



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, April 24, 2019

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  
[19-0540](#) Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 3-27-19.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

- [19-0538](#) Confirm the following:  
- Elect Vice-Chair  
- Designate a Contact Person

- [19-0503](#) Class "B" Beer and "Class B" Liquor application of Oneida Street South LLC, located at 1200 S. Oneida St, Katelyn E. James, Agent, contingent upon approval from all departments

**Attachments:** [Oneida Street South LLC.pdf](#)

- [19-0614](#) Reserve Class "B" Beer and "Class B" Liquor application of Jai Sung Mah, located at 122 W. Wisconsin Ave, Nusara Yang, Owner, contingent upon approval from all departments

**Attachments:** [Liquor License-Jai Sung Mah.pdf](#)

- [19-0541](#) Operator's Licenses

**Attachments:** [Operator's Licenses for 4-24-19 S& L.pdf](#)

- [19-0543](#) Renewal Operator's Licenses

**Attachments:** [RENEWAL Licenses for 4-24-19 S&L .pdf](#)

[19-0431](#) "Class B" Beer/Liquor Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, 215 S Memorial Dr for May 4, 2019, contingent upon approval from all departments.

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

[19-0531](#) Class "B" Beer & "Class C" Wine License Temporary Premise Amendment application for Vers Venture LLC dba Mr. Brews Taphouse, Tammy Verhagen, Agent, 201 S. Riverheath Way Ste 1100, for June 15, July 13 and August 21, 2019, contingent upon approval from all departments.

**Attachments:** [Mr Brews Taphouse.pdf](#)

[19-0527](#) Reserve "Class B" Beer/Liquor License -Temporary Premise Amendment for Fox Cities Building for the Arts, Christina Turner, Agent, 111 W. College Ave, September 12, 2019, contingent upon approval from all departments.

**Attachments:** [Fox Cities Bldg for the Arts.pdf](#)

[19-0486](#) "Class B" Beer/Liquor license - Change of Agent application for Eager Beaver LLC, dba Eager Beaver Bar & Grill, located at 1400 W 2nd St, contingent upon approval from all departments.

**Attachments:** [Mark R. Joosten S&L.pdf](#)

[19-0530](#) "Class B" Beer/Liquor License - Change of Agent application for Mi Casa Mexican Grill, Maria de Jesus Rodriguez, Agent, located at 2190 S Memorial Dr., contingent upon approval from the Police Department.

**Attachments:** [Maria de Jesus Rodriguez S&L 4-24-19.pdf](#)

[19-0534](#) Reserve "Class B" Beer/Liquor Licence - Change of Agent application for Fox Cities Building for the Arts/Trout Museum of Art, Christina S. Turner, Agent, located at 111 W. College Ave, contingent upon approval from Police Department.

**Attachments:** [Christina S. Turner S&L 4-24-19.pdf](#)

[19-0542](#) Class "A" Beer License - Change of Agent application for Ballard Motomart, Jason G. Mazanec, Agent, located at 2838 N. Ballard Rd., contingent upon approval from Police Department.

**Attachments:** [Jason Mazanec S&L 4-24-19.pdf](#)

- [19-0547](#) "Class B" Beer/Liquor License - Change of Agent application for VFW Post 2778, Cassandra Mannebach, Agent, located at 501 N. Richmond St., contingent upon approval from Police Department
- Attachments:** [Cassandra E. Mannebach S&L 4-24-19.pdf](#)
- [19-0574](#) "Class A" Beer/Liquor license - Change of Agent application for Target Store T1248, Allison Hemker, Agent, located at 1800 S Kensington Dr., contingent upon approval from the Police Department.
- Attachments:** [Allison M. K. Hemker S&L 4-24-19.pdf](#)
- [19-0612](#) Secondhand Article License application of Troy Crawford, d/b/a Game Stop #3349, 2640 W College Ave, contingent upon approval from all departments.
- Attachments:** [Game Stop #3349 S&L 4-24-19.pdf](#)
- [19-0613](#) Secondhand Article License application of Troy Crawford, d/b/a Game Stop #5520, 2640 W College Ave, contingent upon approval from all departments.
- Attachments:** [Game Stop #5520 S&L 4-24-19.pdf](#)
- [19-0610](#) Special Class "B" Beer and Wine License applicaiton for St. Francis Xavier Catholic School, Toni Schmidt, Person in Charge, May 5, 2019, contingent upon approval from all departments
- Attachments:** [St Francis Xavier International Food Fair S&L 4-24-19.pdf](#)
- [19-0611](#) Special Class "B" Beer and Wine License applicaiton for St. Pius X Catholic Church, Toni Schmidt, Person in Charge, May 31st through June 2, 2019, contingent upon approval from all departments
- Attachments:** [St Pius Parish Picnic S&L 4-24-19.pdf](#)
- [19-0528](#) Special Class "B" Beer and Wine License application for the Fox Cities Building for the Arts, Nicole M. Schuh, Person in Charge, on 7/28/19, contingent upon approval from all departments.
- Attachments:** [Fox Cities Building for the Arts S&L 4-24-19.pdf](#)
- [19-0444](#) Special Class "B" Beer License application for Fleisner Agency, Becky Vogt, Person in Charge, May 11, 2019, contingent upon approval from all departments.
- Attachments:** [Memorial Park Kickball Tournament S&L.pdf](#)

[19-0433](#) Special Class "B" Beer License applicaiton for Appleton Fox Cities Kiwanis Club, Jay Stephany, Person in Charge, July 21, 2019, contingent upon approval from all departments.

**Attachments:** [Appleton Fox Cities Car Show- Swap Meet Special B S&L.pdf](#)

[19-0544](#) Special Class "B" License applications filed after the agenda was published.

## 6. Information Items

[19-0560](#) Presentation on response times for the City of Appleton, from Nick Romenesko, Gold Cross Ambulance.

**Attachments:** [S&L Gold Cross Response Times for COA.pdf](#)

[19-0539](#) Set Meeting Date and Time

[19-0432](#) Special Events:  
Fox Valley Food Truck Association, Food Truck Rally, Pierce Park, May 4.  
Cycstic Fibrosis Foundation, Great Strides Appleton Walk, Pierce Park, May 18.  
Fox Cities Kiwanis, Butterfly Festival, City Park, June 15.  
The Community Blood Center, MASH Blood Drive, Houdini Plaza, June 26.  
Xavier High School Homecoming Fun Run 5k & Dog Walk, approved route around Xavier High School, September 21.

[19-0546](#) Director's Reports:  
City Clerk  
-Liquor License Update

Fire Chief  
-WI Task Force Legislative Work Update

Police Chief

[19-0545](#) Police Department information on liquor law violation convictions.



7. Adjournment

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*



# City of Appleton

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

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, March 27, 2019

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Roll call of membership

**Present:** 5 - Lobner, Konetzke, Williams, Reed and Siebers

3. Approval of minutes from previous meeting

[19-0403](#)

Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 3-13-19.pdf](#)

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

**Aye:** 5 - Lobner, Konetzke, Williams, Reed and Siebers

4. **Public Hearings/Appearances**

5. **Action Items**

[19-0412](#)

Resolution #3-R-19 directing that Section 10-42 of the Municipal Code regarding truancy, be repealed

**Attachments:** [#3-R-19 Repealing Truancy Ord..pdf](#)

*The following individuals spoke on this item:*

*Ronna Swift, 230 W Seymour St*

*Edward Perkins, 4486 N Whitehawk Dr*

*John Krueger, 2410 W Cortland Dr*

*Alvin Terrance Dupree Jr., 921 E Foxmoor Ln*

*A vote to recommend approval of this item failed 2/3.*

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

**Aye:** 3 - Lobner, Konetzke and Williams

**Nay:** 2 - Reed and Siebers

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

Konetzke moved, Williams seconded, to recommend approval of the balance of the agenda. The motion carried by the following vote:

**Aye:** 5 - Lobner, Konetzke, Williams, Reed and Siebers

**[19-0382](#)**

Class "B" Beer and "Class C" Wine application of Pinot's Palette, Located at 226 E. College Ave, Brianne Getchius, Agent, contingent upon approval from all departments.

**Attachments:** [Liquor License-Pinots Palette.pdf](#)

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

**[19-0385](#)**

Change of Agent application for Skyline Comedy Club, located at 1004 S. Olde Oneida St Suite 3.

**Attachments:** [Bridget M. Friel s&l.pdf](#)

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

**[19-0386](#)**

Change of Agent application for The Viking Room at Lawrence University of Wisconsin, located at 615 E. College Ave, Appleton WI 54911

**Attachments:** [Gregory L. Griffin s&l.pdf](#)

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

**[19-0395](#)**

Operator's Licenses

**Attachments:** [Operator's Licenses for 3-27-19 S & L.pdf](#)

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

**[19-0401](#)**

Approval of single source purchase for a new ladder truck in January 2020.

**Attachments:** [New Ladder Truck-FIRE.pdf](#)

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

**[19-0402](#)**

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

*There were no applications filed.*

**6. Information Items**

[19-0361](#)

Special Events:

Appleton Area Jaycees Easter Egg Hunt, Appleton Memorial Park, April 13, 2019

American Cancer Society, Sole Burner 5k run/walk, City Park, May 11, 2019

African Heritage Inc, Back to School Family Event, Telulah Park, August 17, 2019

[19-0400](#)

Director's Report

-City Clerk

-Fire Chief

-Police Chief

[19-0399](#)

Police Department information on liquor law violation convictions.

**7. Adjournment**

**Konetzke moved, seconded by Siebers, that the meeting be adjourned at 6:31 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Lobner, Konetzke, Williams, Reed and Siebers

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
 ending June 30 2019

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

County of Outagamie Aldermanic Dist. No. 11 (if required by ordinance)

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Oneida Street South, LLC

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Katelyn E. James</u>	<u>200 E. James St. Appleton, WI</u>	<u>54915</u>
Directors/Managers			

3. Trade Name TBD Business Phone Number 920-419-7879  
 4. Address of Premises 1200 S. Oneida St. Post Office & Zip Code Appleton, WI 54915

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 8/14/18 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1200 S. Oneida St. - remodeling per state plan

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

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277].  Yes  No  
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Katelyn James Member  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

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

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

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

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

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

Applicant's WI Seller's Permit No. / FEIN Number: _____	
LICENSE REQUESTED	
TYPE	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 type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	\$

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Yang, Nusara

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

	Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member		<u>Nusara, Yang</u>	<u>806 W Harris</u>	<u>54914</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

3. Trade Name Jai Sung Mah Business Phone Number (920) 944-4375

4. Address of Premises 122 W. Wisconsin AVE Post Office & Zip Code 54911

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2,500 Sq. Ft. Pool hall / restaurant / storage

10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? Jai Sung mah Pool Club

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277].  Yes  No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature]  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

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



8. Are <sup>Beer</sup> alcohol sales an existing use in this building? Yes X 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 X No \_\_\_\_\_

11. Seating capacity: Inside 30 Outside \_\_\_\_\_

12. Operating hours: 5pm - 1:30 am

13. Number of floor personnel 2 Number of door checkers \_\_\_\_\_

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

2,500 Sq. Ft. pool hall /  
bar restaurant.

