

City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, March 11, 2020

5:30 PM

Council Chambers, 6th Floor

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

20-0342 Approval of minutes from previous meeting

Attachments: S&L Minutes 2-19-2020.pdf

- 4. Public Hearings/Appearances
- 5. Action Items

20-0391 Request to authorize the City Clerk as the Designated Municipal Official to Issue Operator's Licenses, Pursuant to 2019 Wis. Act 166

Attachments: Designating City Clerk as the Municipal Offical to Issue Operator Licenses.pdf

20-0345 Appleton Police Department received \$22,902.92 in funding through

Octoberfest for the purchase of the Autovu 2 Camera System.

Attachments: Octoberfest Notice to Accept Funds.pdf

20-0390 Operator Licenses

Attachments: 3-11-2020.pdf

20-0310 Class "B" Beer and "Class C" Wine application for Miss Brown's Fine

Foods II LLC d/b/a Miss Brown's Fine Food II, Donnahugh (Phill) Brown, Agent, located at 400 N. Richmond St Ste G, contingent upon approval

from all departments.

Attachments: Miss Brown's Fine Foods II.pdf

<u>20-0325</u>	"Class B" Liquor and Class "B" Beer License application for Asian Thai 2 Inc d/b/a Asian Thai, Rong Zhang, Agent, located at 201 W. Northland Ave, contingent upon approval from all departments. Attachments: Asian Thai.pdf
<u>20-0337</u>	Class "B" Beer License application for Breakout Green Bay LLC d/b/a Appleton Axe, Patrick Van Abel, Agent, located at 1400 W College Ave, contingent upon approval from all departments. Attachments: Appleton Axe.pdf
<u>20-0309</u>	Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, located at 215 S Memorial Dr, contingent upon approval from all departments. <u>Attachments:</u> Sangrias Mexican Grill 2020.pdf
<u>20-0323</u>	Temporary Class "B" Beer and "Class C" Wine License application for Fox Cities Building for the Arts, Art at the Park, City Park, July 25-26, 2020, contingent upon approval from all departments.

20-0343 Temporary Class "B" License applications filed after the agenda was published.

Attachments: Fox Cities Art at the Park S&L 3-11-2020.pdf

6. Information Items

20-0177 Special Events:

St Pattys Pub Crawl, Downtown Appleton, March 14, 2020 OSI-MIRON April Fools' 5k Fundraiser, Appleton North High School, April 3, 2020

Bernatello's Foods, Pizza with Police, Pierce Park, May 15, 2020 Johnston Elementary, Mustang Mile, May 16, 2020

Appleton Parks & Recreation Fun Runs, Memorial Park, June 7, June 21 & July 19, 2020

Appleton Parks & Recreation Yoga in the Park, City Park, Wednesdays June 10-August 19 (Erb on July 22)

Community First Fox Cities Marathon Presented by Miron Construction, September 20, 2020

<u>20-0388</u> Director's Reports

-City Clerk

1. Badger Book Recap

-Police Chief

- 1. Forensic Evidence Specialist Hiring
- 2. National Award for Officers

-Fire Chief

- 1. Hiring Update
- 2. Annual Report Highlights

<u>20-0344</u> Police Department information on liquor law violations.

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, February 19, 2020

6:30 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order

The meeting was called to order by Chair Lobner at 6:30 p.m.

2. Roll call of membership

Present: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

3. Approval of minutes from previous meeting

20-0182 Approval of minutes from previous meeting

Attachments: S&L Minutes 2-5-2020.pdf

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

Ave: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

- 4. Public Hearings/Appearances
- 5. Action Items

Balance of the action items on the agenda.

Meltzer moved, Williams seconded, to approve the report. The motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

20-0181 Reserve "Class B" Liquor and Class "B" Beer License application for

The 513 Appleton LLC d/b/a The 513, Kolby Knuth, Agent, located at 513

W College Ave, contingent upon approval from all departments.

Attachments: The 513.pdf

This Report Action Item was recommended for approval

<u>20-0194</u>	Temporary Class "B" Beer License application for Thompson Center on Lourdes in St. Bernadette, Marilyn J. Peterson, Person in Charge, located at 2331 E. Lourdes Dr on April 24, 2020 and October 2, 2020, contingent upon approval from all departments.							
	Attachments:	Thompson Center Del Ray Dance & Still Cruisn Dance S&L 2-19-20 .pdf						
	This Report Acti	ion Item was recommended for approval.						
<u>20-0183</u>	Operator's Lice	enses						
	<u>Attachments:</u>	<u>2-12-2020.pdf</u>						
	This Report Acti	ion Item was recommended for approval.						
<u>20-0219</u>	Transportation	cation for Taxicab Company, Budget Medical n, LLC, 2401 W Jonathan Drive, Appleton, Owner-Anthony ent on approval from all departments.						
	Attachments:	Budget Medical Transportation, LLC.pdf						
	This Report Acti	ion Item was recommended for approval.						
<u>20-0220</u>	LLC, N2969 S	cation for Taxicab Company for Bustamove Party Bus, tate Rd 47, Appleton, Owner-Justin Geise, contingent on all departments.						
	Attachments:	Bustamove Party Buss LLC.pdf						
	This Report Acti	ion Item was recommended for approval.						
<u>20-0186</u>	Request to Ap System Grant	ply for the Wisconsin Hazardous Materials Response						
	Attachments:	Request to Apply for the WI Hazardous Materials Response System Grant.pdf						
	This Report Acti	ion Item was recommended for approval.						
<u>20-0185</u>	Temporary Clapublished. No applications was applications was applicated.	ass "B" License applications filed after the agenda was						

