



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, July 14, 2021

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[21-0989](#) Safety & Licensing Minutes from July 7th, 2021.

Attachments: [S & L Minutes 7-7-21.pdf](#)

4. Public Hearings/Apearances

5. Action Items

- [21-0919](#) Class "B" Beer and "Class B" Liquor License application for Los Amigos LLC d/b/a Mr. Taco, Julia Nino Gomez, Agent, located at 106 S State St, contingent upon approval from Health, DPW and Inspections departments.

Attachments: [Mr. Taco.pdf](#)

[Mr.TacoDenial July 2021 SL.pdf](#)

- [21-0825](#) Class "B" Beer License application for Jackson Investment Group LLC d/b/a Jimmy's Chicken and Fish, James Jackson III, Agent, located at 205 N Richmond St, contingent upon approval from the Community Development department.

Attachments: [Jimmy's Chicken and Fish.pdf](#)

- [21-0834](#) Class "B" Beer and "Class B" Liquor License application for Calaveras Fine Fusions LLC d/b/a Calaveras Fine Fusions, Rebekka Garcia, Agent, located at 528 W College Ave, contingent upon approval from the Health and Inspections departments.

Attachments: [Calaveras Fine Fusions.pdf](#)

- [21-0993](#) Class "A" Beer License application for Oneida Mini Mart LLC d/b/a Oneida BP, Prabhu Dhungana, Agent, located at 1306 S Oneida St, contingent upon approval from all departments.

Attachments: [Oneida Mini Mart LLC.pdf](#)

- [21-0940](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Wisconsin CVS Pharmacy, LLC d/b/a CVS Pharmacy #8525, Nicholas D Fahrner, New Agent, located at 700 W Wisconsin Ave.
Attachments: [Nicholas D Fahrner S&L.pdf](#)
- [21-0927](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Dong Po Restaurant in Appleton Inc d/b/a Dong Po Restaurant, Jian Chen, New Agent, located at 719 W College Ave.
Attachments: [Jian Chen S&L.pdf](#)
- [21-0992](#) Pet Store License application for Fish Cave LLC, Ton Vang, applicant, located at 2110 S Memorial Dr, contingent upon approval from all departments.
Attachments: [Fish Cave LLC S&L.pdf](#)
- [21-0916](#) Temporary Premise Amendment application for DDCT, INC d/b/a Jim's Place, Jay Plamann, Agent, located at 223 E College Ave, August 5-8, 2021, contingent upon approval from all departments.
Attachments: [Jim's Place S&L.pdf](#)
[Permission to use 219.pdf](#)
- Legislative History**
- | | | |
|--------|--------------------------------|------|
| 7/7/21 | Safety and Licensing Committee | held |
|--------|--------------------------------|------|
- [21-0917](#) Temporary Premise Amendment application for Wooden Nickel Restaurant and Lounge Inc d/b/a Wooden Nickel Sports Bar & Grill, Anthony Mueller, Agent, located at 217 E College Ave, August 5-8, 2021, contingent upon approval from all departments.
Attachments: [Wooden Nickel S&L.pdf](#)
- Legislative History**
- | | | |
|--------|--------------------------------|------|
| 7/7/21 | Safety and Licensing Committee | held |
|--------|--------------------------------|------|
- [21-0925](#) Temporary Premise Amendment application for TNE, INC d/b/a Emmett's Bar & Grill, Sharon Reader, agent, located at 139 N Richmond St, on August 5-8, 2021, contingent upon approval from the Health department.
Attachments: [Emmett's Bar & Grill S&L.pdf](#)
- [21-0957](#) Temporary Premise Amendment application for Riverside Bar & Grill, Gregg Van Dinter, Agent, located at 906 S Olde Oneida St, on August 5-8, 2021, contingent upon approval from all departments.
Attachments: [Riverside Bar & Grill S&L.pdf](#)

- [21-0987](#) Temporary Premise Amendment application for Fox Cities Performing Arts Center, Pilar Martinez, Person in Charge, located at 400 W College Ave, on August 17, 2021, contingent upon approval from all departments.
Attachments: [Fox Cities PAC S&L.pdf](#)
- [21-0996](#) Temporary Premise Amendment application for Rookies Sports Bar & Grill, Steve Carrow, Agent, located at 325 N Appleton St, August 5-8, 2021, contingent upon approval from all departments.
Attachments: [Rookies Sports Bar & Grill.pdf](#)
- [21-0928](#) Temporary Class "B" Beer and/or Temporary "Class B" Wine License application for Sacred Heart Catholic Church, David Erickson, Person In Charge, located at 222 E Fremont St, on the following dates: August 14, 2021, October 23, 2021, January 29, 2022, March 11, 2022, February 19, 2022, contingent upon approval from all departments.
Attachments: [Sacred Heart Catholic Church Parish Picnics S&L.pdf](#)
- [21-0869](#) Temporary Class "B" Beer and "Class B" Wine License application for Sculpture Valley, Dave Willems, Person in Charge, located at 303 N Oneida St, Outer Edge Stage for Mile of Music, August 5-8, 2021, contingent upon approval from all departments.
Attachments: [MoM-Outer Edge Stage S&L.pdf](#)
- [21-0867](#) Temporary Class "B" Beer and "Class B" Wine License application for Sculpture Valley, Dave Willems, Person in Charge, located at Houdini Plaza for Mile of Music, August 5-8, 2021, contingent upon approval from all departments.
Attachments: [MoM-Houdini Plaza S&L.pdf](#)
- [21-0934](#) Temporary Class "B" Beer License application for Fox Cities Chamber of Commerce, Thomas Lehr, Person in Charge, Oktoberfest, on September 25, 2021, contingent upon approval from all departments.
Attachments: [Fox Cities Chamber - Oktoberfest S&L.pdf](#)
- [21-0988](#) Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, located at Jones Park, August 4-8, 2021, contingent upon approval from all departments.
Attachments: [MoM - Jones Park S&L.pdf](#)
- [21-0911](#) Temporary Class "B" applications filed after agenda was published.