1/15/19  
Date

[Signature]  
Signature

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



Operator's Licenses for 4/24/19 S & L

Approved

1. Savitri Ale 881 Security Dr DD106 Fond Du Lac 54935
2. James M. Anderson 1503 N Ballard Rd Appleton 54911
3. David R. Blessent 230 ½ Hancock St Appleton 54911
4. Alexis M. Borsche 2609 Inglewood Place Appleton 54915
5. Julia M. Brown 716 Trailsway Lane Neenah 54956
6. Olivia C. Butler 1320 N Alvin St Appleton 54911
7. Angela Caraballo 156 W 174<sup>th</sup> St Apt 1H Bronx, NY 10453
8. Christina M. Coon N1249 Technical Dr #10 Greenville 54942
9. Elliot S. Cordano 711 E Boldt Way SPC359 Appleton 54911
10. Phoranee Danthanachai 792 S Olson Ave Appleton 54914
11. Ethan D. DeMeuse 3300 Sunset Beach Ln Suamico 54173
12. Zachary R. Dobrunz 1500 S Irma St Appleton 54915
13. Michael W. FASTER 4507 N Midfield Ct Appleton 54913
14. Marcelo Fonseca 909 W 4<sup>th</sup> St Appleton 54914
15. Abby C. Frederick 203 Joseph Ct Apt 3 Neenah 54956
16. Amanda L. Gazzana 1614 Redwing Dr Neenah 54956
17. Cari J. Guerin 1316 S Jackson St Appleton 54915
18. Kye F. Harris 721 E 5<sup>th</sup> St Apt 2C New York, NY 10009
19. Jennifer L. Johnson 2512 N Viola St Appleton 54911
20. Magdalene A. Kresal 543 Meadow Ln Winneconne 54986
21. Adam M. Lippens 1452 Circle Dr Menasha 54952
22. Candice L. Lopez 68 Valerie Dr Appleton 54915
23. Kayla M. Ludwig 228 Enterprise St Apt 3 Stockbridge 53088
24. Travis Lundeen 818 Scott Ave Oshkosh 54901
25. Daniel T. Maclellan 218 E South Island St # 206 Appleton 54915
26. Subedi Manoj 3617 E Glory Ln #6 Appleton 54913
27. Mckenna M. Marx 3040 W Spencer St Appleton 54914
28. Dulce A. Mendoza 1724 S Angela Dr Appleton 54915
29. Yeng Rose Moua 2302 Southwood Dr #7 Appleton 54915
30. Nicholas K. Mueller 2439 S Oneida St Appleton 54915
31. Kristoffer D. Olson 35 Welcome Circle Appleton 54915
32. Jalpa N. Patel 4705 W Prairie Song Ln Appleton 54913
33. Harry J. Picardi 67 Valerie Dr Appleton 54915
34. Cole W. Plamann 521 E Harding Dr Appleton 54915
35. Evan J. Rosado 711 E Boldt Way SPC1222 Appleton 54911
36. Mary A. Rugger 1500 E Longview Dr #8 Appleton 54911

37. Courtney K. Schultz  
38. Casey J. Skidmore  
39. Bradley J. Stelow  
40. Troy G. Theel  
41. Kari B. Thomson  
42. Monica Thor  
43. Pandya Utpahlbhai  
44. Becky J.S. Vogt  
45. Benjamin R. Welko  
46. Benjamin F. Willes

1261 Honeysuckle Ln Neenah 54956  
44 ½ Sherman Pl Appleton 54911  
648 Warsaw St Menasha 54952  
1817 N Linwood Ave Appleton 54914  
1751 Midway Pl Apt E Menasha 54952  
2302 Southwood Dr #8 Appleton 54915  
3520 N Meadowsweet Ln Appleton 54911  
818 Scott Ave Oshkosh WI 54901  
W6674 Green Willow Ct Greenville 54942  
627 S Lake St Neenah WI 54956

RENEWAL Operator's Licenses for 4/24/19 S & L

Approved

1. Christine E. Schadt 1515 Greendale St Menasha, WI 54952
2. Patrick T. Boettcher 2855 Glen Creek Pl #4 Appleton 54914
3. Kelly A. Frichner 525 N Sampson St Appleton 54911
4. Lana M. Zastrow 513 N Clark St Appleton 54911
5. Donald R. Schwedersky 834 Floral Dr Green Bay 54301
6. Benjamin E. Mollen 311 ½ E College Ave Appleton 54911
7. Christopher A. Nelis 1315 ½ S Jefferson St Appleton 54915
8. Timothy J. Miller 3124 W McDonald St #2 Appleton 54911
9. Hannah M. Coenen W1927 Coenen Rd Kaukauna 54130
10. Nicole M. Nassen 1835 W Pershing St #207 Appleton 54914
11. Stephen W. Waldorf 834 W Packard St Appleton 54914
12. Sara M. Besaw 324 S Fidelis St Appleton 54915
13. Mathew J. Susa 2511 N Mason St Appleton 54914
14. Brittany J. Kallin N2380 Holy Hill Dr Greenville 54942
15. Sandra L. Kositzke 1315 ½ S Jefferson St Appleton 54915
16. Joan A. Van Roy 357 Schindler Dr Kimberly 54136
17. Ryan J. Sabee 623 E Hoover Ave Appleton 54915
18. Mary S. Kuske 1501 E Taft Ave Appleton 54915



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

# REQUEST for Beer/Liquor License Premise Amendment

<b>FEEES ARE NON-REFUNDABLE</b>	Date Recv'd <u>5/26/19</u>
License Fee <u>\$10.00/event</u>	Acct: CLCAGP
Receipt <u>6694</u>	

### SECTION 1 - LICENSE INFORMATION

Name of Establishment Sangria's Mexican Grill

Address of Establishment 215 S Memorial Dr. Appleton 54911

Name of Agent Sarah Gregory Phone Number 9209553755

### SECTION 2 - PREMISE AMENDMENT

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

Is this change Permanent?  YES  NO

If this is temporary please specify the reason for the amendment:  
special event - cinco de mayo

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
5/4/19 10pm - 5/5/19 12am

### SECTION 4 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.  
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Sarah Gregory

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



Feet  
0 5 10 20 30 40

NORTH



10 20  
Tent Tent  
10

rope off area for  
Alcohol Consumption  
1926 sq. ft.

ADA Parking

40



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

# REQUEST for Beer/Liquor License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>4/10/19</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>7950 - \$10</u>	
	<u>8121 - \$20</u>	<u>-4-15-19</u>

## SECTION 1 – LICENSE INFORMATION

Name of Establishment Mr Brews Taphouse

Address of Establishment 201 S Riverhead Way Ste 1100

Name of Agent Tammy Verhagen Phone Number 920-819-7177

## SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:  
 \*A drawing/diagram of the proposed area must also be submitted with this application\*  
Amend license for three dates this summer to allow customers on the boardwalk with beer and wine.

Is this change Permanent?  YES  NO

If this is temporary please specify the reason for the amendment:  
concerts

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
June 15<sup>th</sup>, July 13<sup>th</sup>, September 26<sup>th</sup>

## 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: Tammy Verhagen

## FOR OFFICE USE ONLY

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

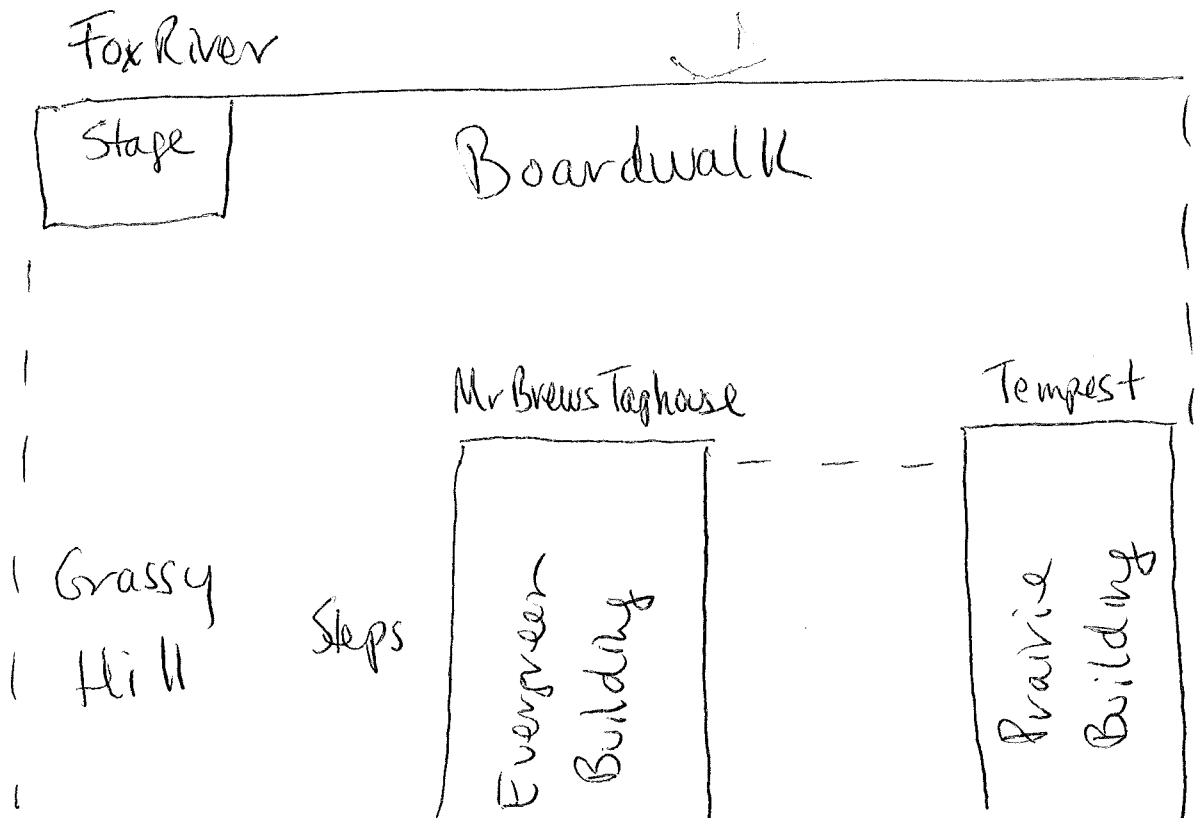
Submitted 4/10/19



Vers Venture, LLC would like to amend the description of their premises at 201 S. Riverheath Way, Suite 1100 to include the following:

- approx. 10,000 square feet of additional outdoor space
- entire boardwalk area outside of existing fenced patio
- stage
- grassy hill next to steps leading down to the boardwalk

This additional space will be used for specific events on the following dates: June 15<sup>th</sup>, July 13<sup>th</sup>, and September 21<sup>st</sup>.