6. Information Items

20-0177 Special Events:

St Pattys Pub Crawl, Downtown Appleton, March 14, 2020

OSI-MIRON April Fools' 5k Fundraiser, Appleton North High School, April

3, 2020

Bernatello's Foods, Pizza with Police, Pierce Park, May 15, 2020

Johnston Elementary, Mustang Mile, May 16, 2020

Appleton Parks & Recreation Fun Runs, Memorial Park, June 7, June 21

& July 19, 2020

Appleton Parks & Recreation Yoga in the Park, City Park, Wednesdays

June 10-August 19 (Erb on July 22)

Community First Fox Cities Marathon Presented by Miron Construction,

September 20, 2020

<u>20-0190</u> Director's Report

City Clerk
Police Chief
Fire Chief

<u>20-0157</u> Police Department information on liquor law violation convictions.

7. Adjournment

Meltzer moved, seconded by Williams, that the meeting be adjourned at 6:33 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland



LEGAL SERVICES DEPARTMENT

Office of the City Clerk

100 North Appleton Street Appleton, WI 54911 Phone: 920/832-6443

Fax: 920/832-5823

MEMORANDUM

March 6, 2020

To: Alderperson Lobner, Chair of Safety & Licensing Committee; Safety & Licensing Committee Members

From: Kami Lynch, City Clerk

Re: Designating the City Clerk as the Municipal Official Authorized to Issue Operator Licenses

On March 3, 2020 the Governor signed into law 2019 Wisconsin Act 166. This law allows municipalities, by ordinance, to authorize a designated municipal official to issue an operator's license to any applicant who is qualified under s.125.04 (5).

I am requesting that the Safety & Licensing Committee recommend that Council enact an ordinance designating the City Clerk as the municipal official authorized to issue such licenses. Upon passage of this recommendation, an ordinance amending the current municipal code would be brought forth to Common Council and upon passage and publication, operators' licenses could be issued by the City Clerk without Common Council approval. Any licenses recommended for denial would follow the procedures currently in place. The procedures currently in place allow the applicant the opportunity to appeal the recommendation for denial before the Safety & Licensing Committee for its recommendation and action by the Common Council.

Please do not hesitate to contact me if there are any questions.

Respectfully,

Kami Lynch



Department & Grant Administrator Review Checklist:

DEPARTMENT HEAD SIGNATURE:

APPENDIX A

NOTICE OF INTENT TO APPLY FOR/ACCEPT FUNDS

X Consistent with overall program goals of the City X Discussed local match requirements and/or other budget impacts X Discussed and identified personnel to implement objectives of the grant X Reviewed time line for implementing grant & identified staff responsible for program & fiscal monitoring Date of Review with Grants Administrator: Date approved by Committee of Jurisdiction: Date approved by Finance Committee: DEPARTMENT: POLICE DEPARTMENT DATE: February 19, 2020 FUNDING SOURCE: Octoberfest NAME OF GRANT: _____Autovu 2. Camera System AMOUNT OF GRANT REQUEST: \$22,902.92 X Monetary Other IF OTHER, EXPLAIN: LOCAL MATCH REQUIREMENTS: None If there are match requirements, what is the source of this match.: X General Funds Non General Funds WILL THE CITY OF APPLETON BE THE ADMINISTRATOR/GRANTEE OF THE FUNDS IF AWARDED? X Yes No HAS THE CITY OF APPLETON RECEIVED THIS GRANT BEFORE? X Yes No PURPOSE OF GRANT: Purchase Autovu 2 Camera System. This camera system will give us the ability to read license plates in a variety of conditions. ADDITIONAL INFORMATION CAN BE OBTAINED FROM:————

Operator Licenses S&L 3/11/2020

1. Megan Baran 4729 W Periwinkle Ct

2. Rachel Becker 715 Ravenwood Ct, Neenah

3. Katherine Charles 536 N Union St

Cole Clark
 Clint DeKeyser
 W2068 Plainview Rd, Seymour
 2909 N French Rd, Grand Chute

6. Holly Delchambre 415 Arthur Ct, Kimberly

Kimberly Eastman
 Janet Espey
 Tanya Harpek
 Karissa Heuer
 Kolar Circle
 2355 W Pershing St
 325 E Randall St
 Walnut St

11. Matthew Jaggar 1675 Glenway Dr, Oshkosh

12. Mysti Johnson 2721 N Bennett St

13. Andrea Jury 472 Rainbow Beach Rd, Neenah

14. Elyse Lemke
15. Skye Mager
205 Main St, Wrightstown
212 College William
213 College William

16. Laura Martinez 313 S Outagamie St

17. Emma Neuman 865 Jefferson St, Menasha

18. Lindsey Nolan
19. Conner Nye
20. Rachel Pfister
21. Vanessa Ploederl
419 E Atlantic St
5384 N Amethyst Dr
206 Wright Ave, Neenah
N9081 Kernan Ave, Menasha