6. Information Items

[21-0929](#) Special Events
Trout Museum of Art Exhibit Opening, Trout Museum and Houdini Plaza, June 5, 2021
Juneteenth, African Heritage Inc, Jones Park, June 13, 2021
Street Music Week / Make Music, Creative Downtown Appleton Inc w/ Heid Music, College Ave, June 14-21, 2021
Appleton Biking Brewery Tour, Ratedventure LLC d/b/a Venture Wisconsin, June 19, 2021
Bird Bath Swim Meet, YMCA Fox Cities Swim Team, Erb Park/Pool, July 9-11, 2021
Hip Hop for Humanity, Bigger Productionz, Pierce Park, July 10, 2021
43rd Annual Appleton Car Show and Swap Meet, Appleton Fox Cities Kiwanis Club, Pierce Park, July 18, 2021
Appleton Vintage Bicycle Swap/Show, Active Bike and Fitness LLC, 1131 N Badger Ave, July 25, 2021
Children's Parade, Building for Kids Children's Museum, College Ave, July 28, 2021
Movie on the Hill, Appleton Parks & Recreation, Memorial Park, June 24, July 8, July 22 and August 12, 2021
The Showcase 2021, Custom Offsets, 3984 & 3989 E Endeavor Dr, June 26, 2021
Heid Music Summer Concert Series, Appleton Downtown Inc, Jones Park, Thursdays from July 1-Sept 30, 2021
Worship Service & Picnic, Church of the Resurrection/Church of the Incarnation, Erb Park, July 4, 2021
Sole Burner 5K Walk/Run, American Cancer Society, City Park, August 21, 2021

[21-0999](#) 2021 Police Department Mid-Year Report

Attachments: [2021 Police Mid-Year Report.pdf](#)

[21-1000](#) 2021 Legal Services Mid-Year Report

Attachments: [2021 Mid-Year Report- Legal Services.pdf](#)

[21-0908](#) Director's Reports

1. City Clerk
2. Fire Chief
3. Police Chief
 - Women in Public Safety Academy
 - District Neighborhood Listening Sessions

[21-0789](#) Police Department information on liquor law violations.

7. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, July 7, 2021

6:30 PM

Council Chambers, 6th Floor

SPECIAL

1. Call meeting to order

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

2. Roll call of membership

Present: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

3. Approval of minutes from previous meeting

[21-0909](#)

Safety & Licensing Minutes from June 9th, 2021.

Attachments: [S & L Minutes 6-9-21.pdf](#)

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

Aye: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

4. Public Hearings/Appearances

5. Action Items

[21-0917](#)

Temporary Premise Amendment application for Wooden Nickel Restaurant and Lounge Inc d/b/a Wooden Nickel Sports Bar & Grill, Anthony Mueller, Agent, located at 217 E College Ave, August 5-8, 2021, contingent upon approval from all departments.

Hartzheim moved, seconded by Reed to hold this item.

Aye: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

[21-0916](#) Temporary Premise Amendment application for DDCT, INC d/b/a Jim's Place, Jay Plamann, Agent, located at 223 E College Ave, August 5-8, 2021, contingent upon approval from all departments.

Attachments: [Jim's Place S&L.pdf](#)

This Report Action Item was held

Aye: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

Balance of the action items on the agenda.

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

Aye: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

[21-0918](#) Class "B" Beer License application for Fox Valley Athletics LLC, Lawrence E. Schaefer, Agent, located at Memorial Park-Jones Building, 1620 E Witzke Blvd, contingent upon approval from all departments.

Attachments: [Fox Valley Athletics.pdf](#)

This Report Action Item was recommended for approval.

[21-0826](#) 2021-2022 Cigarette and Tobacco Products License application for James Holder d/b/a D8D Hemp, located at 2929 N Richmond St Suite 1.

Attachments: [D8D Hemp S&L.pdf](#)

This Report Action Item was recommended for approval.

[21-0831](#) 2021-2022 Cigarette and Tobacco Product License renewal for Andrew Thornell d/b/a Marley's Smoke Shop, located at 530 W College Ave.

Attachments: [Marley's Renewal S&L.pdf](#)

This Report Action Item was recommended for approval.

[21-0932](#) Pet Store License renewal application for Petco #1656, located at 3829 E Calumet St, contingent upon approval from all departments.

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

This Report Action Item was recommended for approval.

[21-0905](#) Taxicab Company & Limousine Service License Renewal for Atlas Taxi, 1125 W Main St Lot 17, Little Chute, Matthew Hyde, Owner.

Attachments: [Atlas Taxi.pdf](#)

This Report Action Item was recommended for approval.

[21-0906](#) Taxicab Company & Limousine Service License Renewal for LIR Transportation, dba Fox Valley Cab, 719 W Frances St, Appleton, Owner, Igor Leykin.

Attachments: [LIR Transportation LLC.pdf](#)

This Report Action Item was recommended for approval.

[21-0907](#) Taxicab Company & Limousine Service License Renewal for Dynasty Limousine Service, LLC, 1900 Vandenberg Ln, Kaukauna, Owner, Diana Wolters.

Attachments: [Dynasty Limousine Service LLC.pdf](#)

This Report Action Item was recommended for approval.

6. Information Items

[21-0884](#) The Appleton Police Department will complete the 2021 application for the Edward Byrne Memorial Justice Assistance Grant (JAG). As a disparate jurisdiction the direct allocation of \$21,831 is shared equally with the Outagamie County Sheriff's Department to support law enforcement initiatives.

This Item was presented

[21-0933](#) Core's Lounge Noise Allegations

Attachments: [Cores Lounge Noise Allegations.pdf](#)

This Item was presented

[21-0835](#) Special Events:
African Heritage, Juneteenth, Jones Park, June 13, 2021
Creative Downtown Appleton, Street Music Week/Make Music, College Ave between Walnut St and Lawe St, June 14-21, 2021
Ratedventure LLC, Appleton Biking Brewery Tour, June 19, 2021

[21-0914](#) Police Department information on liquor law violations.