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

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

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>4/8/19</u>
License Fee	\$ 10.00	Acct. <del>11030-4306</del>
Receipt	<u>7509</u>	<u>CLC AGP</u>

**SECTION 1 – LICENSE INFORMATION**

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

**SECTION 2 – PREMISE AMENDMENT**

Please describe the change in premises:  
**\*A drawing/diagram of the proposed area must also be submitted with this application\***  
Moving our jazz series that is normally held inside our building outside for one evening and we would like to continue to provide beverage service, including beer & wine.

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>This event occurs 8 times per year, typically inside our building. For this single date we have Houdini Plaza Reserved. - Jazz concert</u>

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
9/12/19

**SECTION 4 – PENALTY NOTICE**

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.  
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.  
 Signature of Applicant: Christina Turner

**FOR OFFICE USE ONLY**

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



**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.

Town

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

The undersigned duly authorized officer(s)/members/managers of Eager Beaver, 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 Eager Beaver Bar & Grill  
(trade name)

located at 1400 West Second Street, Appleton, WI

appoints Mark Joosten  
(name of appointed agent)  
3909 E. Appleseed Dr., Appleton, 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).

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? 40 years

Place of residence last year 3909 E. Appleseed Dr., Appleton, WI 54913

For: Eager Beaver, LLC  
(name of corporation/organization/limited liability company)

By: Mark Joosten  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Mark Joosten, 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.

Mark Joosten 4-5-19 Agent's age \_\_\_\_\_  
(signature of agent) (date)

3909 E. Appleseed Dr., Appleton, WI 54913 Date of birth \_\_\_\_\_  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Joosten</b>		(first name) <b>Mark</b>	(middle name) <b>Richard</b>	
Home Address (street/route) <b>3909 E. Appleaseed Dr.</b>	Post Office	City <b>Appleton</b>	State <b>WI</b>	Zip Code <b>54913</b>
Home Phone Number	Age	Date of Birth	Place of Birth <b>Appleton, WI</b>	

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

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

which is making application for an alcohol beverage license.

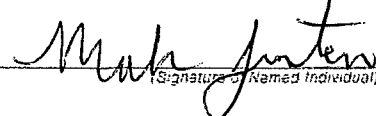
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Since birth.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<b>Eager Beaver, LLC</b>	<b>1400 West Second St. Appleton WI</b>	<b>2010</b>	<b>Present</b>
<b>Self-Employed</b>	<b>Self-employed</b>	<b>1990 (about)</b>	<b>2010</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

**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 Winnebago

The undersigned duly authorized officer(s)/members/managers of Sebastian 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 Mi Casa, Mexican grill  
(trade name)

located at 2190 S. Memorial DR, Appleton, WI 54915

appoints Maria de Jesus Rodriguez  
(name of appointed agent)

22 Garden, Ct. Appleton, WI 54915  
(home address of appointed agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 years

Place of residence last year 22 Garden, Ct. Appleton WI 54915

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

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

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Maria de Jesus Rodriguez  
(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] 05/15/19 Agent's age \_\_\_\_\_  
(signature of agent) (date)

22 Garden Ct Date of birth \_\_\_\_\_  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) <small>(last name)</small> <u>Rodriguez</u> <small>(first name)</small> <u>Maná de Jesús</u> <small>(middle name)</small>	
Home Address (street/route) <u>22 Garden Ct</u>	Post Office <u>Appleton</u> State <u>WI</u> Zip Code <u>54915</u>
Home Phone Number	Age Date of Birth Place of Birth <u>Veracruz, Mexico</u>

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

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

which is making application for an alcohol beverage license.

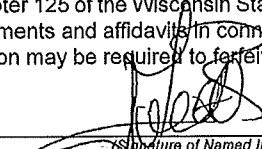
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 22 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Laforce</u>	<u>Milwaukee</u>	<u>1990</u>	<u>2000</u>
<u>Spinkulely</u>	<u>Milwaukee</u>	<u>2000</u>	<u>2009</u>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)

**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 of Appleton County of Outagamie  
 City

The undersigned duly authorized officer(s)/members/managers of Fox Cities Building for the ARTS  
(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 Fox Cities Building for the ARTS & 102 Trout Museum of ART  
(trade name)

located at 111 W. College Avenue, Appleton, WI 54911

appoints CHRISTINA S. TURNER  
(name of appointed agent)

275 LAKE ROAD, MENASHA, WI 54952  
(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? 4 years

Place of residence last year 275 LAKE ROAD, MENASHA, WI 54952

For: Fox Cities Building for the ARTS, INC.  
(name of corporation/organization/limited liability company)

By: Beth Jakubec, Board Chair  
(signature of Officer/Member/Manager)

And: Deanna Heed, Secretary of Board  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, CHRISTINA S. TURNER, 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.

[Signature] 4/11/19 Agent's age \_\_\_\_\_  
(signature of agent) (date)

275 LAKE ROAD, MENASHA, WI 54952 Date of birth \_\_\_\_\_  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Turner		Christina		Stanford	
Home Address (street/route)		Post Office	City	State	Zip Code
275 Lake Rd		—	Menasha	WI	54952
Home Phone Number		Age	Date of Birth	Place of Birth	
				Neenah, WI	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- (Officer) President of Fox Cities Building for the Arts  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 5 years in Aug.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers. WI 54956

Employer's Name	Employer's Address	Employed From	To
St. Mary Catholic Schools	1050 Zephyr Dr. Neenah	March 2015	June 2017
Employer's Name	Employer's Address	Employed From	To
self-employed in	California		

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Christina J. Turner  
(Signature of Named Individual)

**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 of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer(s)/members/managers of FKG OIL COMPANY  
(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 BALLARD MOTOMART  
(trade name)

located at 2838 NORTH BALLARD APPLETON, WI. 54911

appoints JASON MAZANEC  
(name of appointed agent)  
2240 W. CORTLAND DR. APPLETON, WI. 54914  
(home address of appointed agent)

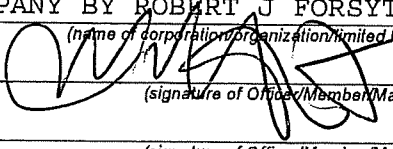
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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).  
FKG OIL COMPANY IN APPLETON, WI

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? LIFELONG RESIDENT

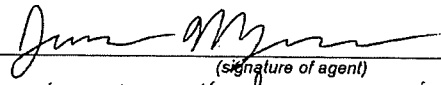
Place of residence last year ABOVE

For: FKG OIL COMPANY BY ROBERT J FORSYTH ITS VICE PRESIDENT  
(name of corporation/organization/limited liability company)  
 By:   
(signature of Officer/Member/Manager)  
 And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, JASON MAZANEC, 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.

 3/12/19 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
2240 W. Cortland Dr. Appleton, WI 54914 Date of birth \_\_\_\_\_  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>MAZANEC</b> (first name) <b>JASON</b> (middle name) <b>GEORGE</b>				
Home Address (street/route) <b>2240 W. CORTLAND DR.</b>	Post Office	City <b>APPLETON</b>	State <b>WI</b>	Zip Code <b>54914</b>
Home Phone Number	Age	Date of Birth	Place of Birth <b>Milwaukee, WI</b>	

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

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

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

1. How long have you continuously resided in Wisconsin prior to this date? 29 years (my whole life)
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <b>FKG oil /motoMart</b>	Employer's Address <b>721 W. Main St. P.O. Box 122 Belleville, IL</b>	Employed From <b>7/7/13</b>	To <b>present</b>
Employer's Name <b>School Specialty</b>	Employer's Address <b>W6316 Design Dr. Greenville, WI 54942</b>	Employed From	To

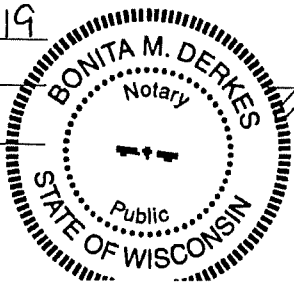
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 11 day of March, 2019

**Bonita M. Derkes**  
(Clerk/Notary Public)

My commission expires 2/13/2023



*[Signature]*  
(Signature of Named Individual)





**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 VFW Post 2778  
(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 VFW Post 2778  
(trade name)

located at 501 N. Richmond St. Appleton WI 54911

appoints Cassandra Mannebach  
(name of appointed agent)  
34 Duchess Ct. Appleton WI 54914  
(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? 29 yrs.

Place of residence last year \_\_\_\_\_

For: VFW Post 2778  
(name of corporation/organization/limited liability company)  
By: [Signature]  
(signature of Officer/Member/Manager)  
And: Wayne Martin  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Cassandra Mannebach, 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.

[Signature] 4-1-19 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
34 Duchess Ct. Appleton WI 54914 Date of birth \_\_\_\_\_  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mannebach		Cassandra		Emily	
Home Address (street/route)		Post Office	City	State	Zip Code
34 Duchess Ct.			Appleton	WI	54914
Home Phone Number		Age	Date of Birth	Place of Birth	
				Appleton, WI	

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

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

Agent of VFW Post 2728  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 29 yrs.

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.