22. Jacob Royer 1114 W Packard St

23. Brandon Sandoval 1621 Harrison St, Neenah

24. Austin Schwartz 410 Schlinder Pl AptB, Menasha

25. Justin White 318 E 20th St, Kaukauna

26. Nathan Williams 5625 SW California St, Portland, OR 97219

27. Dena Wyngaard 911 Lawe St Kaukauna

Original Alcohol Be (Submit to municipal clerk.)	verage Retail	License A	pplication	Applicant's Wisconsin Seller's Perr	mit Number
For the license period beginni	na:	endina: Di	130/2020		
	· ·			TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	☐ Town of)	١ .		☐ Class A beer	\$
To the Governing Body of the	: ☐ Village of 〉上	topperson		☑ Class B beer	\$ 100
	☐ City of			☑ Class C wine	\$ 100
			D' 1 M	Class A liquor	\$
County of what a	ime	Aldermanic	by ardinance)	Class A liquor (cider only)	\$ N/A
		(ii required	by ordinance)	☐ Class B liquor	\$
				Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liability	Company		Class B (wine only) winery	\$
☐ Partnership	☐ Corporation/Non	profit Organizati	on	Publication fee	\$ 60 + 7
	•		TOTAL FEE	\$ 267	
Name (individual / partners give last	name first middle: cornora	tions / limited liability	companies give registere	d name)	
•				a statio)	
MISS BROW	INS FINE	c floods	# LLC		
An "Auxiliary Questionnaird by each member of a partne each member/manager and	ership, and by each	officer, director	r and agent of a co	rporation or nonprofit orga	nization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
KROWN	DONNAHUGH	CORNELL	1020 13. 5	superior Rt. App	laton 1.11 549
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	Sure nor St. App City or Post Office, & Zip Code)	idon, air o
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
1. Trade Name #1155	BROWN'S A	JNE FOXOS	T Susmess Phor	ne Number (920) 35 8	3-7060
1. Trade Name 1155 2. Address of Premises 4	00 N. Richmone	l st. STE G	Post Office & Z	5491) Zip Code 5497	//
3. Premises description: De applicant must include al storage of alcohol bevera described.) Alcohol will 400 N. Richanos	escribe building or bui I rooms including livir ages and records. (Al	iddings where along quarters, if us cohol beverages Sold on the cohol nsi	cohol beverages are sed, for the sales, se s may be sold and st		
as Stored in	Couler in 41	ne Kirtehe	n over		
4. Legal description (omit if	street address is give	n above):			
5. (a) Was this premises lice	ensed for the sale of l	iquor or beer dur	ring the past license	year?	V Yes □ No
(b) If yes, under what nar	ne was license issued	1? Gre	en Gecko	Gwocer & Deli	

6. Is be	verage server training o	gent of corporation/limited licourse for this license period	? If yes	, explain				□ No	
7. ls	the applicant an employ yes, explain.	ve or agent of, or acting on b				t?	☐ Yes	€ No	
8. Do	es any other alcohol besiness? If yes, explair	everage retail licensee or w	holesale	permittee have an	y interest in or o	control of this	☐ Yes	™ No	
9. (a)	Corporate/limited lia of registration.	bility company applicants	only: li	nsert state WT	and da	nte <u>0 6 -15 -</u>	2017		
(b)	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain								
(c)	Does the corporation, member/manager or a If yes, explain.	or any officer, director, stoo agent hold any interest in an	ny other	or agent or limited alcohol beverage li	cense or permit	in Wisconsin?	☐ Yes	No	
ao	vernment. Alcohol and	stand they must register as a Tobacco Tax and Trade Bure 882-3277]	eau (TTB) by filing (TTB forn	n 5630.5d) before	re beainnina	Yes	□ No	
1. Do	es the applicant unders	stand they must hold a Wisc	onsin Se	ller's Permit? [pho	ne (608) 266-27	76]	Yes	☐ No	
		stand that they must purchas				/holesalers,	Yes	□ No	
he best han \$1, assigne Compar	of the knowledge of the sig 000. Signer agrees to opera I to another. (Individual app	NING: Under penalty provided by ner. Any person who knowingly ate this business according to late this provided in the licants, or one member of a partraccess to any portion of a license ocation of this license.	provides m w and that nership app	naterially false informati the rights and respons plicant must sign; one o	ion on this applicat sibilities conferred l corporate officer, or	ion may be require by the license(s), it ne member/manage	ed to forfeit f granted, w er of Limite	not more vill not be d Liability	
Contact F	erson's Name (Last, First, M.I.)	4.1.4.6.41		Title/Member		Date 124			
Signature	own, body andyl D	AHUGH, C.		Phone Number		Email Address			
TO PT 1	COMPLETED BY OLEDY								
	COMPLETED BY CLERK lived and filed with municipal clerk	Date reported to council / board	Date provi	isional license issued	Signature of Clerk /	Deputy Clerk			
Date #-	acc granted	Data Hannas Ir	Liennes	umbar issued					
Date IICel	nse granted	Date license issued	License N	umber issued					



