"/> 11 PM								
Please describe the type of event you are going to have: <u>Beer sales at Mile of Music Stage</u>								
Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)								
Location where beer or wine will be sold: <u>Parking lot of 330 E. College Ave.</u>								
Address <u>330 E. College Ave.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Are you requesting an "open concept" license?			<input type="checkbox"/> No <input type="checkbox"/> Yes	Will minors be present?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Describe actual location and dimensions of area to be licensed – <u>Beer sales 612 sq ft. on museum parking lot. Audience in lot north of museum per mile of music event</u>				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>licensed server present. check IDs</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 <u>Matthew J. Carpenter</u> <u>executive Director</u>								
FOR OFFICE USE ONLY								
Dept.	Approve	Deny	By	Reason				
Police								
Fire								
Health								
Inspection								
S&L <u>7-10-19</u>			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



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.....enhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee 17 + 7.00
Total Amount Paid 17 + 7.00

Date Rec'd 7/2/19

Acct. 11030.4322
Acct. 100.2359
Receipt 11500

Creative
- MOM
Jones

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) Date Organized

Creative Downtown Appleton Inc. 10.22.14

Address 333 W. College Ave., Ste. 100 City Appleton State Wi Zip 54911

Person in Charge of Event: Name: Last First Middle Initial Date of Birth
Stephany Jennifer L.

Address ADI - 333 W. College Ave., Ste. 100 City Appleton State Wi Zip 54911 Person in charge phone number: (C) [REDACTED]

President Last Peterson First John Middle Initial C. Date of Birth [REDACTED] Male Female

Address 200 E. College Ave. City Appleton State Wi Zip 54911

Vice President Last Johnson First Deb Middle Initial A. Date of Birth [REDACTED] Male Female

Address 300 W. College Ave. City Appleton State Wi Zip 54911

Secretary Last Hagee First Lynn Middle Initial S. Date of Birth [REDACTED] Male Female

Address 101 E. Water St. City Appleton State Wi Zip 54911

Treasurer Last Vargasko First Laura Middle Initial E. Date of Birth [REDACTED] Male Female

Address 200 E. Washington St. City Appleton State Wi Zip 54911

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 8/1/19 Ending: 8/4/19 Hours 8 AM PM 11 AM PM

Please describe the type of event you are going to have:
Free music festival

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:
Jones Park

Address 301 W. Lawrence 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! Full use of area. If yes, how will you prevent minors from obtaining alcoholic beverages? Wristband required with I.D.

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 [Signature]

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
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

Mile of Music 2019



Houdini Plaza – see attached map diagram
corner of Appleton Street and College Avenue

Thursday, August 1 – Appleton Downtown Inc. (Concerts)
Friday, August 2 – Mile of Music with Appleton Downtown Inc.
Saturday, August 3 – Mile of Music with Appleton Downtown Inc.
Sunday, August - Mile of Music with Appleton Downtown Inc.

-Contacts

Greg Otis	Cell: 850-8518	Work: 954-9112
Djuanna Hugdahl	Cell: 205-9508	Work: 954-9112

Schedules are still being finalized for music acts. Set-up may begin as early as 8 a.m., with selling of alcohol from 11 a.m. to 11 p.m. Clean up will immediately follow 11 p.m., finalized by midnight, 12:00 a.m.. Security will monitor those leaving the area to ensure no alcohol leaves the park. The license says 8 a.m., just in case we need to have additional time for any set-up; stage, sound, portable restroom units, etc.

Jones Park – see attached diagram mock-up
301 W. Lawrence St.

- tentative layout

Friday, August 2 – Mile of Music with Appleton Downtown Inc.
Saturday, August 3 – Mile of Music with Appleton Downtown Inc.

-Contacts

Ian Thomson	Cell: 610-762-3177	Work: 954-9112
Jennifer Stephany	Cell: 538-2026	Work: 954-9112
Dave Willems	Cell: 419-3550	Work: 831-6580

For set-up, schedules are being finalized for music act times and locations, tentative schedule is attached. Set-up will typically begin around 8 a.m., with selling of alcohol from 11 a.m. to 11 p.m. Clean up will immediately follow 11 p.m., finalized by midnight, 12:00 a.m. Security will monitor those leaving the area to ensure no alcohol leaves the park. The license says 8 a.m., just in case we need to have additional time for any set-up; stage, sound, portable restroom units, etc.