[21-0908](#) Director's Reports
1. City Clerk
2. Fire Chief
3. Police Chief

7. Adjournment

Reed moved, seconded by Hartzheim, that the meeting be adjourned at 6:43 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Reed, Schultz, Van Zeeland and Hartzheim

Excused: 1 - Smith

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06-30-2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
[REDACTED]	
FEIN Number	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 660

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Los Amigos LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nino</u>	<u>Julia</u>		<u>823 S. Hernan Av. Appleton WI. 54915</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nino</u>	<u>Julia</u>		<u>823 S. Hernan Av. Appleton WI. 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Mr. Taco Business Phone Number 920)358-3119
 2. Address of Premises 106 S. State St. Appleton Post Office & Zip Code 54915

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
inside the Restaurant we will store and sale beer at counter and put at basement and cooler

4. Legal description (omit if street address is given above): _____

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

(b) If yes, under what name was license issued? Mr. Taco Authentic Mexican Cuisine

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 7-1999 2017 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Julia Nino Gomez</u>	Title/Member <u>Agent Manager</u>	Date <u>06-16-21</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>06/18/2021</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Julia Nino Gomez

2. Name of Business: Mr. Taco

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

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

3. Address of Business: 106 S. State St. Appleton WI 54911

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

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

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

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

First name	M.I.	Last name	Date of Birth
<u>Julia</u>		<u>Nino Gomez</u>	<u> </u>

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

Name: _____
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: Mr. Taco Authentic Mexican Cuisine

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

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

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

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

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

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

_____ months ago.

10. Seating capacity: Inside 10 Outside 12

11. Operating hours (Inside the building): 11:00 AM - 8:00 PM.
Operating hours (Outdoor seating areas): 11:00 AM. 8:00 PM.

12. Employees/Staff

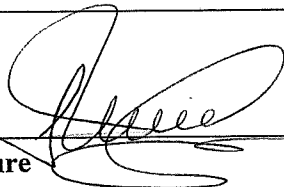
Number of floor personnel Jose Gasca Number of door checkers 2

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

- a. Gross floor building area of the premises to be licensed: 550 square feet.
b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
c. Below, identify the operational details of the proposed establishment:

Mexican Restaurant with beer sales

Signature



Date

06-18-21

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Los Amigos 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 Mr. Taco
(Trade Name)

located at 106 S. State St. Appleton WI. 54911

appoints Julia Nino Gomez
(Name of Appointed Agent)

823 S. Kernan Av. 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? 21 yrs

Place of residence last year Wisconsin 823 S. Kernan Av. Appleton WI. 54915

For: Los Amigos LLC.
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Julia Nino Gomez, 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] 06-16-21
(Signature of Agent) (Date)

Agent's age [Redacted]

823 S. Kernan Av. Appleton WI. 54915
(Home Address of Agent)

Date of birth [Redacted]

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



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

TO: Safety and Licensing Committee
Common Council

FROM: Lt. Adam Nagel

DATE: 07/06/2021

RE: Police Department's Recommendation for Denial of Julia Nino Gomez / Mr. Taco Restaurant "Class B" Liquor License and Class "B" Beer License Applications

Committee and Council Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Julia Nino Gomez's application for both a "Class B" Liquor License and a Class "B" Beer License. The applications are for the business Mr. Taco at 106 S. State St. The owner of this establishment, Sandra Munoz, is currently facing federal drug trafficking charges associated with their business. The owner Sandra Munoz is still listed as the registered agent for this business and appears to have been redacted from the current application. Because Sandra Munoz was recently federally indicted for Conspiracy to Distribute at least 5 kilograms of cocaine the redactions of her information from the application cause significant concern over whether there is good faith in the application and whether and to what extent Julia Nina Gomez is involved in the business.

According to the criminal complaint employees from Mr. Taco in Kimberly were directed to distribute and accept payments for large amounts of cocaine. The Mr. Taco in Appleton has the same owners as the Mr. Taco in Kimberly. The allegations of illegal activities against Sandra Munoz cause concern for public health, safety, and the welfare of the community. Although Mr. Taco has previously been licensed, now that the community is aware of the allegations against the owners and employees of the business, there is a significant concern that there is not going to be a change in the alleged illicit activities and that they would continue at the Appleton location or bring unwanted drug seekers to the Appleton location. Large illegal drug distribution, as alleged in the federal criminal charges, has a negative impact on the peace and quiet of the surrounding downtown neighborhood as well as drain law enforcement services from the surrounding area.

Although it is unknown what the exact relationship is between Sandra Munoz and Julia Nino Gomez, it is important to note that on the application for the liquor license Julia Nino Gomez uses the home address of 823 S. Kernan Ave. This is the same address Sandra Munoz uses for the LLC Los Amigos. The Los Amigos LLC is the corporate name for the Mr. Taco

restaurant at 106 S. State St. As noted above, Sandra Munoz is the registered agent of Los Amigos LLC and is intentionally removed from the application. Luis and Eduardo Morales are identified as co-conspirators with Sandra Munoz in the federal charges coming from the Mr. Taco in Kimberly. Julia Nino Gomez's application indicates an email address of JuliaMorales3900@gmail.com, which creates additional doubt as to the distance between Julia Nino Gomez and the persons involved in significant drug distribution out of another business location.

Based on the foregoing, the police department recommends that the Common Council deny the original applications for "Class B" Liquor and Class "B" Beer for the business Mr. Taco.

Very Respectfully:

Lt. Adam Nagel
Appleton Police Department

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 14</u>
TOTAL FEE	\$ <u>174</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
~~James Jackson III, James Jackson II~~ Jackson Investment group LLC

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

President / Member Last Name <u>Jackson III</u>	(First) <u>James</u>	(Middle Name) <u>Carl</u>	Home Address (Street, City or Post Office, & Zip Code) <u>697 N Waldoch Appleton, WI 54913</u>
Vice President / Member Last Name <u>Jackson II</u>	(First) <u>James</u>	(Middle Name) <u>Carl</u>	Home Address (Street, City or Post Office, & Zip Code) <u>697 N Waldoch Appleton, WI 54913</u>
Secretary / Member Last Name <u>X</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Jackson III</u>	(First) <u>James</u>	(Middle Name) <u>Carl</u>	Home Address (Street, City or Post Office, & Zip Code) <u>697 N Waldoch Appleton, WI 54913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Jackson Investment Group LLC Business Phone Number 708-378-0586
 2. Address of Premises 205 N Richmond Ave Post Office & Zip Code Appleton, WI 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Open Air Strip Mall, 1300 sq. Feet.