City of Appleton Liquor License Questionnaire

1. Name of App		high Drown	
2. Name of Bus	siness: MISS B	, ROWNS FINE FOODS	# LC
3. Address of B	usiness: 400 N.	Richmond St. STE G	. Appleton, W
4. Have you or	any member of you	r organization ever been convicted	d of a misdemeano
	tion? Yes	No	
	convicted of a felon		
If yes to either	question, please expl	ain in detail:	
·3(1)(a)((b) -> operating in	PAC ("2")	
·63(1)(b)	- overating ul	DAC (3rd)	
	· · · ·		111 1 1 1
•		investors. Include full name, mid	ldle initial and date
birth. Please us	se additional sheets i	f necessary.	
			. / /
First name	Initial	Last name	Date of Birt
			//_
First name	Initial	Last name	Date of Birt
First name	Initial	Last name	//
			//_
First name	Initial	Last name	Date of Birt
			_
6. Name of per	son/corporation vou	are buying the premises and equ	ipment from?
6. Name of per	son/corporation you	ı are buying the premises and equ	ipment from?
6. Name of per	rson/corporation you	are buying the premises and equ	ipment from?
Name:	NE e	Initial Last name	ipment from?
Name: Da	we.	Allen	ipment from?
Name:O. First nam Address:	Ne 400 N. Rich	Initial Last name	ipment from?
Name:O. First nam Address:	NE e	Initial Last name	ipment from?
Name: First nam Address: City, State, Zip	LIOO N. Rich	Initial Last name Mend St. WI 54911	
Name: First nam Address: City, State, Zip 7. What was the	e Hoo N. Rich D: Appleton The previous name and	Initial Last name Mend St. WI STGII d nature of the business operating	at this location?
Name: First nam Address: City, State, Zip 7. What was the	e Hoo N. Rich D: Appleton The previous name and	Initial Last name Mend St. WI 54911	at this location?

8. Are alcohol sales an existing use in this building? Yes No 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
II. Seating capacity: Inside 50 Outside 20
12. Operating hours: Mon-Thur Nam-8m, FrieSat. Nam > 10pm
13. Number of floor personnel 3 Number of door checkers 2
14. In general, state the size, design and type of the proposed establishment and the operational details. Roughly 1,950 & feet of indoor floor space is teased by Miss Brown's Fine Foods II W., from MinMangement at 400 N. Richmond St. STE G Appleton, and Syall with an orthographor area for Service. The establishments primary focus is a restaurant
Od 22/2020 Date Signature

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

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

Submit to municipal clerk.

liquor must appoint an agent.	The following ques	tions must be answ	ered by the agent. T	he appointn	I malt beverages and/or intoxicating nent must be signed by the officer(s) commendation made by the proper
To the governing body of:	☐ Village of _ ☐ City	Appleton	Notice of the Control	County of	Outagamie
The undersigned duly authori	ized officer(s)/mem	bers/managers of	MES Bo (registered name of	ocon 5	Fine Foods II 440 organization or limited liability company)
a corporation/organization or I	limited liability com	oany making applica	ation for an alcohol l	beverage lic	ense for a premises known as
located at 400 10	. Richmo,	(trade	Λ.	pleton	, WI 54911
appoints	Do	(name of app	Brown ointed agent)		
1020	N. Superi	(home address of	appointed agent)	54411_	
to act for the corporation/orga to alcohol beverages conduct organization/limited liability co	ted therein. Is appli	cant agent presentl	y acting in that capa	acity or requ	premises and of all business relative uesting approval for any corporation/ or location in Wisconsin?
Yes No If so,	indicate the corpor	ate name(s)/limited	liability company(ie	s) and muni	cipality(ies).
Is applicant agent subject to c	•	-			Yes No No Nears Nears
Place of residence last year	1090	U. Superio	or St. Ar	pleton,	WI 54911 .
For:	Miss	Brown's (name of c	orporation/organization/li	ods 1 imited liability c	T LLC ompany)
Ву:	- Andrewson - Andr	only	signature of Officer/Mem	ber/Manager)	-
And:		(signature of Officer/Mem	ber/Manager)	
		ACCEPTANC	E BY AGENT		
I, DONNAHUE	(print/type agent's		1	hereby acco	ept this appointment as agent for the
corporation/organization/limit beverages conducted on the					t of all business relative to alcohol
Donella	nature of agent)	The state of the s	02/22/20 (date)	ÀÜ	Agent's age
1020 N. Sufer	rior st. A	peta w 5	4911		Date of birth
			/ MUNICIPAL AUT half of Municipal C		
I hereby certify that I have ch the character, record and rep					edge, with the available information, ed.
Approved on(date)	by	(signature of proper	local official)	Title	(town chair, village president, police chief)
AT-104 (R. 4-09)					Wisconsin Department of Revenue

Original Alcohol Be (Submit to municipal clerk.)	verage Retail	License A	pplication	Applicant's Wisconsin Seller's Pe	rmii Number
For the license period beginning	ng:(mm dd yyyy)	ending: 💍	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of ☐ Village of ☑ City of	Apple	ton:	Class A beer Class B beer Class C wine	\$ \$
County of Outag	amie	Aldermanic (if required	: Dist. No by ordinance)	☐ Class A liquor ☐ Class A liquor (cider only) ☑ Class B liquor	\$ N/A \$
Check one:	☐ Limited Liability (☐ Corporation/Non		on	Reserve Class B liquor Class B (wine only) winer Publication fee TOTAL FEE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Name (individual / partners give last n	name, first, middle; corpora	tions / limited liability	companies give registered	i name)	
An "Auxiliary Questionnaire by each member of a partne each member/manager and	rship, and by each	officer, director	r and agent of a cor	poration or nonprofit org	anization, and by
President / Member Last Name	PONG	(Middle Name)	3709 S. ha	ity or Post Office, & Zip Code) mpton Gt Apple	for wit sug
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity er Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	,
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	1
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
3. Premises description: De	201 W · Nor-	ildings where ald	cohol beverages are	ip Code Appleton	1
storage of alcohol bevera described.)	ges and records. (Al	cohol beverages	s may be sold and st	ored only on the premises	
OFFICE	building And 8	torage	ring Area	T:	- -
Res	tauran t	3000	SQ .FT.		-
4. Legal description (omit if s	street address is give	n above):			- -
5. (a) Was this premises lice	ensed for the sale of I				. ☑ Yes ☐ No
(b) If yes, under what nan	ne was license issued	_{d?} Xue	. Chun Liu	1	_

