



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

3. 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/Apearances**

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 Official 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](#)

[20-0325](#) "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](#)

[20-0337](#) 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](#)

[20-0309](#) Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, located at 215 S Memorial Dr, contingent upon approval from all departments.

Attachments: [Sangrias Mexican Grill 2020.pdf](#)

[20-0323](#) 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.

Attachments: [Fox Cities Art at the Park S&L 3-11-2020.pdf](#)

[20-0343](#) Temporary Class "B" License applications filed after the agenda was published.

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

[20-0388](#)

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

[20-0344](#)

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:

Aye: 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

[20-0194](#)

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 Action Item was recommended for approval.

[20-0183](#)

Operator's Licenses

Attachments: [2-12-2020.pdf](#)

This Report Action Item was recommended for approval.

[20-0219](#)

License Application for Taxicab Company, Budget Medical Transportation, LLC, 2401 W Jonathan Drive, Appleton, Owner-Anthony Xiong, contingent on approval from all departments.

Attachments: [Budget Medical Transportation, LLC.pdf](#)

This Report Action Item was recommended for approval.

[20-0220](#)

License Application for Taxicab Company for Bustamove Party Bus, LLC, N2969 State Rd 47, Appleton, Owner-Justin Geise, contingent on approval from all departments.

Attachments: [Bustamove Party Buss LLC.pdf](#)

This Report Action Item was recommended for approval.

[20-0186](#)

Request to Apply for the Wisconsin Hazardous Materials Response System Grant

Attachments: [Request to Apply for the WI Hazardous Materials Response System Grant.pdf](#)

This Report Action Item was recommended for approval.

[20-0185](#)

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

No applications were filed.

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

[20-0190](#)

Director's Report

City Clerk

Police Chief

Fire Chief

[20-0157](#)

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



APPENDIX A

NOTICE OF INTENT TO APPLY FOR/ACCEPT FUNDS

Department & Grant Administrator Review Checklist:

- 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: _____
- 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

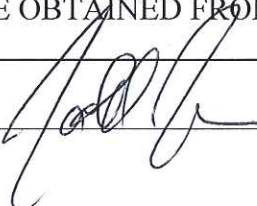
If there are match requirements, what is the source of this match.: X General Funds
Non General Funds

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: _____

DEPARTMENT HEAD SIGNATURE: 

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
4. Cole Clark W2068 Plainview Rd, Seymour
5. Clint DeKeyser 2909 N French Rd, Grand Chute
6. Holly Delchambre 415 Arthur Ct, Kimberly
7. Kimberly Eastman 37 Solar Circle
8. Janet Espey 2355 W Pershing St
9. Tanya Harpek 325 E Randall St
10. Karissa Heuer 327 S Walnut St
11. Matthew Jaggard 1675 Glenway Dr, Oshkosh
12. Mysti Johnson 2721 N Bennett St
13. Andrea Jury 472 Rainbow Beach Rd, Neenah
14. Elyse Lemke 221 Park St, Kaukauna
15. Skye Mager 205 Main St, Wrightstown
16. Laura Martinez 313 S Outagamie St
17. Emma Neuman 865 Jefferson St, Menasha
18. Lindsey Nolan 419 E Atlantic St
19. Conner Nye 5384 N Amethyst Dr
20. Rachel Pfister 206 Wright Ave, Neenah
21. Vanessa Ploederl 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 Beverage Retail License Application

(Submit to municipal clerk.)

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

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ 60 + 7
TOTAL FEE	\$ 267

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
MISS BROWNS FINE FOODS II, LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brown</u>	<u>DONNA</u>	<u>HUGH</u>	<u>CORNELL 1020 N. Superior St. Appleton, WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name MISS BROWN'S FINE FOODS II Business Phone Number (920) 358-7060
 2. Address of Premises 400 N. Richmond St. STE G Appleton, WI 54911 Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Alcohol will be served/sold on the interior and exterior of unit G at 400 N. Richmond St. Alcohol will be stored only in the interior of the same unit.

Stored in cooler in the kitchen area.



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

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

(b) If yes, under what name was license issued? Green Gecko Grocer & Deli

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
Completed and passed.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain. N/A
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
N/A
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 06-15-2017 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
N/A
- (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
N/A
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.) BROWN, DONNAHUGH, C.	Title/Member Owner	Date 12/23/19
Signature <i>Donnaugh Brown</i>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

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



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Donnahugh Brown
2. Name of Business: MISS BROWNS FINE FOODS II LLC
3. Address of Business: 400 N. Richmond St. STE G 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:

- ① 346.63(1)(a)/(b) → operating w/ PAC (2nd)
- ② 346.63(1)(b) → operating w/ PAC (3rd)

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

N/A

First name	Initial	Last name	Date of Birth

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

Name: Dave Allen
First name Initial Last name

Address: 400 N. Richmond St.