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
will be completed at a later date.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 6/20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Jackson, James, C</u>	Title/Member <u>Member</u>	Date <u>9/1/20</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>06/07/2021</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: James Jackson

2. Name of Business: Jimmy's chicken and Fish

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

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

3. Address of Business: 205 N Richmond Ave, Appleton WI 54911

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

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

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

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

<u>James</u>	<u>C</u>	<u>Jackson III</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
<u>James</u>	<u>C</u>	<u>Jackson II</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: B
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: Little ceasers

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

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

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

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

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

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

10. Seating capacity: Inside 8 Outside 0

11. Operating hours (Inside the building): 11am - 9pm "Monday closed"
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff
Number of floor personnel 4 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 1300 square feet.
b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
c. Below, identify the operational details of the proposed establishment:

To Go Beer

Signature

Date

9/1/20

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Jackson Investment Group 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 Jimmy's Chicken and Fish
(Trade Name)

located at 205 N Richmond Ave Appleton WI 54911

appoints JAMES JACKSON
(Name of Appointed Agent)
697 N WALDOCH 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? 1 year

Place of residence last year 697 N WALDOCH DR, APPLETON WI 54913

For: Jackson Investment Group
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, James Jackson, 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] 9/1/2020
(Signature of Agent) (Date)
697 N WALDOCH DR, APPLETON WI 54913
(Home Address of Agent)

Agent's age 33
Date of birth 08/18/87

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/21 ending: 06-30-22
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 660

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Calaveras Fine Fusions LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Garcia</u>	<u>Rebekka</u>	<u>L</u>	<u>1033 madison st Little chute WI 54140</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Garcia</u>	<u>Edgar</u>	<u>m</u>	<u>1033 madison st Little chute WI 54140</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Garcia</u>	<u>Rebekka</u>	<u>L</u>	<u>1033 madison st Little chute WI 54140</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name Calaveras Fine Fusions Business Phone Number 920.422.0719
- Address of Premises 528 W College Ave Post Office & Zip Code Appleton WI 54911



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

Building is located downtown Appleton. It includes the main space (divided by a wall) with the bar int. It also has 4 booths for seating, a slightly higher level for seating, kitchen, basement/storage, men & women's bathrooms, and a hallway leading to a small out door patio.

- Legal description (omit if street address is given above): _____
- (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? Pisco mar

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
WI course needs to be completed by both in order to obtain Bartenders license.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 4.28.21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Rebekka Garcia</u>	Title/Member <u>Owner</u>	Date <u>5.11.21</u>
Signature <u>Rebekka Garcia</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>06/09/2021</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Rebekka Garcia

2. Name of Business: Calaveras Fine Fusions

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

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

3. Address of Business: 528 W College Ave Appleton WI 54911

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

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

DUI 11-20-2016

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

<u>Edgar</u>	<u>m</u>	<u>Garcia Samaniego</u>	● ● ● ● ● ● ● ●
First name	M.I.	Last name	Date of Birth
<u>Rebekka</u>	<u>L</u>	<u>Garcia (Fonseca)</u>	● ● ● ● ● ● ● ●
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: Pat Flannagan
 First name Middle Initial Last name

Address: 522 College Ave Appleton WI 54911
 City State ZIP

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

Name: Pisco mar

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

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

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

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

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

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

0 months ago. Valid through 6/30/21

10. Seating capacity: Inside 99 Outside _____

11. Operating hours (Inside the building): _____
Operating hours (Outdoor seating areas): _____

12. Employees/Staff

Number of floor personnel 4 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2338 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: _____ square feet.
- c. Below, identify the operational details of the proposed establishment:

Calaveras will be operated as a cocktail lounge & kitchen. We will be open Wednesday-Sunday

Regretha Garcia
Signature

5.11.21
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Calaveras Fine Fusions 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 Calaveras Fine Fusions LLC
(Trade Name)

located at 528 College Ave. Appleton WI 54911

appoints Rebekka Garcia
(Name of Appointed Agent)

1033 Madison St Little Chute WI 54140
(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? 32 years

Place of residence last year 1033 Madison St Little Chute WI 54140

For: Calaveras Fine Fusions LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Rebekka Garcia
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Rebekka Garcia, 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.

Rebekka Garcia 6-9-21
(Signature of Agent) (Date)

1033 Madison St Little Chute WI 54140
(Home Address of Agent)

Agent's age 32

Date of birth 06/09/89

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06-30-2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input 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 type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 160

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Dhungana Prabhu / Oneida street mini mart LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dhungana</u>	<u>Prabhu</u>		<u>4716 W Grand Meadows Dr, Appleton, WI</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
			<u>54914</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dhungana</u>	<u>Prabhu</u>		<u>4716 W Grand Meadows Dr, Appleton, WI</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
			<u>54914</u>

1. Trade Name Oneida BP Business Phone Number 920 731 3518
 2. Address of Premises 1306 S Oneida Street Post Office & Zip Code Appleton, WI, 54915

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

walk in cooler, floor

4. Legal description (omit if street address is given above): _____

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

(b) If yes, under what name was license issued? Oneida street mini mart LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
 Provided proof of being an agent for Hortonville BP on 3/18/21

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2/2/2021 of registration.

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

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. Yes No
Kimberly mini mart LLC
Hortonville BP

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

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

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

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

Contact Person's Name (Last, First, M.I.) <u>Dhungana Prabhu</u>	Title/Member <u>owner</u>	Date <u>7/1/2021</u>
Signature 	Phone Number 	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-1-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Prabhu Dhungana

2. Name of Business: Oneida Street Mini Mart LLC

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

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

3. Address of Business: 1306 S Oneida Street, Appleton, WI, 54915

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

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

Sold Beer to minor in 2011
Pickneyville, IL, Perry County

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

<u>Prabhu</u>		<u>Dhungana</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: _____
 First name Middle Initial Last name

Address: _____
 City State ZIP

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

Name: _____

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

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

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

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

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

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

6/30/2021 months ago.