6.	. Is individual, partners or agent of corporation/limited liability of beverage server training course for this license period? If ye			
7.	Is the applicant an employe or agent of, or acting on behalf or if yes, explain.	f anyone except the n	named applicant?	_ □ Yes ♭☑ No
8.	Does any other alcohol beverage retail licensee or wholesal business? If yes, explain		y interest in or control of this	
9.	(a) Corporate/limited liability company applicants only: of registration.	Insert state 0H	and date 2 -	20-2020
	(b) Is applicant corporation/limited liability company a subsicompany? If yes, explain	diary of any other co	orporation or limited liability	. Yes No
	(c) Does the corporation, or any officer, director, stockholder member/manager or agent hold any interest in any other If yes, explain.			
10.	Does the applicant understand they must register as a Retail government, Alcohol and Tobacco Tax and Trade Bureau (TTI business? [phone 1-877-882-3277]	B) by filing (TTB form	5630.5d) before beginning	✓ Yes ☐ No
11.	Does the applicant understand they must hold a Wisconsin Se	eller's Permit? [phon	ne (608) 266-2776]	Yes No
12.	. Does the applicant understand that they must purchase alcohoreweries and brewpubs?			. 4 Yes 🗌 No
the b than assig Com	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the best of the knowledge of the signer. Any person who knowingly provides in \$1,000. Signer agrees to operate this business according to law and tha signed to another. (Individual applicants, or one member of a partnership appranies must sign.) Any lack of access to any portion of a licensed premise insidemeanor and grounds for revocation of this license.	materially false information t the rights and responsibilities the oplicant must sign; one co	on on this application may be requibilities conferred by the license(s) orporate officer, one member/man	uired to forfeit not more), if granted, will not be ager of Limited Liability
Conta	ntact Person's Name Aast, First, M.I.) PONO 2hana	Title/Member OWNER	Date 2/25	72020
Signa	nature January	Phone Number 920-757 -	Email Address	
	11-8		21111100	
TO E	BE COMPLETED BY CLERK			-
Date	te received and filed with municipal clerk Date reported to council / board Date prov	visional license issued	Signature of Clerk / Deputy Clerk	
Date	te license granted Date license issued License r	number issued	-	



City of Appleton Liquor License Questionnaire

1. Name of Ap	plicant: ROM	g ZHANG	
2. Name of Bu	ASIA	N THAI 2 INC	
3. Address of B	Business: 20 V	v. Northland Ave,	Appleton, WI
ordinance viola AND/OR beer	ntion? Yes n convicted of a felo	our organization ever been convicte No ony? Yes No plain in detail:	ed of a misdemeanor or
	ners, shareholders o se additional sheets	r investors. Include full name, mid if necessary.	ddle initial and date of
First name	Initial	last name	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
6. Name of per	rson/corporation you	ou are buying the premises and equ	aipment from?
First nam	201 W. Nor	Hland Ave	
City, State, Zip	Annalan	, WI 54911	
	^	nd nature of the business operating	Δ.
They	Food - res	staurant.	

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 79 people Outside 0 12. Operating hours: 1100 Am 70 900 pm
13. Number of floor personnel 2 Number of door checkers 2
14. In general, state the size, design and type of the proposed establishment and the operational details.
Restaurant 3000 SQ FT.
Destaurant 3000 SQ FT. Office And Storage noom.
2/28/2-020 Date Signature
Oignature Oignature

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

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

Submit to municipal clerk.