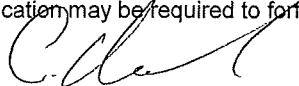
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hidea way	1400 W. Wisconsin ave Appleton WI	June 27 <sup>th</sup> 2018	July 25 <sup>th</sup> 2018
Rookies	325 N. Appleton st. Appleton WI	Nov 25 <sup>th</sup> 2018	June 25 <sup>th</sup> 2018

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

**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 of Appleton County of Outagamie  
 City

The undersigned duly authorized officer(s)/members/managers of Target Corporation  
(registered name of corporation/organization or limited liability company)

Target Store T1248  
(trade name)

located at 1800 S Kensington Dr, Appleton, WI 54915

appoints Allison Hemker  
(name of appointed agent)

905 Kernan Ave, Menasha WI 54952  
(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?

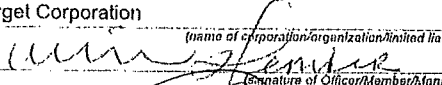
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? \_\_\_\_\_

Place of residence last year \_\_\_\_\_

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

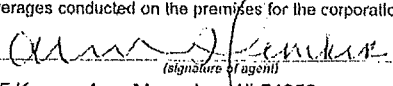
By:   
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Allison Hemker  
(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 of agent) 4/4/19  
(date) Agent's age \_\_\_\_\_  
905 Kernan Ave, Menasha, WI 54952  
(home address of agent) Date of birth \_\_\_\_\_

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hemker		Allison		Marie Krutza	
Home Address (street/route)		Post Office	City	State	Zip Code
905 Kernan Ave			Menasha	WI	54952
Home Phone Number		Age	Date of Birth	Place of Birth	
				Wisconsin, La Crosse	

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

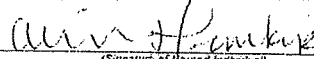
- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Target Corporation (Name of Corporation, Limited Liability Company or Nonprofit Organization) which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) \_\_\_\_\_
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending. \_\_\_\_\_
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale License or Permit)
- Named individual must list in chronological order last two employers. \_\_\_\_\_  
(Address by City and County)

Employer's Name	Employer's Address	Employed From	To
Target	1800 S. Kammington Dr., Appleton, WI	Sept 2007	Current
Rocky Rococo	1234 Crossing Meadows Dr., Okauchee, WI	May 2006	Sept 2007

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Signature of Named Individual)



# LICENSE APPLICATION

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

**FEES ARE NON-REFUNDABLE** Date Recv'd 4/18/19

<input type="checkbox"/> Pawnbroker	\$210.00	Acct. 11030.4316
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 <u>(\$75.00)</u>	Acct. 11030.4316
<input type="checkbox"/> Secondhand Jewelry	\$90.00 / \$75.00	Acct. 11030.4316
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. 11030.4316
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. 100.2359
Total fee paid \$ <u>82-</u>		Receipt # <u>8098</u>

Original Application  
 Renewal

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

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

## SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
Crawford, Troy W		M	C		Dallas, TX
Street Address	City	State	Zip	Home Telephone Number	
11233 Seaside Ln	Frisco	TX	75035		

## SECTION 2 – CONVICTION RECORD

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

A felony within the last ten (10) years?  YES  NO

Within the last ten (10) years of:

A misdemeanor?  YES  NO

A statutory violation punishable by forfeiture?  YES  NO

A county or municipal ordinance violation?  YES  NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3 – BUSINESS INFORMATION

Business Name	Street Address	City	State	Zip	Telephone Number
GameStop #3349	2640 W College Ave	Appleton	WI	54914	
Owner's Name	Street Address	City	State	Zip	Telephone Number
GameStop, Inc.	625 Westport Pkwy	Grapeland	TX	76051	
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Jabon Kuppin	2640 W College Ave	Appleton	WI	54914	
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
Bruce Baldwin	5360 Peach St #A	Eric	PA	16865	



**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

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

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

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name: GameStop, Inc State of Incorp. MN

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

See Attached List

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

**SECTION 6 – PENALTY NOTICE**

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

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

Signature of Applicant:  Date 4/10/19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number

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

GameStop, Inc. Officer List

NAME	TITLE	ADDRESS
Marc Summey	SVP, Real Estate	625 Westport Parkway, Grapevine, TX 76051
Scott Drake	SVP, Finance & Treasurer	625 Westport Parkway, Grapevine, TX 76051
Robert Lloyd	EVP, CFO Director	625 Westport Parkway, Grapevine, TX 76051
Troy Crawford	CAO & Assistant Secretary Director	625 Westport Parkway, Grapevine, TX 76051
Dan Reed	Assistant Secretary	625 Westport Parkway, Grapevine, TX 76051



# LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd
<input type="checkbox"/>	Pawnbroker \$210.00	4/18/19
<input checked="" type="checkbox"/>	Secondhand Article \$90.00 / \$75.00	Acct. 11030.4316
<input type="checkbox"/>	Secondhand Jewelry \$90.00 / \$75.00	Acct. 11030.4316
<input type="checkbox"/>	Secondhand Mall/Flea \$165.00	Acct. 11030.4316
<input type="checkbox"/>	Investigation fee \$ 7.00	Acct. 100.2359
Total fee paid \$ 82		Receipt # 8298

Original Application  
 Renewal

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

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

## SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)	Sex	Race	Date of Birth	Place of Birth (City & State)
Crawford, Troy W	M	C		Dallas, TX
Street Address	City	State	Zip	Home Telephone Number
11233 Seaside Ln	Frisco	TX	75035	

## SECTION 2 – CONVICTION RECORD

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

A felony within the last ten (10) years?  YES  NO

Within the last ten (10) years of:

A misdemeanor?  YES  NO

A statutory violation punishable by forfeiture?  YES  NO

A county or municipal ordinance violation?  YES  NO

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

## SECTION 3 – BUSINESS INFORMATION

Business Name	Street Address	City	State	Zip	Telephone Number
GameStop #5520	3825 E Calumet St Ste 500	Appleton	WI	54915	
Owner's Name	Street Address	City	State	Zip	Telephone Number
GameStop, Inc	625 Westport Pkwy	Grapevine	TX	76051	
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Jason Kruppin	3825 E Calumet St	Appleton	WI	54915	
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
Eisenhower Properties	11 N Washington #400	Green Bay	WI	54301	



**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

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

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

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name: GameStop, Inc State of Incorp. MN

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

*See Attached List*

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

**SECTION 6 – PENALTY NOTICE**

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

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

Signature of Applicant:  Date 4/10/19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

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

GameStop, Inc. Officer List

NAME	TITLE	ADDRESS
Marc Summey	SVP, Real Estate	625 Westport Parkway, Grapevine, TX 76051
Scott Drake	SVP, Finance & Treasurer	625 Westport Parkway, Grapevine, TX 76051
Robert Lloyd	EVP, CFO Director	625 Westport Parkway, Grapevine, TX 76051
Troy Crawford	CAO & Assistant Secretary Director	625 Westport Parkway, Grapevine, TX 76051
Dan Reed	Assistant Secretary	625 Westport Parkway, Grapevine, TX 76051



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

**FEES ARE NON-REFUNDABLE**

Date Rec'd 4/18/19

License Fee - \$10.00 per event

Acct. 11030.4322

Investigation Fee 17 + 7.00

Acct. 100.2359

Total Amount Paid 17

Receipt 8340

**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) St Francis Xavier Catholic School System Date Organized \_\_\_\_\_

Address 101 E. Northland City Appleton State WI Zip 54911

Person in Charge of Event: Name: Staff, Lisa Schmidt, Toni Last First Middle Initial Date of Birth \_\_\_\_\_

Address 11769 Shadybrook Ln City Greenville State WI Zip 54942 Person in charge phone number: \_\_\_\_\_

President Last DuBois First Deacon Ray Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

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

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

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

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

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

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

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

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 5/5/19 Ending: 5/5/19 Hours 9:00 AM PM 4:00 AM PM

Please describe the type of event you are going to have: International Food Fair

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

Location where beer or wine will be sold: Xavier High School

Address 1600 W Prospect Ave City Appleton State WI Zip 54914

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! Enclosed tent/Gym If yes, how will you prevent minors from obtaining alcoholic beverages? Check ID

**SECTION 3 - PENALTY SECTION**

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

Signature of Officer [Signature]

**FOR OFFICE USE ONLY**

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

11-01-09

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

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



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>4/18/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17</u>	Receipt <u>8333</u>

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

<b>The named organization applies for:</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 checked="" type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)							
<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)					Date Organized		
<u>St Pius X Catholic Church</u>					<u>5/1/93</u>		
Address		City	State	Zip			
<u>500 W Marquette St</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>			
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth		
		<u>Schmidt</u>	<u>Toni</u>	<u>F</u>			
Address		City	State	Zip	Person in charge phone number:		
<u>11719 Shadybrook Ln</u>		<u>Greenville</u>	<u>WI</u>	<u>54942</u>			
President	Last	First	Middle Initial	Date of Birth	Male	Female	
Address		City	State	Zip			
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female	
Address		City	State	Zip			
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female	
Address		City	State	Zip			
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female	
Address		City	State	Zip			
<b>SECTION 2 – EVENT INFORMATION SECTION</b>							
Date(s) of Event: Beginning		Ending:		Hours			
<u>5/31/19</u>		<u>6/2/19</u>		<u>10:00 AM</u> <u>PM</u> <u>10:45 AM</u> <u>PM</u>			
Please describe the type of event you are going to have: <u>Parish Picnic</u>							
Do you plan to serve food at this event?		No	<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)			
Location where beer or wine will be sold: <u>Tent in North Parking Lot</u>							
Address		City	State	Zip			
<u>500 W Marquette St</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>			
Are you requesting an "open concept" license?		No	Yes	Will minors be present?		No	<input checked="" type="checkbox"/> Yes
Describe actual location and dimensions of area to be licensed – Be precise! <u>North Parking Lot of Church</u>				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Wrist bands</u>			
<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 <u>[Signature]</u>							
<b>FOR OFFICE USE ONLY</b>							
Dept.	Approve	Deny	By	Reason			
Police							
Fire							
Health							
Inspection							
S&L	Date Issued		Exp. Date		License Number		



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.....enhancing quality of life"

19-0528

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>4/8/19</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF <u>7807</u>
Total Amount Paid <u>\$ 17.00</u>	Receipt _____

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

**The named organization applies for:**

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Fox Cities Building for the Arts / Trout Museum of Art Date Organized \_\_\_\_\_

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

Person in Charge of Event: Name: Last Schuh First Nicole Middle-Initial M Date of Birth \_\_\_\_\_

Address 1125 Greenwood Dr. City Menasha State WI Zip 54952 Person in charge phone number: \_\_\_\_\_

President Last TURNER, CHRISTINA First CHRISTINA Middle Initial S Male  Female

Address 275 LAKE ROAD City MENASHA State WI Zip 54944

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

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

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

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

Treasurer Last O'BRIEN First MEG Middle Initial E Male  Female

Address 222 LAKE SHORE DR. City HORTONVILLE State WI Zip 54944

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 7/28/19 Ending: 7/28/19 Hours 9:00 AM 4:00 PM

Please describe the type of event you are going to have: Art fair. This is the 59th year of the event: Art at the Park.