City, State, Zip: Appleton, WI 54911

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

Green Gecks Grocer & Deli → a deli-style restaurant that served beer & wine.

8. Are alcohol sales an existing use in this building? Yes _____ No
 If no, When did the operation cease? 4 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 50 Outside 20

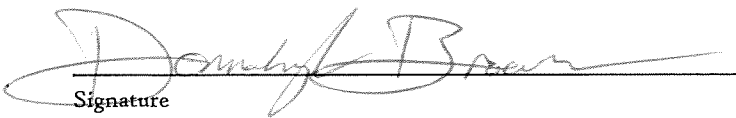
12. Operating hours: Mon-Thur 11am - 8pm ; Fri & Sat. 11am - 10pm

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 sq. feet of indoor floor space is leased by
Miss Brown's Fine Foods II LLC, from Mr. Management at 400 N. Richmond
St. STE G Appleton, WI 54911 with an outdoor patio area for
service. The establishments primary focus is a restaurant

02/22/2020
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.

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 Miss Brown's Fine Foods II 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

located at 400 N. Richmond St. STE G, Appleton, WI 54911
(trade name)

appoints DonnaHugh Brown
(name of appointed agent)

1020 N. Superior 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? 3 years

Place of residence last year 1020 N. Superior St. Appleton, WI 54911

For: Miss Brown's Fine Foods II LLC
(name of corporation/organization/limited liability company)

By: DonnaHugh Brown
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, DONNAHUGH BROWN, 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.

DonnaHugh Brown 02/22/2020
(signature of agent) (date)

Agent's age 33

1020 N. Superior St. Appleton WI 54911
(home address of agent)

Date of birth 02/22/1987

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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }
 County of Outagamie Aldermanic Dist. No. _____
 (if required by ordinance)

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
ASIAN THAI 2 INC

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

President / Member Last Name <u>Zhang</u>	(First) <u>RONG</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3709 S. Hampton Ct Appleton, WI 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

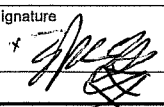
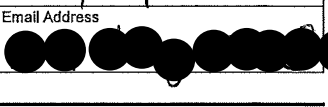
1. Trade Name ASIAN THAI 2 INC Business Phone Number 920-734-6888
 2. Address of Premises 201 W. Northland Ave Post Office & Zip Code Appleton / 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
In the building - Dining Area.
(OFFICE AND STORAGE ROOM)
RESTAURANT 3000 SQ. FT.

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state OH and date 2-20-2020 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
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>Rong Zhang</u>	Title/Member <u>owner</u>	Date <u>2/28/2020</u>
Signature 	Phone Number <u>920-757-3777</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	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: RONG ZHANG

2. Name of Business: ASIAN THAI 2 INC

3. Address of Business: 201 W. Northland 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.

First name	Initial	Last name	Date of Birth

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

Name: Xue Chun Liu

Address: 201 W. Northland Ave

City, State, Zip: Appleton, WI 54911

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

Asian Thai of Appleton Inc / chinese And
Thai food - restaurant.

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 TO 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.
Office And storage room .

2/28/2020
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.

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 Ontonagonize

The undersigned duly authorized officer(s)/members/managers of Asian Thai 2 Inc
(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 Asian Thai

located at 201 W. Northland Ave, (trade name) Appleton, WI 54911

appoints Rong Zhang, (name of appointed agent)
3709 S. Hampton Ct, (home address of appointed agent) Appleton WI 54915

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? 1 yrs.

Place of residence last year 3709 S. Hampton Ct, Appleton WI 54915

For: Asian Thai 2 Inc
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

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

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

[Signature], (signature of agent) 2/28/2020, (date) Agent's age 49
3709 S. Hampton Ct, Appleton, WI 54915, (home address of agent) Date of birth [Blacked out]

**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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BRUBAKOV GREEN BAY LLC.