liquor must a	ions/organizati appoint an age oration/organiz	nt. The i	following qu	uestions n	nust be answe	ered by	the agent	. The a	ppointme	ent must	be sign	ed by the	officer(s)
	erning body of:	=	own /illage o City	of	Applete)N		Соі	unty of _	Or	tage	1mie	
The undersi	igned duly auth	norized	officer(s)/m	nembers/r	nanagers of _	(rec	istered nam	M) ne of corr	oration/org	ganization	or limited	liability comp	pany)
a corporatio	n/organization	or limite	ed liability c	ompany n	naking applica	ition for	an alcoh	ol beve	rage lice	nse for a	a premis	es known	as
located at _	201	W.	North	rond	AVE	name)	Apple	オク	, v	J.L	5	4911	
appoints _			Ro	ng Z	hang		200						
	3F09	ζ,	hump.		(name of appoint	Appl	refor	, 1	JI	. 5	1491	5	
to alcohol b	e corporation/o everages cond n/limited liability	lucted th	nerein. Is a	pplicant a	gent presenth	y acting	in that ca	apacity	or reque	esting ap	proval f	or any co	s relative rporation/
Yes	No If	so, indi	cate the cor	porate na	me(s)/limited	liability	company	(ies) ar	nd munic	ipality(ie	s).		
How long in		r to mak ar or: By:			hampk hampk Thai (name of co	ant ager		Contin	uously ir	h Wiscon	No No	(0) E	ALZ.
	7 41				(4	signature	of Officer/M	lember/M	lanager)				
1,	Do	ng	Zhan (print/type ago	۵	ACCEPTANC	E BY A	GENT	_ , here	eby acce	pt this a	ppointme	ent as age	ent for the
corporation beverages	organization/liconducted on t	the prer	of agent) (home	e corpora	d assume full tion/organiza	resportion/limi	nsibility for ted liability for the liability fo	or the ty com	conduct pany. 10 54		usiness nt's age	10	o alcohol
<u> </u>	······································	-			F AGENT B\								
I hereby ce	rtify that I have er, record and	checke reputat	ed municipa ion are sati	al and sta sfactory a	te criminal rec and I have no	cords. T objectio	o the bes	st of my agent a	/ knowle appointed	dge, witi d.	h the av	ailable inf	formation,
Approved o	n(date)	b	у	(sig	nature of proper	local offic	ial)		_ Title _	(town cha	ir, village	president, p	olice chief)
AT-104 (R. 4-09)													t of Revenue

Submit to municipal clerk.)					
				FEIN Milmber	
)
or the license period beginnir	ng:(mm dd yyyy)	ending: Ob-	1 dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of `			Class A beer	\$
the Governing Body of the:	☐ Village of }	APPLETUN		☑ Class B beer	\$ 100
the Governing Body of the:	City of			Class C wine	\$
_				☐ Class A liquor	\$
ounty of <u>OUTU SAMII</u>		Aldermanic Dist	t. No	Class A liquor (cider only)	\$ N/A
		(if required by o	ordinance)	☐ Class B liquor	\$
	/			Reserve Class B liquor	\$
neck one: Individual	Limited Liability	Company		Class B (wine only) winery	\$
☐ Partnership	☐ Corporation/No	nprofit Organization		Publication fee	\$ 60
_ ,				TOTAL FEE	\$
			· ·		
lame (individual / partners give last r	name, first, middle; corpor	rations / limited liability comp	oanies give registered	l name)	
Brakony (Speno Box	y 21.C.			
	<u> </u>	/			
n "Auxiliary Questionnaire	." Form AT-103. mi	ust be completed and	d attached to thi	is application by each indi	vidual applican
y each member of a partne	rship, and by each	officer, director and	dagent of a cor	poration or nonprofit orga	nization, and b
ach member/manager and	agent of a limited I	liability company. Li	st the full name a	and place of residence of ea	ch person.
President / Member Last Name	(First)			ity or Post Office, & Zip Code)	
A A A A A	\perp Ω	1.			OUTO TI
VAN HBEL	PATRICK	LEE L	N2823 C	PAKRIDGE DR. AP	MELLON 34
Vice President / Member Last Name	(First)	(Middle Name) Hon	ne Address (Street, Ci	ity or Post Office, & Zip Code)	
VAN ABEL	JOSEPH		W5871 S	WERT MA DR. AP	PLETUN 54
Secretary / Member Last Name	(First)	(Middle Name) Hon	ne Address (Street, Ci	WERET APA DR. Ap ity or Post Office, & Zip Code)	
BRUECKER	Tim				
Treasurer / Member Last Name	(First)	(Middle Name) Hor	ne Address (Street, C	ity or Post Office, & Zip Code)	
	(51-1)	(Middle Name) Hor	ne Address (Street, C	ity or Post Office, & Zip Code)	
Agent Last Name	((+)rst)	(madic Hallic)			
Agent Last Name	(First)	(Madio Namo)			
			ne Address (Street, C	ity or Post Office, & Zip Code)	
	(First)		ne Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name) Hor			112 6
Directors / Managers Last Name		(Middle Name) Hor		ity or Post Office, & Zip Code) e Number <u>9</u> よ	-4878
Directors / Managers Last Name	(First)	(Middle Name) Hor	Business Phon	e Number <u>920 428</u>	-4878
Directors / Managers Last Name 1. Trade Name	(First) AXL HOU W. COLL	(Middle Name) Hor	Business Phon Post Office & Z	e Number <u>920 428</u> (ip Code <u>54914</u>	-4878
1. Trade Name	(First) AXE HOU W. Cocc scribe building or bi	(Middle Name) Hor	Business Phon Post Office & Z	to be sold and stored. The	-4878
Address of Premises Premises description: De applicant must include all	(First) AXE Hov W. Cocc scribe building or building live	(Middle Name) Hor	Business Phon Post Office & Z I beverages are for the sales, se	to be sold and stored. The rvice, consumption, and/or	-4878
1. Trade Name	(First) AXE Hov W. Cocc scribe building or building live	(Middle Name) Hor	Business Phon Post Office & Z I beverages are for the sales, se	to be sold and stored. The	-4878
Directors / Managers Last Name 1. Trade Name	(First) AXE AVE Cocc scribe building or bit rooms including living living seems and records. (A	(Middle Name) Hor	Business Phon Post Office & Z Il beverages are for the sales, se by be sold and st	to be sold and stored. The rvice, consumption, and/or ored only on the premises	
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Directors / Managers Last Name 1. Trade Name	(First) 400 W. Could scribe building or building or building living ages and records. (A SUITE SUITE STREET WILL THE SUITE street address is givensed for the sale of the sal	(Middle Name) Hore LEST AVE uildings where alcohoring quarters, if used, Alcohol beverages many LEST THE FOLE LEST KEPT en above): [Iquor or beer during]	Business Phon Post Office & Z If beverages are for the sales, se by be sold and st ON RECE PLANNING AMEN BAR TO A R the past license y	to be sold and stored. The rvice, consumption, and/or ored only on the premises PTIDE COMMER ON THELING 2570L DIRECT SP	ACE, WEST