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

Location where beer or wine will be sold or served: Beer & wine will be sold/served inside the park, near the center of the park. City Park.

Address 500 E. Franklin Street 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! Entirety of City Park and the 4 streets that border it: North, Union, Franklin, and Drew.

If yes, how will you prevent minors from obtaining alcoholic beverages? We will have an ID check station. Must obtain a wristband before purchasing beer/wine.

**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 Christine Schuh

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L	Council	Date Issued	Exp. Date	License Number
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<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>3/22/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>6490</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) Date Organized

Fleisner Agency 11/2018

Address 4620 N Ballard RD City Appleton State WI Zip 54913

Person in Charge of Event: Name: Last Vogt First Becky Middle Initial S.S. Date of Birth

Address 818 Scott Ave City Oshkosh State WI Zip 54901 Person in charge phone number: -

President Last Fleisner First Corey Middle Initial Date of Birth Male  Female

Address 4620 N Ballard RD City Appleton State WI Zip 54913

Vice President Last First Middle Initial Date of Birth Male Female

Address City State Zip

Secretary Last First Middle Initial Date of Birth Male Female

Address City State Zip

Treasurer Last First Middle Initial Date of Birth Male Female

Address City State Zip

**SECTION 2 – EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 5/11/17 Ending: 5/11/17 Hours 9 AM 3 PM

Please describe the type of event you are going to have: Kickball tournament

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

Location where beer or wine will be sold: Memorial Park

Address 1620 E Witzke Blvd 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! 5x5 table near concessions If yes, how will you prevent minors from obtaining alcoholic beverages? ID every time

**SECTION 3 – PENALTY SECTION**

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

Signature of Officer

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L 4-10-19 Date Issued Exp. Date License Number



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**FEES ARE NON-REFUNDABLE**

Date Recv'd 3/27/19

License Fee - \$10.00 per event

Acct. 11030.4322

Investigation Fee + 7.00

Acct. 100.2359

Total Amount Paid 17

Receipt 6797

**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. 125.25(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) Appleton Fox Cities Kiwanis Club Date Organized 9/22/1972

Address PO Box 62 City Appleton State WI Zip 54912

Person in Charge of Event: Name: Last Stephany First Jay Middle Initial B

Address 3209 S. White Blrch Lane City Appleton State WI Zip 54915 Person in charge phone number: \_\_\_\_\_

President Last Rhiner First Vickle Middle Initial \_\_\_\_\_ Male  Female

Address 3106 E. Gazebohill Rd. City Appleton State WI Zip 54913

Vice President Last Klug First Ellen Middle Initial \_\_\_\_\_ Male  Female

Address 124 W Marquette Street City Appleton State WI Zip 54911

Secretary Last Shrode First Paul Middle Initial \_\_\_\_\_ Male  Female

Address 728 E. Washington St. City Appleton State WI Zip 54911

Treasurer Last Walters First Jeffrey Middle Initial \_\_\_\_\_ Male  Female

Address 4938 N. Meade St. City Appleton State WI Zip 54913

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 7 / 21 / 19 Ending: 7 / 21 / 19 Hours 8:00  AM  PM 4:00  AM  PM

Please describe the type of event you are going to have: Antique Car Show, Swap Meet, and Concessions

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

Location where beer or wine will be sold: Pierce Park- inclosed by Prospect, Lutz, and Mason streets. 3 beverage stands within the park borders and 2 beverage carts.

Address Pierce Park 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! Northwest of pavilion, near tennis courts, inside pavilion

If yes, how will you prevent minors from obtaining alcoholic beverages? ID Checking at all stands, monitor grounds.

**SECTION 3 - PENALTY SECTION**

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.

This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L \_\_\_\_\_ Council \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_ License Number \_\_\_\_\_

11-01-09 Reasonable accomodatons for persons with disabilities will be made upon request and if feasible.

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

Non-Emergency	2024
Emergency*	2278
Downgraded to Non-Emergency	30
Upgraded to Emergency	200
Stand-By	0
<b>Total</b>	<b>4532</b>

Avg Response Time - Emergency	00:05:29
Avg Response Time - Non-Emergency	00:07:12
Avg Response Time - Upgrade to Emergency	00:06:07
<b>Upgraded to Emergency Enroute</b>	
<b>Downgraded to Non-Emergency Enroute</b>	
Non-Transports (excluding Stand-By)	972

911 Call (County)	Total
	4,532
	Total
	4,532

### Fractile Response Report (Emergency)

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
68	68	3.04%	3.04%
158	226	7.07%	10.11%
349	575	15.61%	25.72%
436	1,011	19.50%	45.21%
433	1,444	19.36%	64.58%
316	1,760	14.13%	78.71%
188	1,948	8.41%	87.12%
130	2,078	5.81%	92.93%
72	2,150	3.22%	96.15%
45	2,195	2.01%	98.17%
18	2,213	0.81%	98.97%
10	2,223	0.45%	99.42%
5	2,228	0.22%	99.64%
5	2,233	0.22%	99.87%
1	2,234	0.04%	99.91%
2	2,236	0.09%	100.00%

### Fractile Response Report (Upgrade to Emergency)

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
4	4	2.00%	2.00%
9	13	4.50%	6.50%
26	39	13.00%	19.50%
41	80	20.50%	40.00%
34	114	17.00%	57.00%
27	141	13.50%	70.50%
22	163	11.00%	81.50%
13	176	6.50%	88.00%
7	183	3.50%	91.50%
3	186	1.50%	93.00%
7	193	3.50%	96.50%
2	195	1.00%	97.50%
2	197	1.00%	98.50%
2	199	1.00%	99.50%
1	200	0.50%	100.00%

*[Signature]* 2018



Non-Emergency	2078	Avg Response Time - Emergency	00:05:35
Emergency*	1808	Avg Response Time - Non-Emergency	00:07:19
Downgraded to Non-Emergency	23	Avg Response Time - Upgrade to Emergency	00:06:05
Upgraded to Emergency	379	Upgraded to Non-Emergency Enroute	
Stand-By	0	Downgraded to Non-Emergency Enroute	
Total	4288	Non-Transports (excluding Stand-By)	866

911 Call (County)	Total
	4,288
	4,288

**Fractile Response Report (Emergency)**

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
42	42	2.35%	2.35%
108	150	6.05%	8.40%
253	403	14.17%	22.56%
360	763	20.16%	42.72%
349	1,112	19.54%	62.26%
266	1,378	14.89%	77.16%
189	1,567	10.58%	87.74%
107	1,674	5.99%	93.73%
59	1,733	3.30%	97.03%
24	1,757	1.34%	98.38%
11	1,768	0.62%	98.99%
4	1,772	0.22%	99.22%
6	1,778	0.34%	99.56%
3	1,781	0.17%	99.72%
2	1,783	0.11%	99.83%
1	1,784	0.06%	99.89%
1	1,785	0.06%	99.94%
1	1,786	0.06%	100.00%

**Fractile Response Report (Upgrade to Emergency)**

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
3	3	0.79%	0.79%
19	22	5.03%	5.82%
35	57	9.26%	15.08%
67	124	17.72%	32.80%
95	219	25.13%	57.94%
69	288	18.25%	76.19%
31	319	8.20%	84.39%
18	337	4.76%	89.15%
15	352	3.97%	93.12%
11	363	2.91%	96.03%
5	368	1.32%	97.35%
3	371	0.79%	98.15%
2	373	0.53%	98.68%
1	374	0.26%	98.94%
2	376	0.53%	99.47%
1	377	0.26%	99.74%
1	378	0.26%	100.00%

2017

# Call Summary Report

# Gold Cross Ambulance

Non-Emergency	2198
Emergency*	1549
Downgraded to Non-Emergency	23
Upgraded to Emergency	578
Stand-By	0
<b>Total</b>	<b>4348</b>

Avg Response Time - Emergency	00:05:30
Avg Response Time - Non-Emergency	00:07:03
Avg Response Time - Upgrade to Emergency	00:05:51
Upgraded to Emergency Enroute	
Downgraded to Non-Emergency Enroute	
Non-Transports (excluding Stand-By)	830

911 Call (County)	Total
	4,348
	<b>4,348</b>

## Fractile Response Report (Emergency)

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
77	77	4.97%	4.97%
97	174	6.26%	11.23%
231	405	14.91%	26.15%
324	729	20.92%	47.06%
283	1,012	18.27%	65.33%
188	1,200	12.14%	77.47%
143	1,343	9.23%	86.70%
87	1,430	5.62%	92.32%
54	1,484	3.49%	95.80%
36	1,520	2.32%	98.13%
11	1,531	0.71%	98.84%
7	1,538	0.45%	99.29%
5	1,543	0.32%	99.61%
4	1,547	0.26%	99.87%
2	1,549	0.13%	100.00%

## Fractile Response Report (Upgrade to Emergency)

Call Count	Cumulative Call Count	Percent of Total Calls	Cumulative Percent of Total Calls
9	9	1.56%	1.56%
19	28	3.29%	4.84%
66	94	11.42%	16.26%
122	216	21.11%	37.37%
139	355	24.06%	61.42%
96	451	16.61%	78.03%
57	508	9.86%	87.89%
25	533	4.33%	92.21%
18	551	3.11%	95.33%
12	563	2.08%	97.40%
6	569	1.04%	98.44%
1	570	0.17%	98.62%
2	572	0.35%	98.96%
1	573	0.17%	99.13%
3	576	0.52%	99.65%
1	577	0.17%	99.83%
1	578	0.17%	100.00%

2016

# all Summary Report

# Gold Cross Ambulance

Run No. Alert Date & Time EnRoute At Scene Resp Time/Responded From Code Problem Destination Transport Mode

Fractile Response Report (Emergency)	
Call Count	Cumulative Call Count
00:00 - 01:59	39
02:00 - 02:59	58
03:00 - 03:59	124
04:00 - 04:59	176
05:00 - 05:59	206
06:00 - 06:59	146
07:00 - 07:59	98
08:00 - 08:59	60
09:00 - 09:59	41
10:00 - 10:59	20
11:00 - 11:59	7
12:00 - 12:59	6
13:00 - 13:59	7
14:00 - 14:59	1
15:00 - 15:59	1
17:00 - 17:59	1
18:00 - 18:59	1
<b>Total</b>	<b>992</b>