For both above mentioned locations, we will follow the “Octoberfest” and “Summer Concert Series” procedures for selling of alcohol. Wristbands will be required with I.D. to purchase any alcohol. The **Wristband Monitoring Team** will be trained to put the wristband on the proper arm, with proper I.D. They will also be trained how to check I.D., what is an acceptable form of I.D. and that each patron purchases their OWN wristband. At least ONE licensed bartender will be on-site in the wristband area.

Bar Managers will be trained for the event, and at least one licensed bartender will be on-site. Bar set-up will not sell wristbands, and will require tickets, enforcing NO wristband = NO beer or alcohol. Bar area will monitor to ensure wristbands have not been tampered with and available to assist with any issues that may occur.

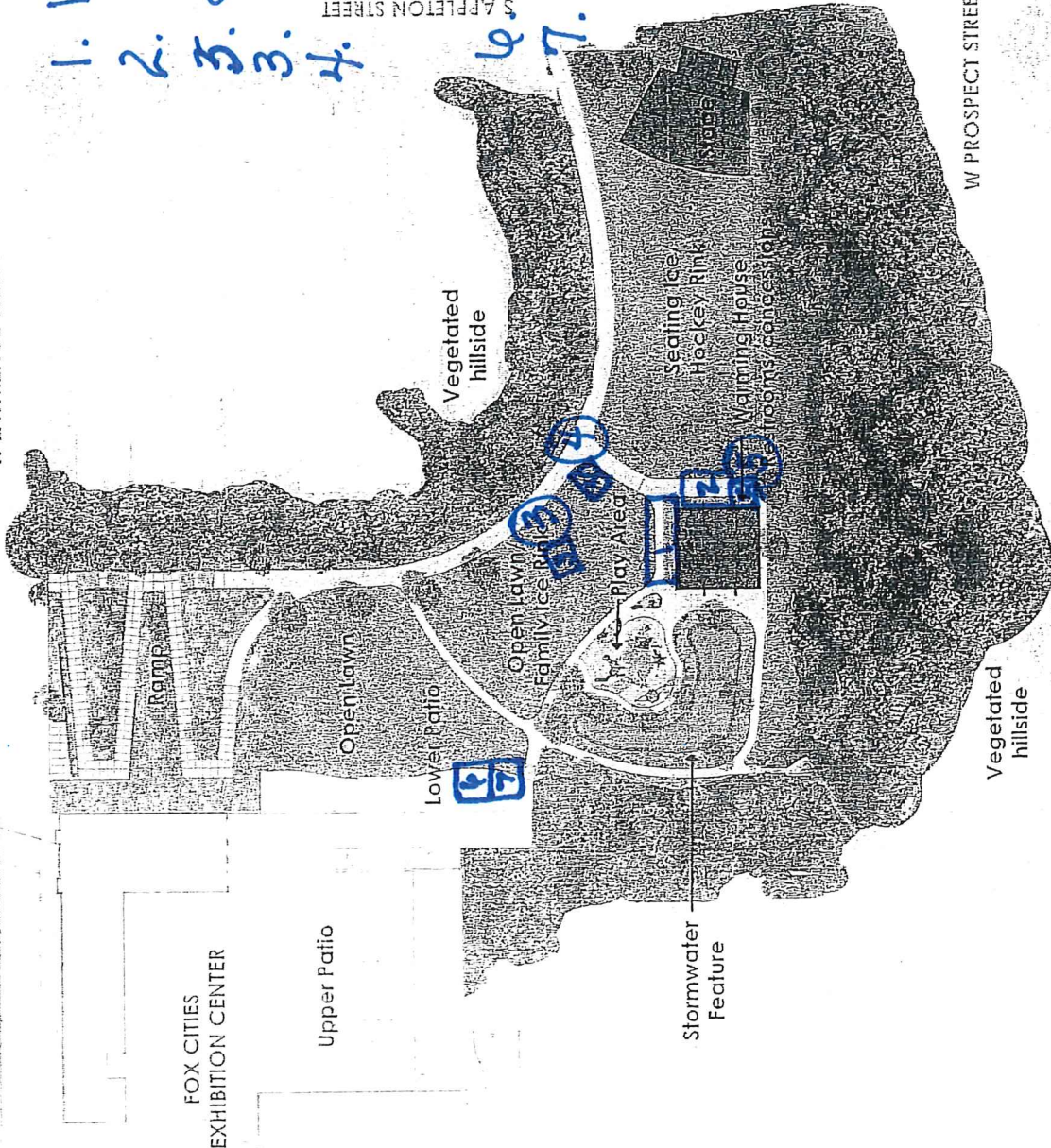
Submitted by: Djuanna Hugdahl, Appleton Downtown Inc., on behalf of Creative Downtown Appleton, Inc. and Mile of Music.