AT-106 (R. 3-19)

Wisconsin Department of Revenue

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	IJ No
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	☐ Yes	☑ No
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 \(\begin{align*} \begin{align*} \begin{align*} \begin{align*} \leq \beq \begin{align*} \leq \begin{align*} \leq \begin{align*} \leq \be) 0	
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain	☐ Yes	Ŋ∕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. BREAKOUT GREEN BAY LLC, - UTLLIAGE OF ASHWAUBENOW	[☑ 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
the thar assi Con	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been to best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required a \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), it is igned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/management must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection and grounds for revocation of this license.	ed to forfeit f granted, w er of Limited	not more ill not be I Liability
	tact Person's Name (Last, First, M.I.) Title/Member Date ### ### ### ### ####################	• <u>20</u>	
Date	BE COMPLETED BY CLERK e received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk		
Date	e license granted Date license issued License number issued		
AT-10	06 (R. 3-19)		



City of Appleton Liquor License Questionnaire

1. Name of App	licant: Be	EAROUT GREEN BAY LIC	PATEICK VAN ABOR
2. Name of Busi	iness: R	PPLETON AXE	
3. Address of Bu	isiness: 140	00 W. College /	he
ordinance violat AND/OR been	ion? Yes convicted of a fe	our organization ever been conv No lony? Yes No_X xplain in detail: S CITED FOR OW	
•	ers, shareholders e additional sheet	or investors. Include full name,	middle initial and date of
PATRICK	L	VAN ABEZ	
First name	Initial	Last name	Date of Birth
lim		BRUECKER	
First name JOSEPH	Initial	Last name Van ABE	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
6. Name of pers	con/corporation y	you are buying the premises and	equipment from?
First name		Initial Last name	
Address:	www.manaratananananananananananananananananan	A STATE OF THE STA	
City, State, Zip:	Baltin and the second of the s		
7. What was the	e previous name	and nature of the business opera	ating at this location?
		OING BAR STOOLS)	
OF OUL	KM WOLLY GE		

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 NoNo
II.	Seating capacity: InsideOutside
12.	Operating hours: T, W, R, F, S, Su - 11mm 70 11pm
13.	Number of floor personnel 3 Number of door checkers
	In general, state the size, design and type of the proposed establishment and the erational details. THE SPACE IS BOING PROPOSED FOR 3,500 S.F.
	WE WILL BE AXE THROWING FACILITY WHICH OFFERS BEEN,
	SUDIA & WATER. ALL BEVERAGES WILL BE SUD IN CAN ON
Management	BOTTLE FORMAT.
	2.26.20 Signature

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



S&L

Council

Date Issued

Exp. Date

License Number

"meeting community needsenhancing quality of life"

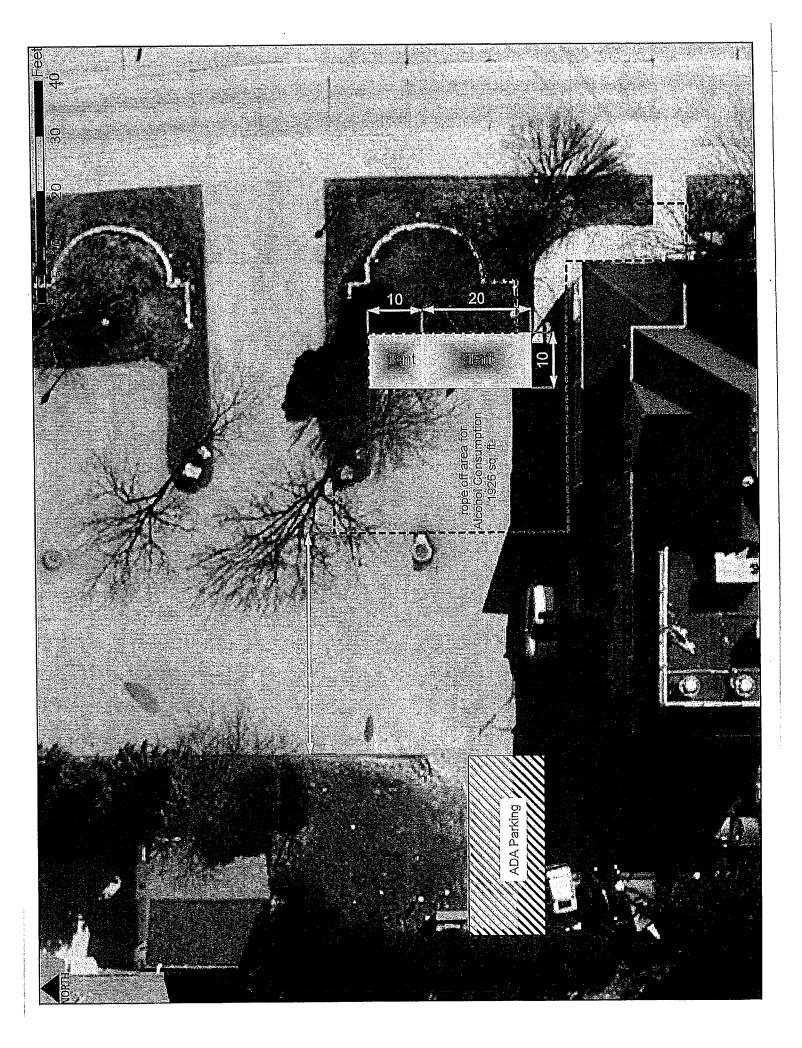
REQUEST for Beer/Liquor License Premise Amendment