Fractile Response Report (Upgrade to Emergency)	
Call Count	Cumulative Call Count
00:00 - 01:59	18
02:00 - 02:59	47
03:00 - 03:59	114
04:00 - 04:59	169
05:00 - 05:59	206
06:00 - 06:59	158
07:00 - 07:59	103
08:00 - 08:59	62
09:00 - 09:59	36
10:00 - 10:59	27
11:00 - 11:59	21
12:00 - 12:59	13
13:00 - 13:59	7
14:00 - 14:59	5
15:00 - 15:59	2
16:00 - 16:59	1
17:00 - 17:59	1
19:00 - 19:59	1
<b>Total</b>	<b>991</b>

Percent of Total Calls	Cumulative Percent of Total Calls
3.93%	3.93%
5.85%	9.78%
12.50%	22.28%
17.74%	40.02%
20.77%	60.79%
14.72%	75.50%
9.88%	85.38%
6.05%	91.43%
4.13%	95.56%
2.02%	97.58%
0.71%	98.29%
0.60%	98.89%
0.71%	99.60%
0.10%	99.70%
0.10%	99.80%
0.10%	99.90%
0.10%	100.00%

Percent of Total Calls	Cumulative Percent of Total Calls
1.82%	1.82%
4.74%	6.56%
11.50%	18.06%
17.05%	35.12%
20.79%	55.90%
15.94%	71.85%
10.89%	82.24%
6.26%	88.50%
3.63%	92.13%
2.72%	94.85%
2.12%	96.97%
1.31%	98.28%
0.71%	98.99%
0.50%	99.50%
0.20%	99.70%
0.10%	99.80%
0.10%	99.90%
0.10%	100.00%

Avg Response Time - Emergency	Code	Problem
00:05:34	00:05:34	
00:07:14	00:07:14	
00:05:54	00:05:54	
Upgraded to Emergency		
Downgraded to Non-Emergency		
Non-Transports (excluding Stand-By)	925	

Non-Emergency	Emergency*	Downgraded to Non-Emergency	Upgraded to Emergency	Stand-By	Total
1957	992	34	991	0	3974

2015

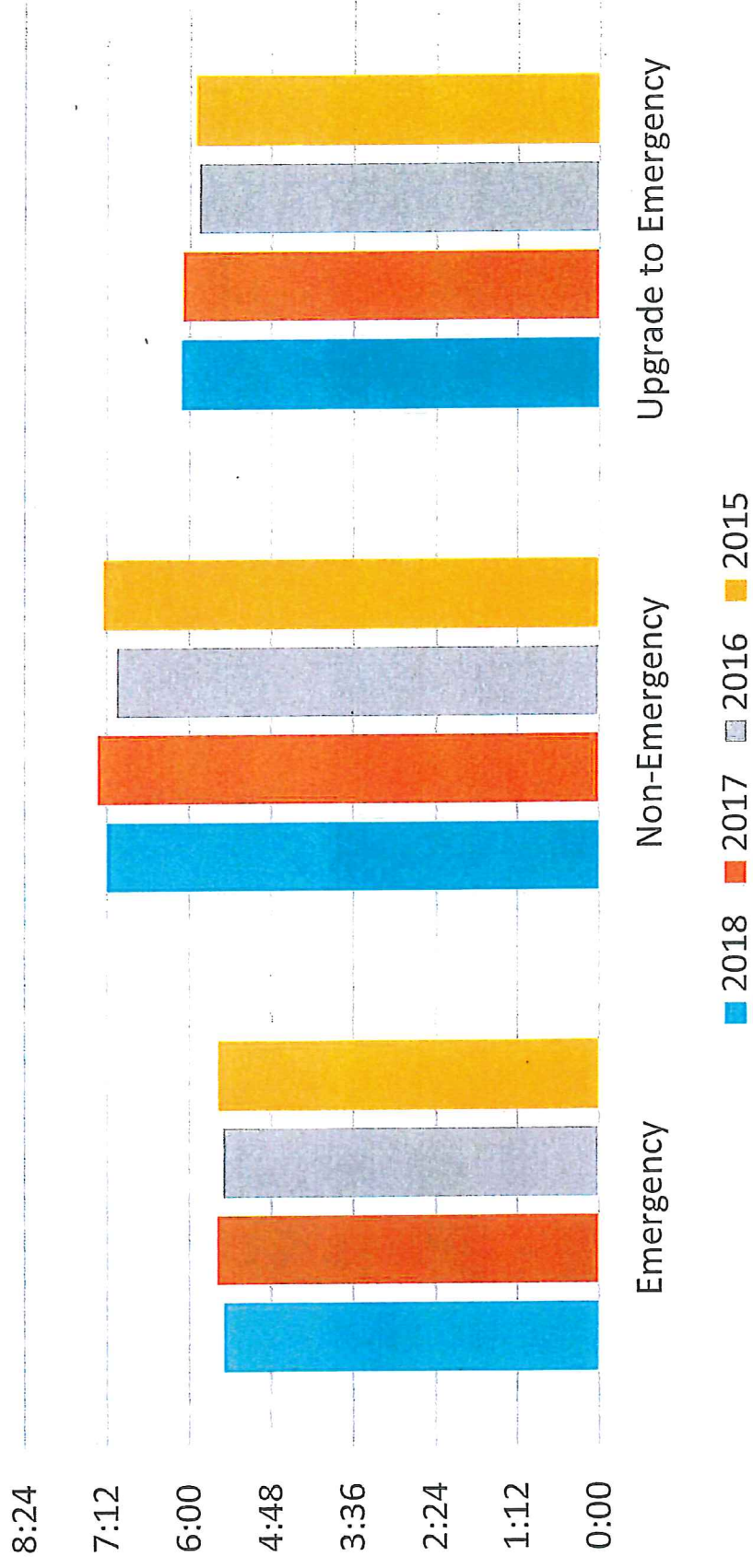
<b>Avg. Response Time</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Emergency	5:29	5:35	5:30	5:34
Non-Emergency	7:12	7:19	7:03	7:14
Upgrade to Emergency	6:07	6:05	5:51	5:54

<b>Fractile Reponse Times</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
8:00 minutes or less	92.93%	93.73%	92.23%	91.43%

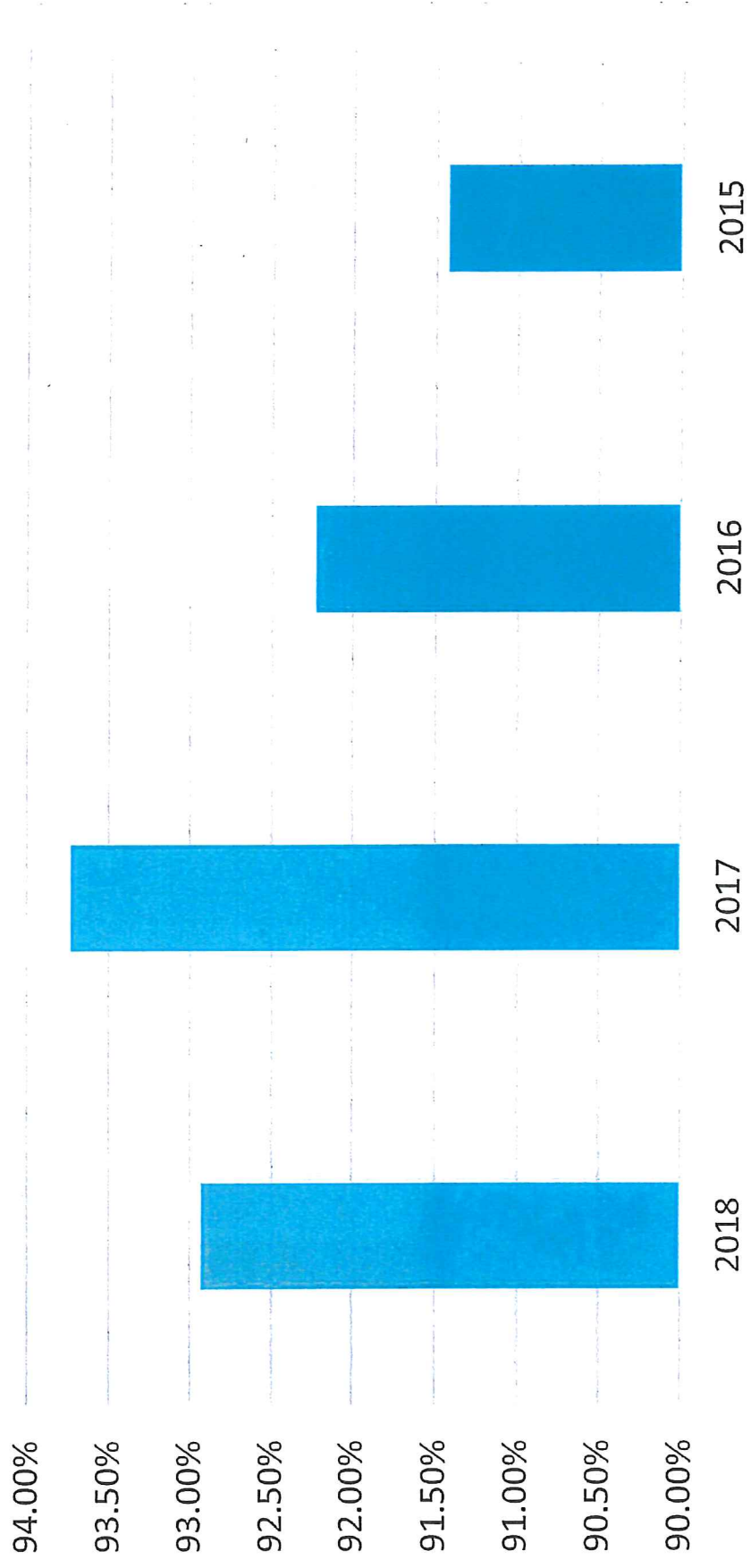
<b>Call Volume</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Emergency	2278	1808	2198	992
Non-Emergency	2024	2078	1549	1957
Upgrade to Emergency	200	379	578	991