10. Seating capacity: Inside 7 Outside —

11. Operating hours (Inside the building): 4 AM - 12 AM
Operating hours (Outdoor seating areas): —

12. Employees/Staff
Number of floor personnel 2 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: ~~36~~ 36 X 71 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: — square feet.
- c. Below, identify the operational details of the proposed establishment:

C-Store, sell Beer, Cig, Soda
Gas Station

[Signature]
Signature

7/1/2021
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Oneida street mini mart 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 Oneida BP

located at 1306 S Oneida street, Appleton, WI, 54915
(Trade Name)

appoints Prabhu Dhungana
(Name of Appointed Agent)
4716 W Grand Meadows 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).
Kimberly BP, Hortonville BP

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? 2012

Place of residence last year 4716 W Grand Meadows Dr, Appleton, WI, 54914

For: Oneida street mini mart LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Prabhu Dhungana, 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] 7/1/2021
(Signature of Agent) (Date)
4716 W Grand Meadows Dr, Appleton, WI, 54914
(Home Address of Agent)

Agent's age [Redacted]
 Date of birth [Redacted]

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)

Erica Ziegert

From: Erica Ziegert
Sent: Friday, July 9, 2021 2:00 PM
To: Erica Ziegert
Subject: Premise Description
Attachments: image001.jpg

From: prabhu dhungana <prabhudhungana@gmail.com>
Sent: Friday, July 9, 2021 1:30 PM
To: Erica Ziegert <Erica.Ziegert@Appleton.org>
Subject: Re: Premise Description

Hi there

So here is details about premise description

36×71 square feet floor sales
And walk in cooler

If you need anything else from me please let me know

Thanks
Prabhu
Oneida BP

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of WISCONSIN CVS PHARMACY, L.L.C.
(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 CVS/PHARMACY #8525
(Trade Name)

located at 700 WEST WISCONSIN AVENUE, APPLETON, WI, 54914

appoints Nicholas Fabner
(Name of Appointed Agent)

5534 Old Hwy 18, Stevens Point WI, 54482
(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? 0 years

Place of residence last year 5534 Old Hwy 18, Stevens Point WI, 54482

For WISCONSIN CVS PHARMACY, L.L.C.
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Nicholas Fabner, 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] 6/28/21 Agent's age 00
(Signature of Agent) (Date)

5534 Old Hwy 18, Stevens Point, WI 54482 Date of birth 0000
(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)	
Fahner		Nicholas		Daniel	
Home Address (street/route)		Post Office	City	State	Zip Code
5534 Old Hwy 18			Stevens Point WI	WI	54482
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	Virginia, MN	

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

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

which is making application for an alcohol beverage license.

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

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

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

Employer's Name	Employer's Address	Employed From	To
CVS	700 W Wisconsin Ave Stevens Point, WI	5/2016	Current
Arby's	5700 US-10E, Stevens Point, WI, 54481	4/2012	5/2016

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer/member/manager of Dong PO Restaurant IN Appleton INC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Dong PO Restaurant IN Appleton
(Trade Name)

located at 719 W College Ave Appleton WI 54911
address

appoints JIAN CHEN
(Name of Appointed Agent)

3500 N Morrison St Appleton WI 54911
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 0 years

Place of residence last year 3500 N Morrison St Appleton WI 54911

For: Dong PO Restaurant IN Appleton INC
(Name of Corporation / Organization / Limited Liability Company)

By: Jenny Kong ju
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, JIAN, CHEN, 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] 06/24/21
(Signature of Agent) (Date)
3500 N Morrison St Appleton WI 54911
(Home Address of Agent)

Agent's age 00
 Date of birth 000000

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)



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.....enhancing quality of life"

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>7/1/21</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ <u>90</u>	Acct. Code: CLPETK
License Fee - Renewal	\$ _____	Acct. Code: CLPETK
Investigation Fee	+ \$7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>97</u>	Receipt <u>2315-9</u>
License period July 1 to June 30		

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>FISH CAVE LLC</u>			
Business Street Address <u>2110 S MEMORIAL DR</u>		City <u>APPLETON</u>	State <u>WI</u>
Business Telephone Number 414.234.3526 <u>414.234.3526</u>		Zip <u>54915</u>	
SECTION 2 – APPLICANT INFORMATION			
Name <u>TON VANIL</u>			
Home Street Address <u>1503 E COOLIDGE AVE</u>		City	State
Date of Birth ● ● ● ●	Male <input checked="" type="checkbox"/>	Female	Telephone Number ● ● ● ● ● ● ● ●
SECTION 3 – SERVICES TO BE PROVIDED			
Please check the type(s) of services your establishment will offer: <input checked="" type="checkbox"/> Live animals <input checked="" type="checkbox"/> Pet Food			
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	<input checked="" type="checkbox"/> Other <u>TANKS, FISH ACCESSORIES</u>	
SECTION 4 – PENALTY NOTICE			
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature of Applicant: <u>[Signature]</u>			
SECTION 5 – FEE SCHEDULE			
Pet Store License	Initial Fee - \$90.00	Renewal Fee – \$75.00	
Kennel License	10 or less animals - \$55.00	25 or less animals - \$130.00	
	50 or less animals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00	
FOR OFFICE USE ONLY			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L <u>7-14-21</u>	Council <u>7-21-21</u>	Date Issued	Exp. Date
			License Number

05-23-19

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



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REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/17/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>255-8</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment	<u>Jims PEACE</u>	
Address of Establishment	<u>223 E. College</u>	
Name of Agent	<u>Jay PLAMANN</u>	Phone Number

SECTION 2 – PREMISE AMENDMENT

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

WE WOULD LIKE TO USE THE AREA REQUESTED AS AN OUTDOOR BAR & CONCERT USE.

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>WE ARE USING THE AREA FOR MILE OF MUSIC BANDS</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
AUGUST 5- AUGUST 8 2021 10am-11pm

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:

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

Google Maps

217
219
223



Map data ©2021, Map data ©2021 20 ft

Rear Parking Lots of 217, 219 & 223

Erica Ziegert

From: Jay <jayplamann@gmail.com>
Sent: Thursday, July 8, 2021 3:04 PM
To: Erica Ziegert
Subject: Re: Charles the florist approval

We will be using the back parking lot from August 5 through August 8.