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

President / Member Last Name <u>VAN ABEL</u>	(First) <u>PATRICK</u>	(Middle Name) <u>LEE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W2823 OAKRIDGE DR. APPLETON 54915</u>
Vice President / Member Last Name <u>VAN ABEL</u>	(First) <u>JOSEPH</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W5871 SWEET PEA DR. APPLETON 54915</u>
Secretary / Member Last Name <u>BRUECKER</u>	(First) <u>TIM</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON AXE Business Phone Number 920 428-4878
 2. Address of Premises 1460 W. COLLEGE AVE Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BEER
ALL ALCOHOL WILL BE SOLD FROM RECEPTION COUNTER WITHIN OUR SUITE. WE ARE PLANNING ON TAILING THE WESTERN PART OF THE FORMER BARSTON DIRECT SPACE. THE STORAGE SPACE WILL BE KEPT IN A ROOM IN NORTHWEST CORNER OF THE SUITE

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

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
I HAVE MY SAFE SERVE CERTIFICATE ALREADY

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 2/24/20 of registration.

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



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

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>Van ABER, Patrick L</u>	Title/Member <u>MEMBER</u>	Date <u>2.27.20</u>
Signature <u>Patrick L. Aabel</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

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



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: BREAKOUT GREEN Bay LLC. PATRICK VAN ABER

2. Name of Business: APPLETON AXE

3. Address of Business: 1400 W. COLLEGE AVE

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: _____

JOE VAN ABER WAS CITED FOR OWI IN 2009.

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

<u>PATRICK</u>	<u>L</u>	<u>VAN ABER</u>	
First name	Initial	Last name	Date of Birth
<u>TIM</u>		<u>BRUECKER</u>	
First name	Initial	Last name	Date of Birth
<u>JOSEPH</u>		<u>VAN ABER</u>	
First name	Initial	Last name	Date of Birth
_____	_____	_____	
First name	Initial	Last name	Date of Birth

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

Name: N/A

First name Initial Last name

Address: _____

City, State, Zip: _____

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

MULTI-TENANT BUILDING . BAR STOOLS DIRECT (TO THE BEST OF OUR KNOWLEDGE)

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 80 Outside _____

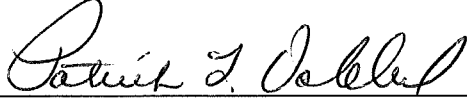
12. Operating hours: T, W, R, F, S, Su - 11AM TO 11PM

13. Number of floor personnel 3 Number of door checkers _____

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

THE SPACE IS BEING PROPOSED FOR 3,500 SF.
WE WILL BE AXE THROWING FACILITY WHICH OFFERS ^{LOCAL} BEER,
SODA & WATER. ALL BEVERAGES WILL BE SOLD IN CAN OR
BOTTLE FORMAT.