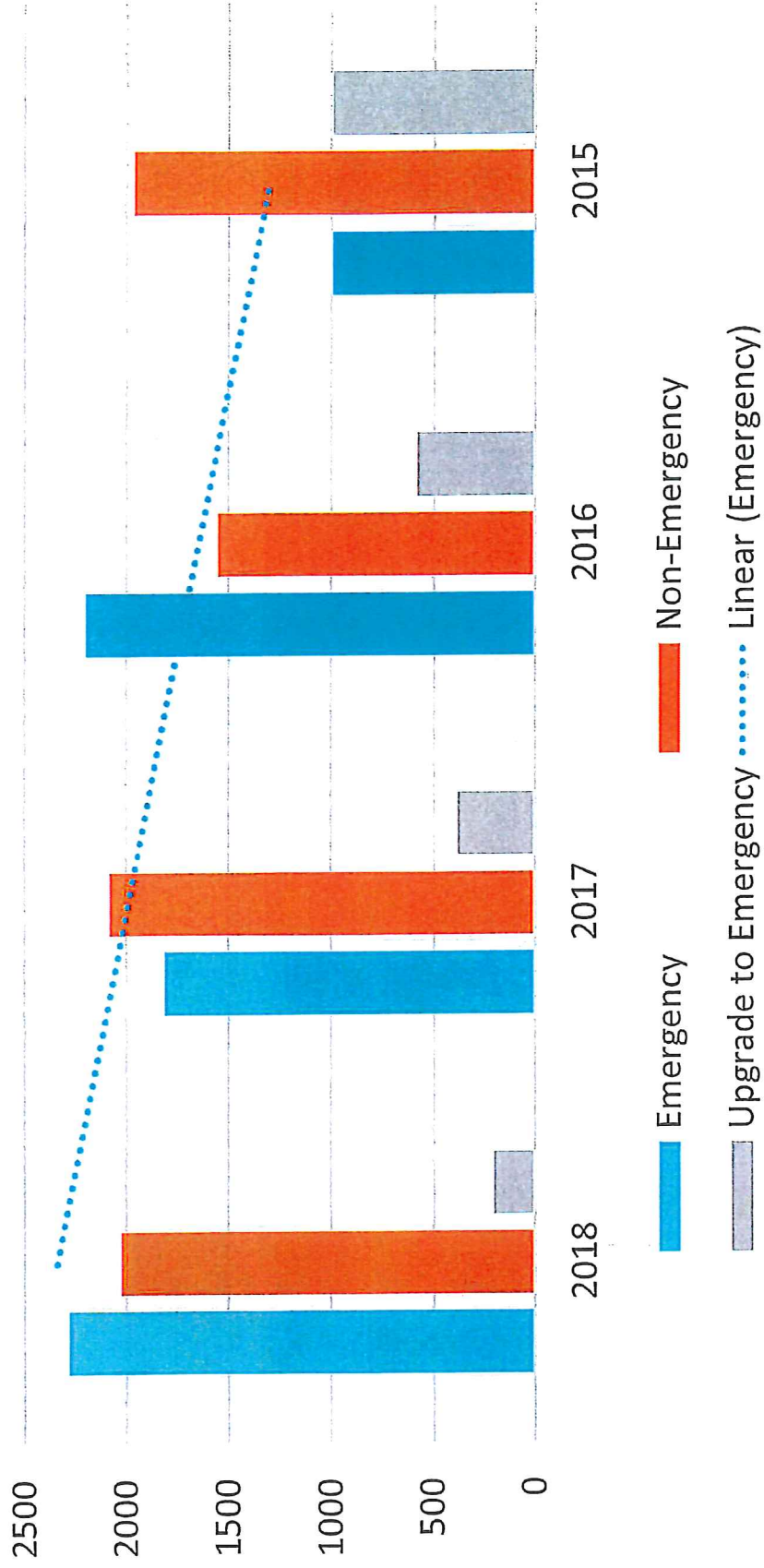
# Avg. Response Time



## 8:00 minutes or less % (Emergency)



# Call Volume (Appleton)



## Gold Cross Ambulance Appleton Coverage Evolution

2018	Primary Post	Hours	Weekly Hours
Medic 1	Richmond St. and Calumet St. (Appleton)*	0900-1900	50
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
Medic 8	Northland and Ballard (Appleton) *	0900-1900	70
*March 2018-Posting Study		<b>Total Hours</b>	<b>792</b>

2017	Primary Post	Hours	Weekly Hours
Medic 1*	Franklin and Richmond St. (Appleton)	0900-1700	40
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
*Added August 2017		<b>Total Hours</b>	<b>712</b>

2016	Primary Post	Hours	Weekly Hours
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
		<b>Total Hours</b>	<b>672</b>

2015	Primary Post	Hours	Column1
Medic 4*	Wittmann Dr. (Northern Menasha)	0700-1900	84
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
Hours increased Nov. 2015		<b>Total Hours</b>	<b>588</b>