Jones Park Renovation - 2018

We are excited to announce the renovation of Jones Park which will include a year-round park pavilion, new playground, accessible ramp access into the park and much more.

W LAWRENCE STREET



1. Wristband Booth
2. Beer trailer & service
3. Stone Arch Food
3. Merchandise tent
4. Possible 2ND Wristband booth
- or- Possible 2ND wristband booth
7. 2ND Bar - cans only

S APPLETON STREET

Parking lot = toilets & dumpster

W PROSPECT STREET



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid 10

Date Rec'd 7/2/19

Acct. 11030.4322
Acct. 100.2359
Receipt 11499

Creative
- MOM
Mondini

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

The named organization applies for:					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> 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)				Date Organized	
Creative Downtown Appleton Inc.				10-22-14	
Address		City	State	Zip	
333 W. College Ave., Ste. 100		Appleton	Wi	54911	
Person in Charge of Event:		Name: Last First Middle Initial		Date of Birth	
Stephany, Jennifer L.				●●●●●●	
Address		City	State	Zip	Person in charge phone number:
c/o ADI - 333 W. College Ave., Ste. 100		Appleton	Wi	54911	(c) ●●●●●●
President	Last	First	Middle Initial	Date of Birth	Male Female
	Peterson	John	C	●●●●●●	<input checked="" type="checkbox"/> <input type="checkbox"/>
Address		City	State	Zip	
200 E. College Ave.		Appleton	Wi	54911	
Vice President	Last	First	Middle Initial	Date of Birth	Male Female
	Johnson	Deb	A.	●●●●●●	<input type="checkbox"/> <input checked="" type="checkbox"/>
Address		City	State	Zip	
300 W. College Ave.		Appleton	Wi	54911	
Secretary	Last	First	Middle Initial	Date of Birth	Male Female
	Hagee	Lynn	S	●●●●●●	<input type="checkbox"/> <input checked="" type="checkbox"/>
Address		City	State	Zip	
101 E. Water St.		Appleton	Wi	54911	
Treasurer	Last	First	Middle Initial	Date of Birth	Male Female
	Vargosko	Laura	E.	●●●●●●	<input type="checkbox"/> <input checked="" type="checkbox"/>
Address		City	State	Zip	
200 E. Washington St.		Appleton	Wi	54911	
SECTION 2 - EVENT INFORMATION SECTION					
Date(s) of Event: Beginning		Ending:	Hours	AM PM	AM PM
8/1/19		8/4/19	8	AM	11 PM
Please describe the type of event you are going to have:					
Free music festival.					
Do you plan to serve food at this event?		No	Yes	If yes, contact the Appleton Health Department. (920.832.6429)	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Location where beer or wine will be sold:					
Mondini Plaza					
Address		City	State	Zip	
		Appleton	Wi	54911	
Are you requesting an "open concept" license?		No	Yes	Will minors be present?	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	
Describe actual location and dimensions of area to be licensed - Be precise!			If yes, how will you prevent minors from obtaining alcoholic beverages?		
Full use of area.			Wristband required with 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 <u>Jennifer Stephany</u>					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
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

Mile of Music 2019



Houdini Plaza – see attached map diagram
corner of Appleton Street and College Avenue

Thursday, August 1 – Appleton Downtown Inc. (Concerts)
Friday, August 2 – Mile of Music with Appleton Downtown Inc.
Saturday, August 3 – Mile of Music with Appleton Downtown Inc.
Sunday, August - Mile of Music with Appleton Downtown Inc.

-Contacts

Greg Otis	Cell: 850-8518	Work: 954-9112
Djuanna Hugdahl	Cell: 205-9508	Work: 954-9112

Schedules are still being finalized for music acts. Set-up may begin as early as 8 a.m., with selling of alcohol from 11 a.m. to 11 p.m. Clean up will immediately follow 11 p.m., finalized by midnight, 12:00 a.m.. Security will monitor those leaving the area to ensure no alcohol leaves the park. The license says 8 a.m., just in case we need to have additional time for any set-up; stage, sound, portable restroom units, etc.

Jones Park – see attached diagram mock-up
301 W. Lawrence St.

Friday, August 2 – Mile of Music with Appleton Downtown Inc.
Saturday, August 3 – Mile of Music with Appleton Downtown Inc.

