



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, March 23, 2022

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting  
[22-0378](#) Minutes from March 9th, 2022 meeting.

**Attachments:** [S & L Minutes 3-9-22.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

- [22-0329](#) "Class A" Liquor License application for Badger Gas Inc, Kalwinder Kaur, Agent, located at 911 W College Ave, contingent upon approval from the Fire, Health and Inspections departments.

**Attachments:** [Badger Gas Inc.pdf](#)

- [22-0331](#) Temporary Class "B" Beer License application for Harbor House Domestic Abuse Programs, Kimberly Davis, Person in Charge, located at Appleton Memorial Park, 1620 E Witzke Blvd, on April 23, 2022, contingent upon approval from the Police, Health and Inspections departments.

**Attachments:** [Harbor House Fundraiser S&L.pdf](#)

#### 6. Information Items

- [22-0379](#) Director Reports
1. City Clerk
    - Alcohol License Quota Update
    - Spring Election Reminders
  2. Police Chief
  3. Fire Chief

[22-0380](#)

Police Department Information on Alcohol Law Violations.

- Core's Lounge, Underage persons on premises- 80 point violation
- Maritime Bar, Open after hours- 50 point violation

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.*



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## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, March 9, 2022

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Roll call of membership

**Present:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

3. Approval of minutes from previous meeting

[22-0285](#)

Safety and Licensing Minutes from February 23rd, 2022.

**Attachments:** [S & L Minutes 2-23-22.pdf](#)

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

**Aye:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

4. Public Hearings/Appearances

5. Action Items

[22-0046](#)

Resolution #1-R-22 Intoxicated Bartender Ordinance

**Attachments:** [#1-R-22 Intoxicated Bartenders.pdf](#)  
[Intoxicated Bartender incidents 2021.pdf](#)

**Smith moved, seconded by Hartzheim, that the Resolution be recommended  
for denial. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

[22-0227](#)

Class "B" Beer and Reserve "Class B" Liquor License application for Holidays Pub LLC d/b/a Holidays Pub & Grill, Corey Bringman, Agent, located at 3950 N Richmond St, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Holidays Pub & Grill.pdf](#)

Hartzheim moved, seconded by Reed, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

**Aye:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

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

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

**Aye:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

[22-0231](#)

Class "B" Beer and Reserve "Class B" Liquor License application for Foster Cocktail Company LLC d/b/a Commodore Club, Patrick Frawley, Agent, located at 231 & 233 E College Ave, contingent upon approval from the Health, Public Works and Inspections departments.

**Attachments:** [Commodore Club.pdf](#)

[SUP 17-15 Transfer Report 3-2-22 final Commodore Club.pdf](#)

This Report Action Item was recommended for approval

[22-0228](#)

Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, located at 215 S Memorial Dr, on May 5, 7 & 8, 2022, contingent upon approvals the Community Development and Health departments.

**Attachments:** [Sangrias S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0236](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Walgreens Co d/b/a Walgreens #07323, Garrette Kersten, New Agent, located at 3330 E Calumet St.

**Attachments:** [Garrette J Kersten S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0317](#) Cigarette and Tobacco Products Retail License application for Tee Tees Nachos LLC d/b/a Tee Tees Nachos, Timasha Thornton, Person in Charge, located at 550 N Morrison St.

**Attachments:** [Tee Tees Nachos S&L.pdf](#)

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

## 6. Information Items

[22-0287](#) 2021 Appleton Fire Department Annual Report

**Attachments:** [AppletonFireDepartment2021.pdf](#)

[22-0286](#) Director's Reports

1. City Clerk
2. Police Chief
3. Fire Chief

[22-0288](#) Police Department information on alcohol violations:  
- Dairyland Brewpub, open after hours/failure to vacate - 50 point violation

## 7. Adjournment

**Hartzheim moved, seconded by Reed, that the meeting be adjourned at 5:42 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Van Zeeland, Smith and Hartzheim

**Absent:** 1 - Schultz

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-2021 ending: 06-30-2022  
(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 type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>360</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Badger Gas 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>KAUR</u>	(First) <u>KALWINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4052 CATTAIL CT GRANDCHUTES 54913</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 <u>KAUR</u>	(First) <u>KALWINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4052 CATTAIL CT GRANDCHUTES 54913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Badger Gas INC Business Phone Number 920-830-9484  
 2. Address of Premises 911W College AVE Post Office & Zip Code APPLETON 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.)  
single story office walk in cooler - gas station

4. Legal description (omit if street address is given above): C-Store 2,500 sqft

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? Badger Gas Inc. dba Kalwinder Kaur

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  
Badger Gas Inc Agent 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 7/1/2018 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.) <b>KAUR KALWINDER</b>	Title/Member <b>OWNER</b>	Date <b>3-3-2022</b>
Signature <i>Kalwinder Kaur</i>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>03/03/2022</b>	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 Alcohol License Questionnaire

1. Name of Applicant: KALWINDER KAUR

2. Name of Business: Badger Gas INC

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

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

3. Address of Business: 911 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 below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>KALWINDER</u>		<u>KAUR</u>	<u>          </u>
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: N/A  
First name Middle Initial Last name

Address: \_\_\_\_\_  
City State ZIP

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

Name: \_\_\_\_\_

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

Restaurant

Tavern/Night Club/Wine Bar

Microbrewery/Brewpub

Painting/Craft Studio

Other (describe) C-Store

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

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

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

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

N/A months ago.