Jay Plamann

920-277-3527

On Jul 8, 2021, at 3:03 PM, Erica Ziegert <Erica.Ziegert@appleton.org> wrote:

Jay,

Could you please confirm that the dates you are applying for are August 5-8 and not any earlier than that.

Thank you,

Erica Ziegert

Administrative Support Specialist
Office of the City Clerk
100 N. Appleton
Appleton, WI 54911
920-832-6448
<image001.jpg>

From: Jay <jayplamann@gmail.com>
Sent: Thursday, July 8, 2021 12:56 PM
To: Erica Ziegert <Erica.Ziegert@Appleton.org>
Subject: Fwd: Charles the florist approval

Erica
Let me know if you need anything else
Thank you

Jay Plamann

920-277-3527

Begin forwarded message:

From: Jay <jayplamann@gmail.com>
Date: July 8, 2021 at 12:50:28 PM CDT

To: "Cervelli, Theodore" <theodore.cervelli@united.com>

Subject: Re:

I got it
Thank you

Jay Plamann

920-277-3527

On Jul 8, 2021, at 12:48 PM, Cervelli, Theodore
<theodore.cervelli@united.com> wrote:

I Theodore Cervelli am allowing Jay Plamann and Tony Mueller to
use my back lot at 219 e College avenue for the week of august
2nd thru the 8th
sincerely Theodore Cervelli

Attention: This message was sent from a source external to the City of Appleton. Please use caution
when opening attachments or clicking links.

Attention: This message was sent from a source external to the City of Appleton. Please use caution when opening
attachments or clicking links.



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REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>6/17/21</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>2258-8</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment: WOODEN NICKEL RESTAURANT & LOUNGE, INC

Address of Establishment: 217 E. College Ave Appleton, WI 54911

Name of Agent: Anthony Mueller Phone Number: [REDACTED]

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application
REAR PARKING LOTS OF 217, 219 & 223 E. College Ave

Is this change Permanent? YES NO

If this is temporary please specify the reason for the amendment:
Mile of Music outdoor venue
Aug 5th - 8th

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
Aug 5th, 2021 - Aug 8th, 2021
10AM - 11PM

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: Anthony Mueller

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

217
219
223



Rear Parking Lots of 217, 219 & 223



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REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>6/21/21</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>2262-5</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment	<u>Emmetts Bar & Grill</u>	
Address of Establishment	<u>139 N. Richmond St Appleton Wisc 54911</u>	
Name of Agent	<u>Sharon L. Reader</u>	Phone Number

SECTION 2 – PREMISE AMENDMENT

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

125 x 125 sq. ft. Completely fenced in
with ample security as always.

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

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
Thursday Aug 5th 10AM until Sunday Aug 8th 10PM.

SECTION 3 – PENALTY NOTICE

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

Signature of Applicant: Sharon L. Reader

FOR OFFICE USE ONLY

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

BROWN
BUILDING

PARKING ALLOTTED FOR OTHER
BUSINESSES

DUMPSTERS

DRIVEWAY

SPRINKLER

This is
2 rows of stalls
Parking for All Other Business
& Tenants

DRIVEWAY



Washing for
Street

PRUDENTLY
ENTRANCE FOR
EVENT

Evergreen
Credit Union

Emmetts

STAGE

DRIVEWAY

Parking for
Other
Businesses
& Tenants

PARKING

Boost
MOBILE

Barber
Shop

Jimmie's
Chicken
fish

MEXICAN
RESTAURANT

Attic

Garage storage



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REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/7/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>2326-5</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Riverside Dan / Grill</u>	
Address of Establishment <u>904 S. OIDA ONIDA 54915</u>	
Name of Agent <u>GREGG VAN DINTA</u>	Phone Number

SECTION 2 – PREMISE AMENDMENT

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

EXPANDED PARKING LOT AREA

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

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

August 5, 2021 THRU August 8, 2021
9:00 AM - 2:30 pm(AM)

SECTION 3 – PENALTY NOTICE

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

Signature of Applicant:

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-14-21</u>	Council <u>7-21-21</u>	Date Issued	Exp. Date	License Number

Riverside Bar/ Grill 906 S OIDE ONIE DA ST

150'

Entry way monitored

50'