-Contacts

Ian Thomson	Cell: 610-762-3177	Work: 954-9112
Jennifer Stephany	Cell: 538-2026	Work: 954-9112
Dave Willems	Cell: 419-3550	Work: 831-6580

For set-up, schedules are being finalized for music act times and locations, tentative schedule is attached. Set-up will typically begin around 8 a.m., with selling of alcohol from 11 a.m. to 11 p.m. Clean up will immediately follow 11 p.m., finalized by midnight, 12:00 a.m. Security will monitor those leaving the area to ensure no alcohol leaves the park. The license says 8 a.m., just in case we need to have additional time for any set-up; stage, sound, portable restroom units, etc.

For both above mentioned locations, we will follow the "Octoberfest" and "Summer Concert Series" procedures for selling of alcohol. Wristbands will be required with I.D. to purchase any alcohol. The **Wristband Monitoring Team** will be trained to put the wristband on the proper arm, with proper I.D. They will also be trained how to check I.D., what is an acceptable form of I.D. and that each patron purchases their OWN wristband. At least ONE licensed bartender will be on-site in the wristband area.

Bar Managers will be trained for the event, and at least one licensed bartender will be on-site. Bar set-up will not sell wristbands, and will require tickets, enforcing NO wristband = NO beer or alcohol. Bar area will monitor to ensure wristbands have not been tampered with and available to assist with any issues that may occur.

Submitted by: Djuanna Hugdahl, Appleton Downtown Inc., on behalf of Creative Downtown Appleton, Inc. and Mile of Music.