10. Seating capacity: Inside      /      Outside     

11. Operating hours (Inside the building): 5:00 AM To 12:00 AM  
Operating hours (Outdoor seating areas):     

12. Employees/Staff

Number of floor personnel 3 Number of door checkers     

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

a. Gross floor building area of the premises to be licensed: 2,500 sqft square feet.

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

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

C-Store, Beer, Alcohol Sales

Kalvinder Kaur  
Signature

03/03/2022  
Date

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

To the governing body of:  Town  Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of Badger Gas 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 Badger Gas Inc.  
(Trade Name)

located at 911 W. College Ave. Appleton WI 54914

appoints Kalwinder Kaur  
(Name of Appointed Agent)  
4052 Cattail Ct. Grand Chute WI 54913  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
J&B Gas Inc Line Kiln RD GREENBAY WI 54311 Belleve Gas Inc 1356 Bellevue St

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22+

Place of residence last year 4052 Cattail Ct. Grand Chute WI 54913

For: Badger Gas Inc.  
(Name of Corporation / Organization / Limited Liability Company)

By: Kalwinder Kaur  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, KALWINDER KAUR, 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.

Kalwinder Kaur 3-3-2022  
(Signature of Agent) (Date)  
4052 CATTAIL CT GRAND CHUTE WI 54913  
(Home Address of Agent)

Agent's age 30  
 Date of birth 03-03-1992

### 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)



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>3/9/22</u>
License Fee - \$10.00 per event		Acct Code: CLCSPB
Investigation Fee <u>+7.00</u>		Acct Code: CLCPIF
Total Amount Paid <u>10-</u>		Receipt <u>3314-1</u>

**Application for Temporary Class "B" Beer or "Class B" Wine License**

\*Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing\*

<b>The named organization applies for: (Please check one or both)</b>						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)						
<b>SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly</b>						
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Harbor House Domestic Abuse Programs					Date Organized	
Address 720 West Fifth Stree			City Appleton	State WI	Zip 54914	
Person in Charge of Event:			Name: Last Davis		First Kimberly	M. I.
Date of Birth 			Address W1684 Alp Avenue			
City Fremont			State WI	Zip 54940	Person in charge phone number: 	
President	Last Murray	First Steve	Middle Initial	Date of Birth 	Male x	Femal
Address 301 East Wentworth Lane			City Appleton	State WI	Zip 54913	
Vice President	Last	First	Middle Initial	Date of Birth	Male	Femal
Not Applicable						
Address			City	State	Zip	
Secretary	Last Zich	First Heidi	Middle Initial	Date of Birth 	Male	Femal x
Address 4404 North Orion Lane			City Appleton	State WI	Zip 54913	
Treasurer	Last Johannsen	First Sarah	Middle Initial	Date of Birth 	Male	Femal x
Address 524 Winrowe Court			City Appleton	State WI	Zip 54913	
<b>SECTION 2 – EVENT INFORMATION SECTION</b>						
Date(s) of Event: Beginning		Ending:		Hours	AM / PM	AM / PM
04 / 23 / 2022		04 / 23 / 2022		10:00AM		4:00PM
Please describe the type of event you are going to have: Amazing Race style fundraiser. Teams complete challenges at 10 locations throughout Outagamie & Calumet counties. Event concludes at AMP with Thank You celebration for participants, volunteers, sponsors & Harbor House supporters. We will have music on the stage, a food truck and sell beer during the event.						
Do you plan to serve food at this event?		No	<input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold or served: Food Prep Area of the Appleton Memorial Park Pavilion						
Address 1620 East Witzke Boulevard			City Appleton	State WI	Zip 54911	
Describe actual location and dimensions of area to be licensed below: - <b>BE PRECISE!</b>			Will minors be present?		No	Yes x
Appleton Memorial Park Pavilion, Food Prep Area, Stage, paved area around pavilion & stage, 25ft. from paved area around pavilion & stage (see attached map).			If yes, how will you prevent minors from obtaining alcoholic beverages? I.D. checks and wristbands for those 21 years and older			
<b>SECTION 3 – PENALTY SECTION</b>						
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						
<b>FOR OFFICE USE ONLY</b>						
Dept.	Approve	Deny	By	Reason		
Police						
Fire						
Health						
Inspection						
S&L	03/23/2022	Date Issued		Exp. Date	License Number	