PARKING LOT YELLOW BORDER
PREMIS AOMENDMENT

Door

Door

Foyer

Door

open

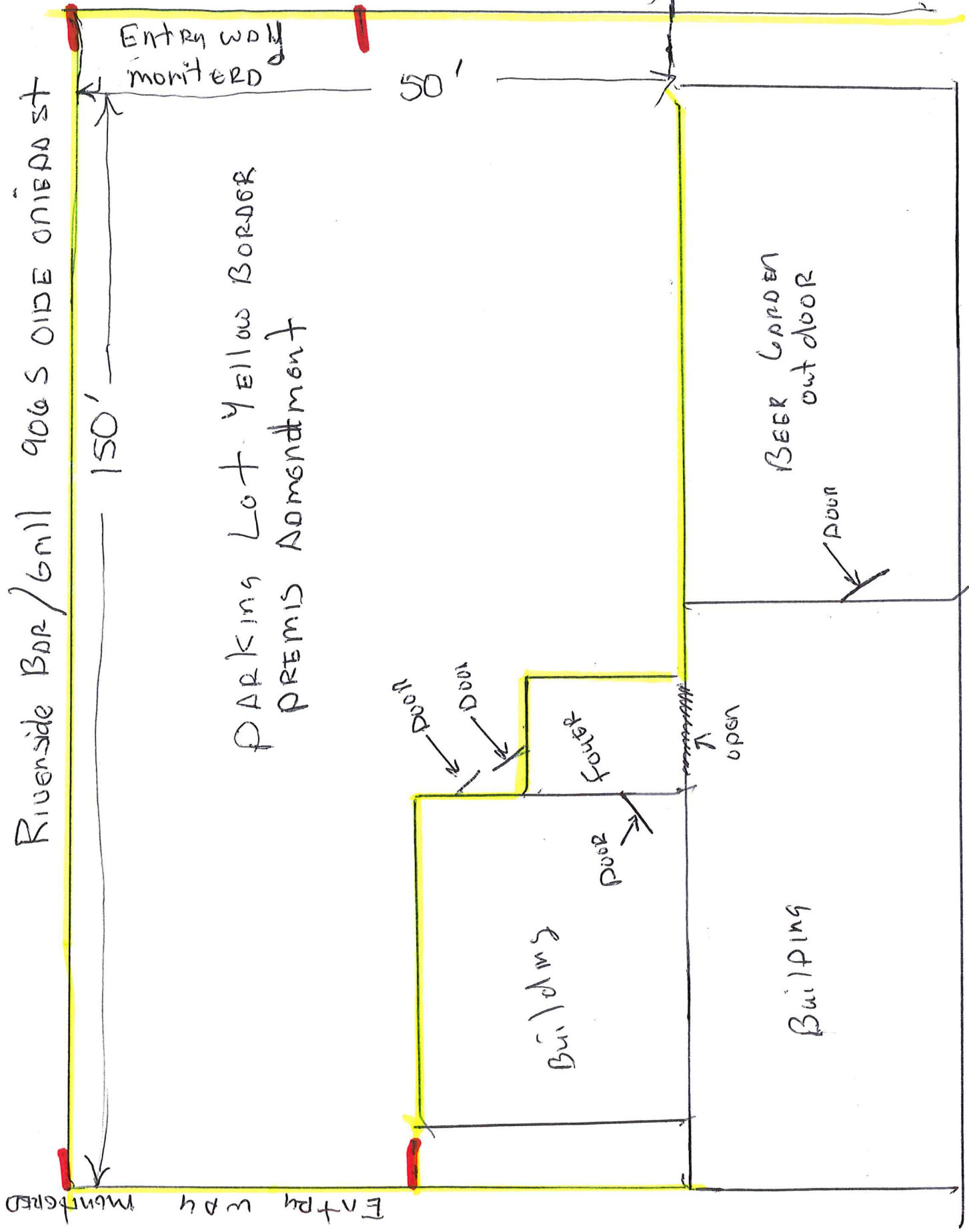
Building

Building

BEER GARDEN
out door

Door

Entry way monitored





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REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/8/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>2345-2</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment	Fox Cities Performing Arts Center	
Address of Establishment	400 West College Ave, Appleton, WI 54911	
Name of Agent	Pilar Martinez	Phone Number

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
 The Fox Cities P.A.C. will be hosting our annual cookout as a thank you to our Partners support this past year. The event will be taking place on Tuesday, August 17, 2021 from 5:30 PM -7:30 PM. We are planning to host a summer cookout, outdoors at the Center, on our Thrivent Plaza. Traditional Wisconsin Cookout food will be served and a variety of beverages. To allow us to serve alcohol at this event we are requesting a one-day amendment to our liquor license. The space will be fenced in with stanchions and has a capacity of approximately 200 people.

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: Although this event will be hosted on Center property, it is outside and we will need our liquor license amended for the day to extend outside to this space.
---	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
 The event will be Tuesday, August 17, 2021 from 5:30 PM - 7:30 PM

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:

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-14-21</u>	Council <u>7-21-21</u>	Date Issued	Exp. Date	License Number



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.....enhancing quality of life"

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/9/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>2345-9</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment	Rookie's Sports Bar & Grill		
Address of Establishment	325 N Appleton St.		
Name of Agent	Steve Carrow	Phone Number	920-830-1804

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application
 We would like the premises to include the parking lot. The reason is because the stage for Mile of Music is going to be put in Rookie's parking lot. We have purchased barricades to put at the end of each side of the parking lot and will have bouncers outside to prevent any alcoholic beverage leaving the premises.

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

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
 Thursday August 5th - Sunday August 8th

SECTION 3 – PENALTY NOTICE

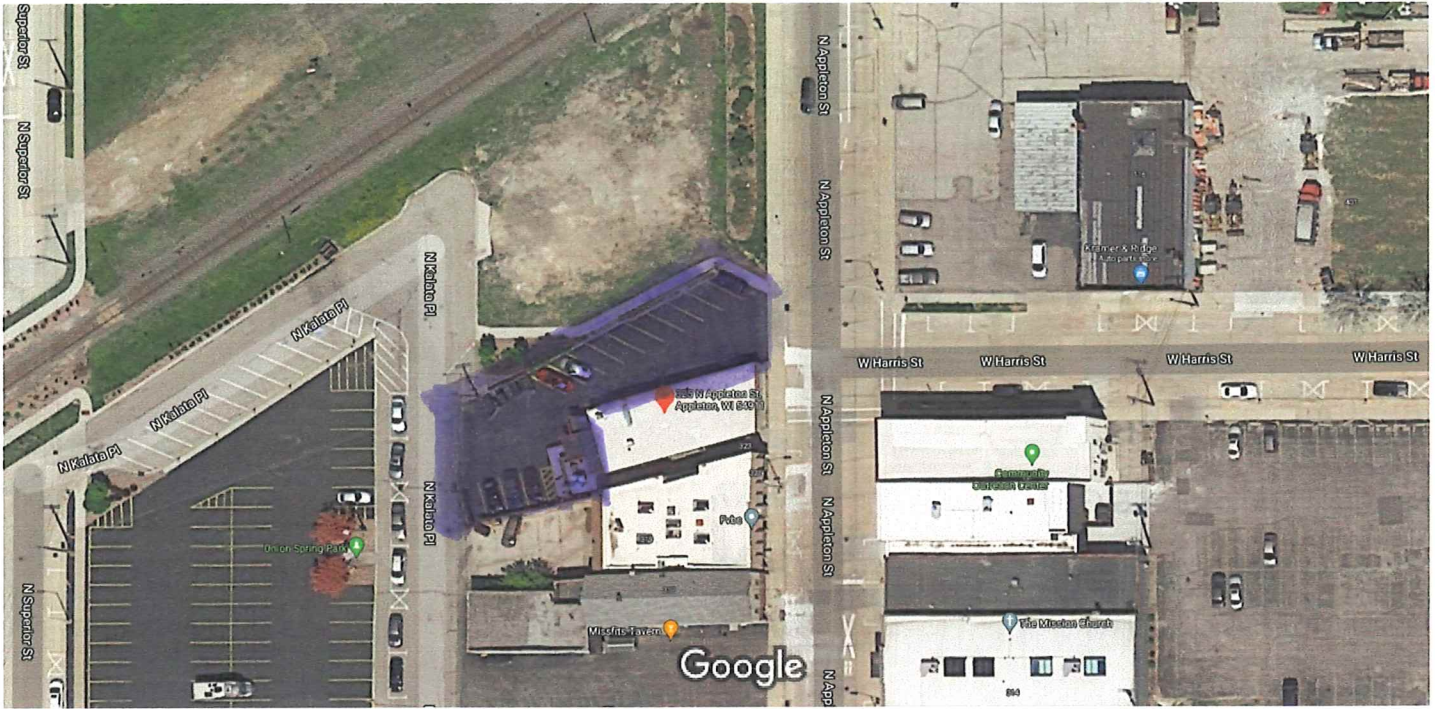
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
 Under penalty of law, I swear that the information provided in this application is true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