# Wittmann Dr. Center Menasha

Freedom

Vandenbroek

MED10

Grand Chute

MED07

R100

MED08

State Hwy 96

Waukesha

MED01 Appleton

MED03

Buchanan

MED05

Appleton

MED04

Menasha

US Hwy 10

Menasha

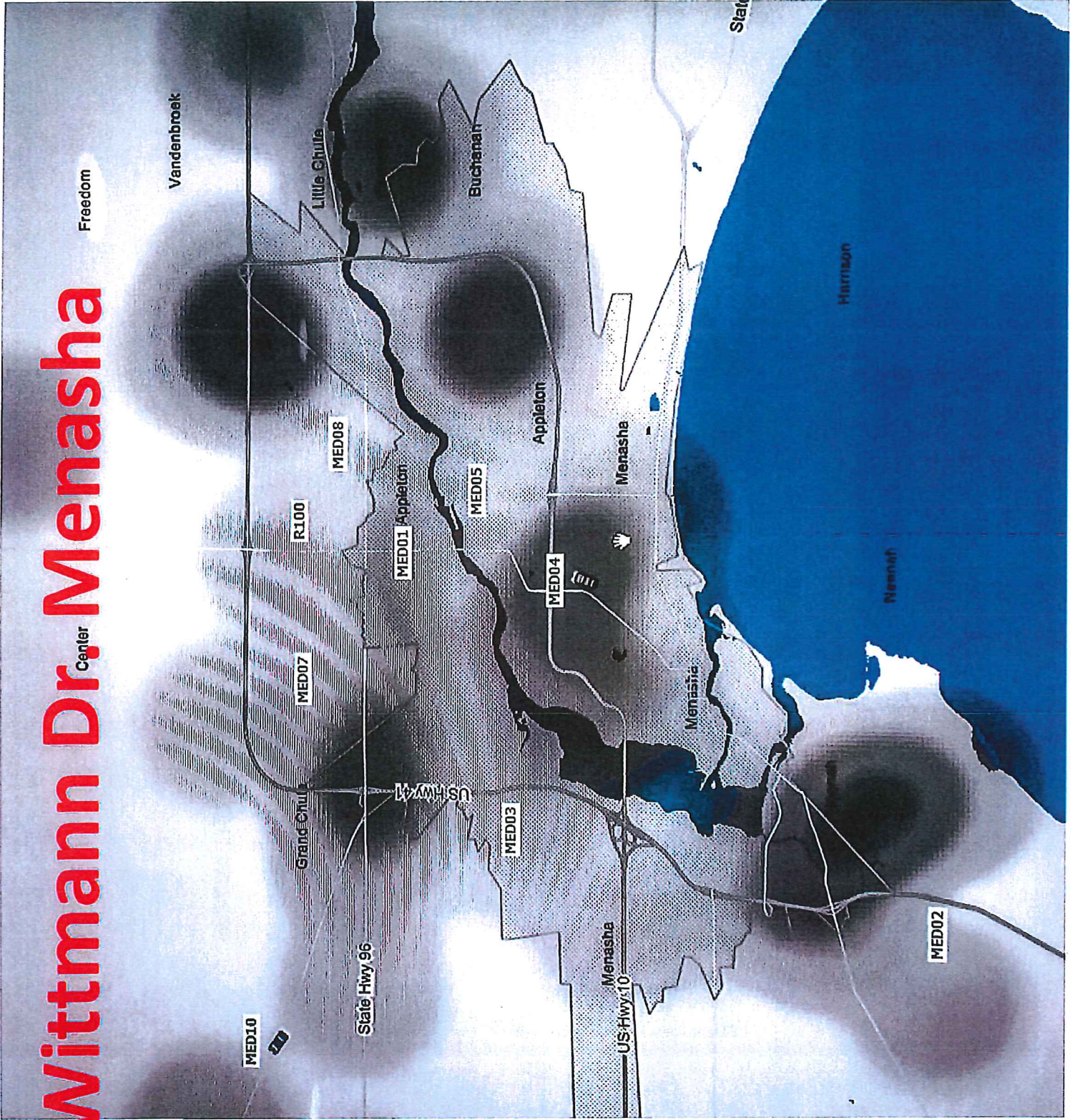
Menasha

State

Harrison

Menasha

MED02





# St. Elizabeth's

Freedom

Vandenbroek

MED10

Grand Chute

MED07

Little Chute

R100  
MED08

State Hwy 96

US Hwy 10

MED01 Appleton

MED05

Buchanan

MED03

Appleton

MED04

US Hwy 10

Menasha

Menasha

State Hwy

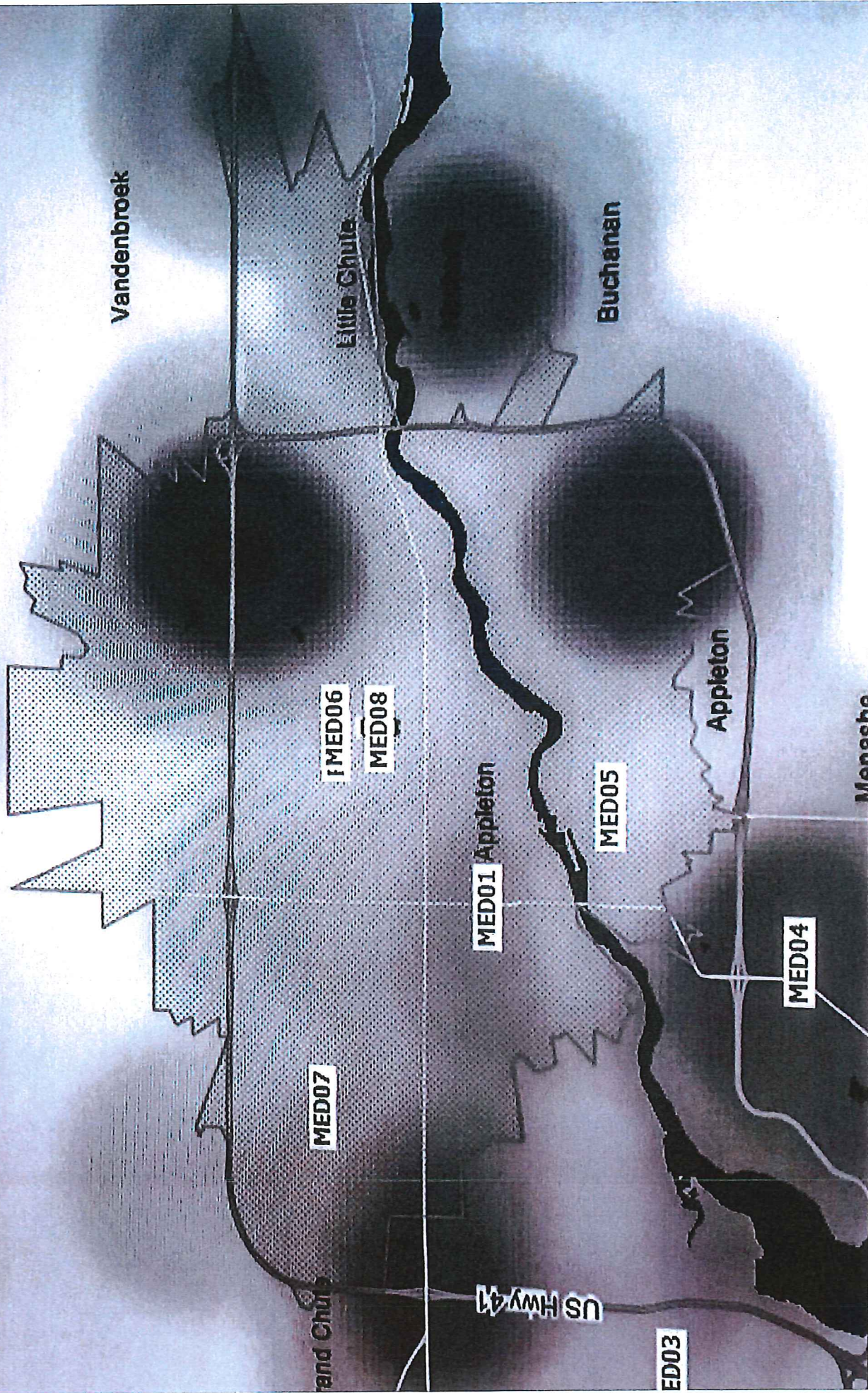




# The da Care - Appleton

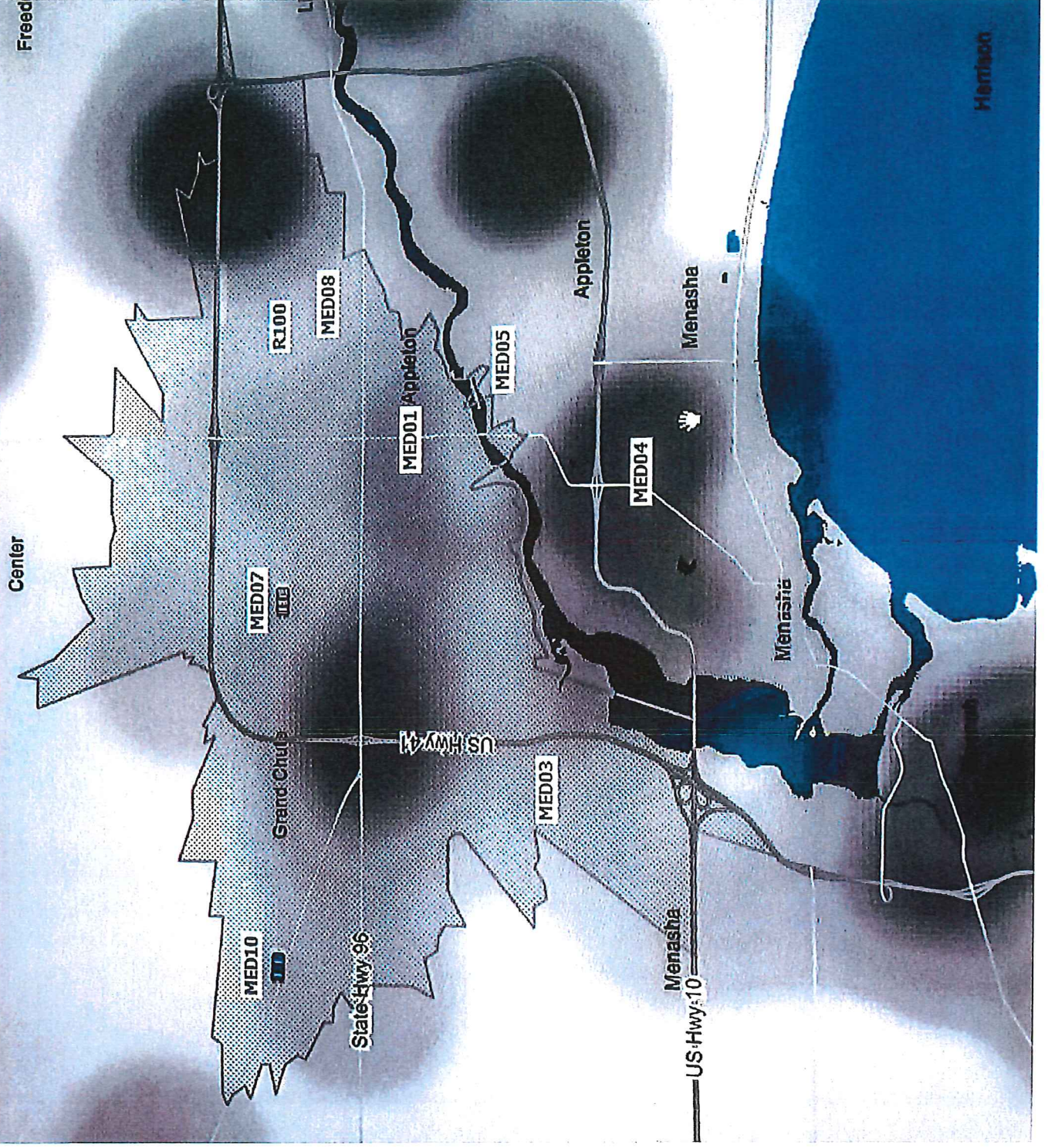
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Freedom



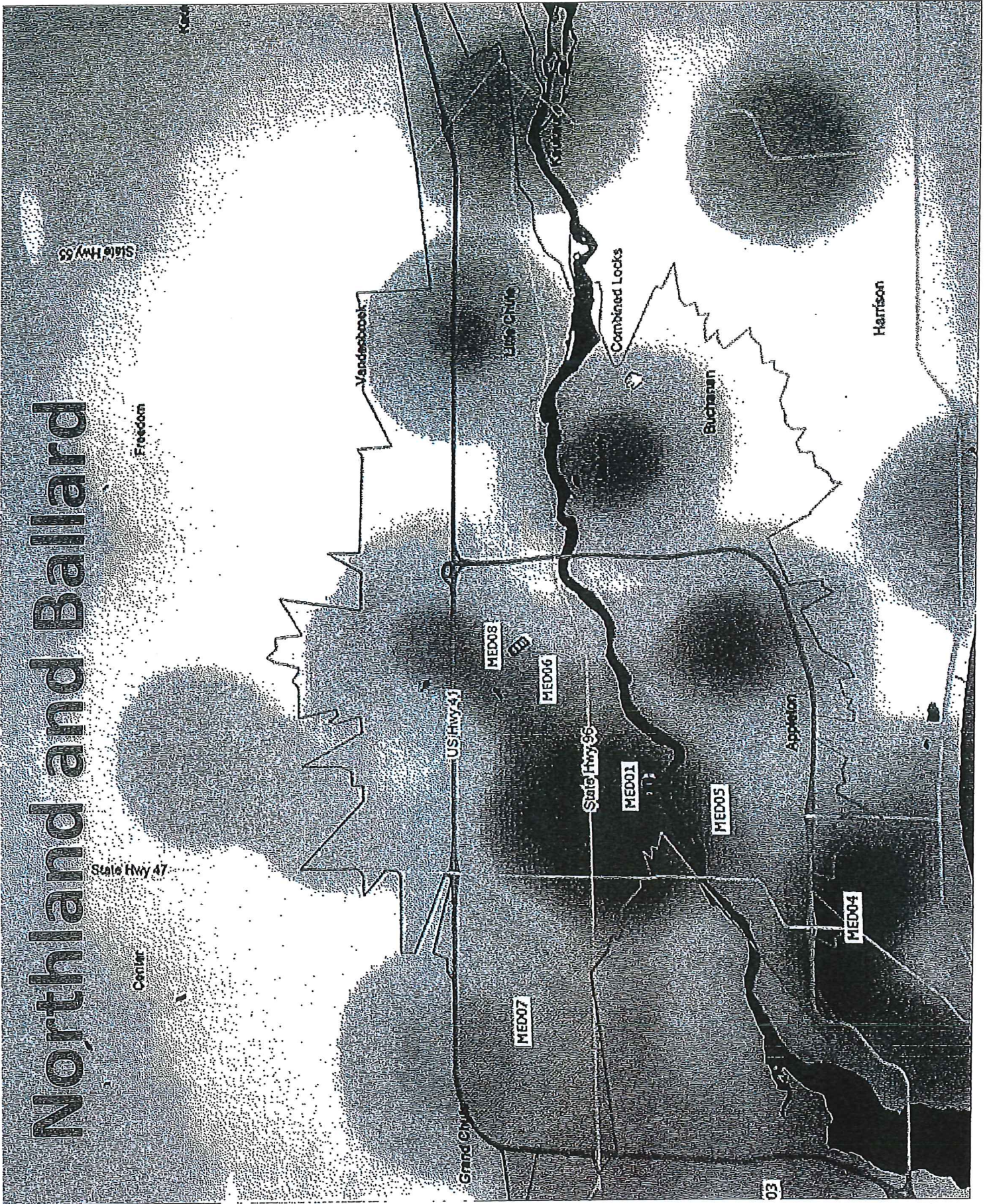


# Nordale Dr. Grand Chute





# Northland and Ballard





# Franklin and Richmond

Freedom

Vandenbro

Little Chute

Buchanan

MED08

MED01

Appleton

MED05

Appleton

Menasha

MED04

Menasha

MED10

MED07

US Hwy 10

MED03

State Hwy 96

Menasha

US Hwy 10