FEES	ARE	NON-	REFL	JND	ABL
-------------	------------	------	------	-----	-----

License Fee \$10.00/event Receipt 566 -0003 Date Recv'd 3 18/3036

Acct: CLCAGP

SECTION 1 – LICENSE INFORMATION						
Name of Establishment Sangria's Mexican Givill						
	urigi uzi	CAICAMOI	Y) 1			
Address of Establishment	emovia O	Dr appl	eton 540	116		
Name of Agent	0010101	V V		Phone Number		
	egony			14204555 155		
SECTION 2 – PREMISE	AMENDMENT					
Please describe the change	e in premises:					
		also be submitted	with this application	* \ 0		
*A drawing/diagram of the We Chose off a (couple spot	s of our	parting	lot for an		
annual aine	on de mal	n aplebra	tim.			
MILLIAMON CITY	U GE MINO	PCULPIU	, , , , , ,			
Is this change Permanent?			reason for the amen			
	annviat	may 6"	n celebro	KT10/1.		
YES NO		O				
TES NO						
Please list the date(s) and	time(s) that this temp	orary premise ame	ndment will be utiliz	ed:		
may 2-5(1	1am-10f	(\mathcal{M}^{\prime})				
	eachda	W '				
SECTION 3 – PENALTY N		7				
1		=		e that any license granted under this		
application may be suspended						
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:						
FOR OFFICE USE ONLY	Dany Ry	Par	zean			
Department Approve Comm. Dev.	Deny By	, Rec	ison			
Finance			· · · · · · · · · · · · · · · · · · ·	The state of the s		
Fire			THE PARTY OF THE P			
Health						
Inspections						
Police						





"meeting community needsenhancing quality of life"

FFFS	ΔRF	NON-	DECI	INID	ADI

License Fee - \$10.00 per event

Investigation Fee Total Amount Paid

+ 7.00 -

Date Rec'd <u>3</u>月77 80 30

Acct. 11030.4322 Acct. 100.2359

Receipt 500-000 3

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 MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGES Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGE Indiana de la company Class "B" license to sell FERMENTED MAIT REVENAGE						
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 augstions complet	nis Classe BDIN	T almosti perioo)			
ryamo of Organization (Bona fide club, lodge of society, veteran's org	ganization or fair association	n) Date Organize	d clearly			
Address	City	1967 State	Zip			
III W. College Ave.	Appleton	WI	54911			
Person in Charge of Event: Name: Last	Christna.	Middle Initial	Date of Birth			
111 W. College Avenue Appleto	State Zin	Person in charg	e phone number:			
President Flaherty Beth First	Middle Initial	Date of Birth	Male Female			
1703 KEID DR.	City Apple to N	State W1	Zip 54914			
Vice President Last First	Middle Initial	Date of Birth	Male Female			
Address	City	State	Zip			
Secretary Last First Teans A	Middle Initial	Date of Birth	Male Female			
Address 540 W. River Road	City Apple ton	State W1	Zip			
Teasurer Totalke, MARIA	Middle Initial	Date of Birth	Male Female			
Address 1120 E. Morrpanis Ave.	Appleton	State	Zip 549 11			
SECTION 2 – EVENT INFORMATION SECTION						
Date(s) of Event: Beginning 07 / 25 / 20 Ending: 07/20	6 /20 Hours SA	, Jampa	9 AM (PM)			
Please describe the type of event you are going to have: "ART AT the Park" "60" ART fair w/ Child	rens activities, i		od vendo ES			
	oct the Appleton Health De	•	429)			
Location where beer or wine will be sold:						
Address	Ta:					
500 E. Franklin St.	City Apple ton	State W1	Zip 54911			
	Will minors be present?					
	f yes, how will you preven		1 1 1 1 1 1 1			
	011040 0000		× 1			
Be precise! Pavilion suring anal, drings allowed, beverages? Throughout pack ID Check with wrist hands						
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.					
it 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) inflecting the sale of fennented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the influence provided in this application is true and						
correct to the best of their knowledge and belief.						
Signature of Officer TILL TILLY (MILLY)						
FOR OFFICE USE ONLY						
Dept. Approve Deny By Police Deny By	Reason					
ire						
lealth leading						
nspection	 					
6&1. 3-11-2020 Council Date Issued	Exp. Date	License Number				
		L Produce (Antimoti				