2-26-20
Date


Signature

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

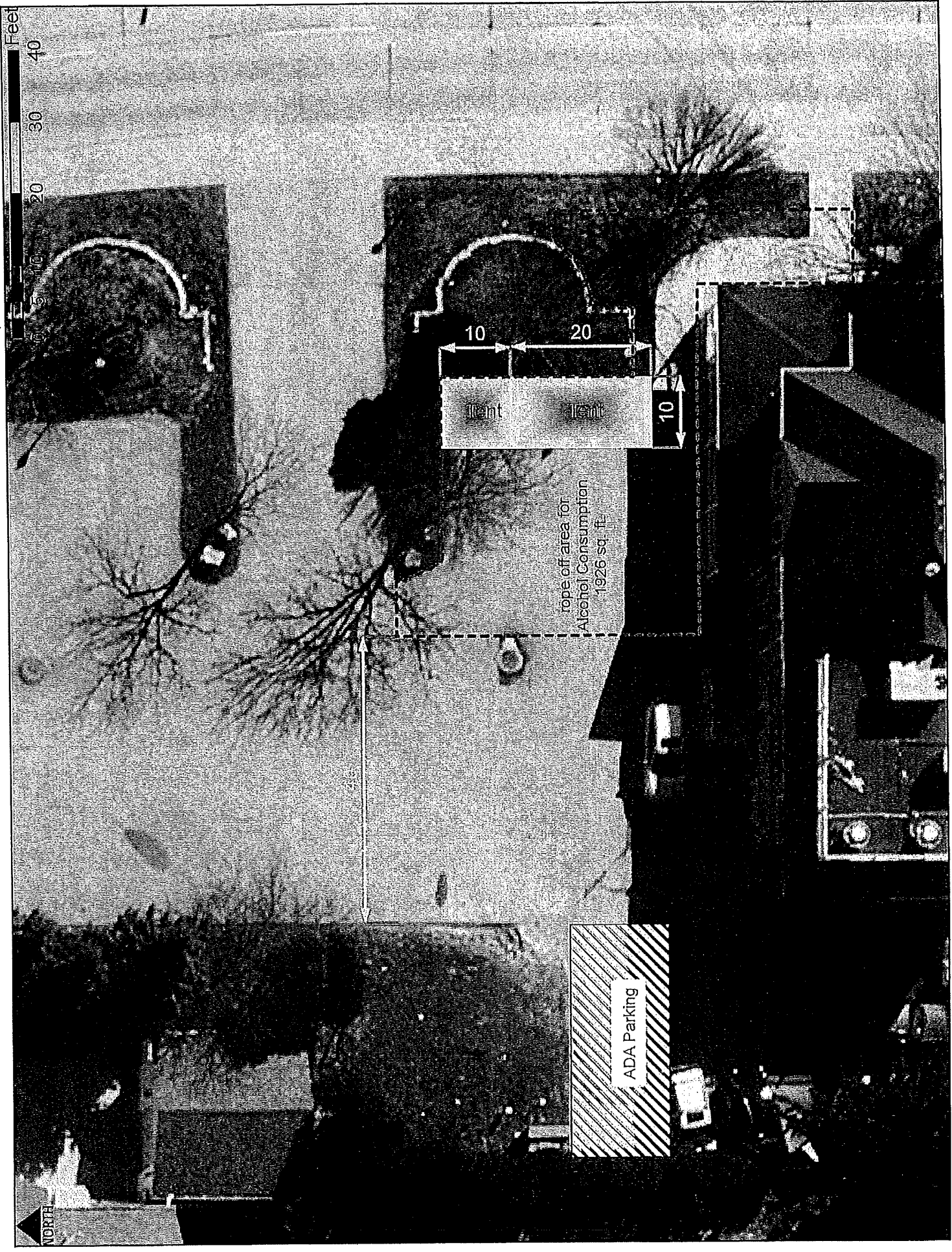


"meeting community needs
.....enhancing quality of life"

REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>2/18/2020</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>568-0023</u>	

SECTION 1 – LICENSE INFORMATION				
Name of Establishment <u>Sangria's Mexican Grill</u>				
Address of Establishment <u>215 S Memorial Dr Appleton 54911</u>				
Name of Agent <u>Sarah Gregory</u>			Phone Number <u>9209553755</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* <u>We close off a couple spots of our parking lot for an annual Cinco de Mayo celebration.</u>				
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>annual may 5th celebration.</u>		
Please list the date(s) and time(s) that this temporary premise amendment will be utilized: <u>may 2-5 (11am-10pm) each day</u>				
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: <u>Sarah Gregory</u>				
FOR OFFICE USE ONLY				
<i>Department</i>	<i>Approve</i>	<i>Deny</i>	<i>By</i>	<i>Reason</i>
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	Council	Date Issued	Exp. Date	License Number



Feet

40

30

20

10

0

NORTH

10

20

10

Tent

Tent

Area of area for
Alcohol Consumption
1926 sq. ft.

ADA Parking



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>2/27/2020</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>500-0002</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) Fox Cities Building for the Arts Date Organized 1967

Address 111 W. College Ave. City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Turner First Christina Middle Initial S. Date of Birth ●/●/●●

Address 111 W. College Avenue City Appleton State WI Zip 54911 Person in charge phone number: (●●) ●●-●●●●

President Last Flaherty First Beth Middle Initial Date of Birth Male Female

Address 1703 REID DR. City Appleton State WI Zip 54914

Vice President Last VACAUT First Middle Initial Date of Birth Male Female

Address City State Zip

Secretary Last Heid First Deanna Middle Initial Date of Birth Male Female

Address 540 W. River Road City Appleton State WI Zip

Treasurer Last Totzke First MARIA Middle Initial A. Date of Birth ●/●/●● Male Female

Address 1120 E. Moorpark Ave. City Appleton State WI Zip 54911

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 07/25/20 Ending: 07/26/20 Hours SAT 9 AM SUN 9 AM 9 AM PM PM

Please describe the type of event you are going to have: "ART AT THE PARK" *60 ART FAIR w/ childrens activities, music, and food vendors

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

Location where beer or wine will be sold: CITY PARK

Address 500 E. FRANKLIN ST. 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! Pavilion seating area, drinks allowed throughout park

If yes, how will you prevent minors from obtaining alcoholic beverages? ID check with wrist bands

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 Meg O'Brien Chris Asher

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&I. 3-11-2020	<input checked="" type="checkbox"/>		Date Issued	Exp. Date
				License Number