HOUDINI PLAZA

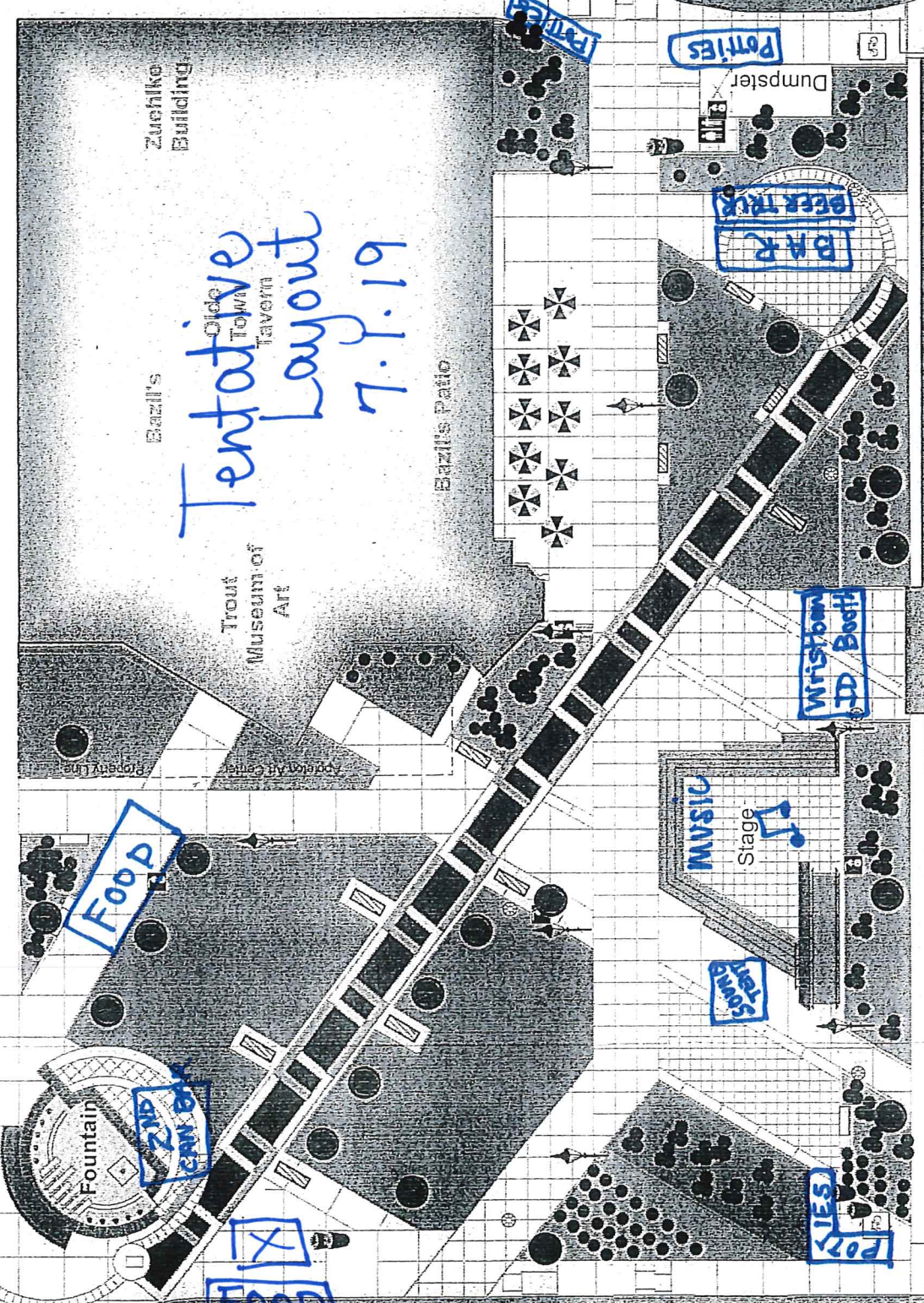
Mile of Music



COLLEGE AVENUE

APPLETON STREET

ONEDA STREET



*Tentative
Layout
7.7.19*

Legend

	Bike Rack
	Electrical Box
	Toilet
	Manhole
	Light
	Trash/Recycle
	BENCH
	DUMPSTER
	LANDSCAPING
	GRASS
	FOUNTAIN
	BUILDING

Appletton Center

Zuehke Building

Basil's

Trout Museum of Art

Basil's Patio

POTIES

BAR

BEER TRUCK

Wristband ID Booth

MUSIC Stage

SOUND TECH

Fountain

ZMP GEN BX

FOOD

POTIES

Dumpster



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/18/19</u>
License Fee - \$10.00 per event <u>70</u>	Acct Code: CLCSPB
Investigation Fee <u>77</u> + <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>77</u>	Receipt <u>10826</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) <u>Sacred Heart Catholic Church</u>				Date Organized <u>1898</u>		
Address <u>222 E. Fremont Street</u>		City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:		Name: Last <u>ERICKSON</u> First <u>DAVID</u> Middle Initial <u>J</u>		Date of Birth <u>10/1/00</u>		
Address <u>W6060 Dahlia Drive</u>		City <u>Appleton</u>		State <u>WI</u>	Zip <u>54918</u>	
Person in charge phone number: <u>██████████</u>						
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 <u>8/17/19</u> Ending: <u>8/18/19</u> Hours <u>12-10 SAT/AM (PM)</u> <u>12-3 SUN AM (PM)</u>	
Please describe the type of event you are going to have: <u>ANNUAL PARISH PICNIC</u>	
Do you plan to serve food at this event? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)	
Location where beer or wine will be sold or served: <u>TENTS IN CHURCH PARKING LOT</u>	
Address <u>222 E. Fremont St.</u> City <u>Appleton</u> State <u>WI</u> Zip <u>54911</u>	
Are you requesting an "open concept" license? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Describe actual location and dimensions of area to be licensed - Be precise: <u>(2) 80x120 TENTS AND PARKING LOT PICNIC AREA</u>	If yes, how will you prevent minors from obtaining alcoholic beverages? <u>CHECKING ID'S and ISSUING BRACELETS TO THOSE OVER 21.</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 David J. Erickson

FOR OFFICE USE ONLY

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

EVENT #1
* SEE ATTACHED SHEET FOR OTHER EVENTS

Sacred Heart Church Liquor License Events

Event #2

Annual Chili Dinner

Date- October 26, 2019 from 5-7pm

Beer will be sold in cafeteria in Basement of Church located at 222 E. Fremont Street Appleton, WI 54911

Cafeteria is approximately 60 x 180 feet

Minors will be present so we will check IDs of anyone purchasing Beer.

Event #3

Annual Spaghetti Dinner

Date- January 25, 2020 from 5-7pm

Beer/Wine will be sold in cafeteria in Basement of Church located at 222 E. Fremont Street Appleton, WI 54911

Cafeteria is approximately 60 x 180 feet

Minors will be present so we will check IDs of anyone purchasing Beer or Wine.

Event #4

Annual Winterfest Night

Date- February 15, 2020 from 5-8pm

Beer/Wine will be sold in Gymnasium of Church located at 222 E. Fremont Street Appleton, WI 54911

Gymnasium is approximately 100 x 240 feet

Minors will be present so we will check IDs of anyone purchasing Beer or Wine.

Events #5, 6, and 7

Annual Lenten Fish Fries

Dates- March 6, March 20, and April 3, 2020 from 5-7pm

Beer will be sold in cafeteria in Basement of Church located at 222 E. Fremont Street Appleton, WI 54911

Cafeteria is approximately 60 x 180 feet

Minors will be present so we will check IDs of anyone purchasing Beer.