Signature of Applicant: Angela Wilson GM

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

S&L <u>744-21</u>	Council <u>7-21-21</u>	Date Issued	Exp. Date	License Number
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Map data ©2021, Map data ©2021 20 ft



325 N Appleton St

Building



Directions



Save



Nearby



Send to your phone



Share



You visited 2 weeks ago



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/24/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>77</u>	Receipt <u>2296-2</u>

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

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

The named organization applies for: (Please check one or both)

- 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 licenses 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) Sacred Heart Catholic Church Date Organized 1898

Address 222 E. Fremont Street City Appleton State WI Zip 54915

Person in Charge of Event: Name: Last Erickson First David M. I. J Date of Birth [redacted]

Address W6060 Dahlia Drive City Appleton State WI Zip 54915 Person in charge phone number: [redacted]

President Last First Middle Initial Date of Birth Male Femal

Address City State Zip

Vice President Last First Middle Initial Date of Birth Male Femal

Address City State Zip

Secretary Last First Middle Initial Date of Birth Male Femal

Address City State Zip

Treasurer Last First Middle Initial Date of Birth Male Femal

Address City State Zip

SECTION 2 - EVENT INFORMATION SECTION Date(s) of Event: Beginning 8/14/21 Ending: 8/15/21 Hours Noon-10pm 8/14/21 9am-3pm/PM 8/15/21 AM/PM

Please describe the type of event you are going to have: Parish Picnic

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: Sold in Beer Tent located in church parking lot

Address 222 E. Fremont Street City Appleton State WI Zip 54915

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Will minors be present? No Yes

Beer Tent / Food tent 80'x120' If yes, how will you prevent minors from obtaining alcoholic beverages? Beer tickets only sold after

SECTION 3 - PENALTY SECTION date of Birth is checked.

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

Signature of Officer David J. Erickson

FOR OFFICE USE ONLY

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

Beer and wine event #1
Events # 2-7 on attached sheet

Event # 2 Chili Dinner

October 23, 2021 4³⁰-7³⁰ pm

Food and Beer Sold in Church Cafeteria
in Basement 180' x 90'

Bartender will check for age at point of sale.

Event # 3 Spaghetti Dinner

January 29, 2022 4³⁰-7³⁰ pm

Food Beer and Wine Sold in Church Cafeteria
in Basement 180' x 90'

Bartender will check for age at point of sale

Events # 4-6 Fish Frys

March 11 and 25 and April 8, 2022

Food and Beer sold in Church Cafeteria
in Basement 180' x 90'

Bartender will check for age at point of sale.

Event # 7 Family Fun Night

February 19, 2022 4³⁰-8³⁰ pm

Food and Beer Sold in Gym on Main Floor
240' x 120'

Bartender will check for age at point of sale.



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FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/15/21</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>2248-6</u>

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

The named organization applies for:						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)						
SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly						
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)				Date Organized		
Sculpture Valley				JUNE 15, 2011		
Address		City	State	Zip		
110 S. DURKEE ST.		APPLETON	WI	54911		
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth	
		WILLEMS, DAVE	G		●●●●●●	
Address		City	State	Zip	Person in charge phone number:	
59 MEADOW DR.		APPLETON	WI	54915	●●●-●●●-●●●●	
President	Last	First	Middle Initial	Date of Birth	Male	Female
	GATES	ALISON		●●●●●●		<input checked="" type="checkbox"/>
Address		City	State	Zip		
4819 N. FUJI DR.		APPLETON	WI	54911		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	VACANS					
Address		City	State	Zip		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	KNOKE	KYLE	A.	●●●●●●	<input checked="" type="checkbox"/>	
Address		City	State	Zip		
41750 KING ROAD		WAUNAKEE	WI	54981		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	VACANS					
Address		City	State	Zip		
SECTION 2 - EVENT INFORMATION SECTION						
Date(s) of Event: Beginning		Ending:		Hours	10:00	
08/05/2021		08/08/2021		11:00 AM	●●:00 AM (PM)	
Please describe the type of event you are going to have:						
FREE MUSIC FESTIVAL open to the general public						
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:						
303 N. Oneida Street, Appleton, WI 54911 - Outee Edge Stage						
Address		City	State	Zip		
303 N. Oneida St.		APPLETON	WI	54911		
Are you requesting an "open concept" license?		No	<input checked="" type="checkbox"/> Yes	Will minors be present?		
				No <input checked="" type="checkbox"/> Yes		
Describe actual location and dimensions of area to be licensed - Be precise!			If yes, how will you prevent minors from obtaining alcoholic beverages?			
Inside the building back of room			wristband needed to purchase drink tickets			
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 accommodations for persons with disabilities will be made upon request and if feasible.

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



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.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/15/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>2248-6</u>

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

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

The named organization applies for: (Please check one or both)					
<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 licenses in a 12 month period)					
SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>Sculpture Valley</u>				Date Organized <u>6/15/11</u>	
Address <u>110 S. Durkee St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event: Name: Last <u>Willems</u> First <u>Dave</u> M. I. <u>G</u> Date of Birth			Address <u>59 Meadow Dr.</u>		
City <u>Appleton</u>		State <u>WI</u>	Zip <u>54915</u>	Person in charge phone number: 	
President Last <u>Gates</u> First <u>Allison</u> Middle Initial <u></u> Date of Birth Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Address <u>4819 N. Fuji Dr.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Vice President Last <u>VACANT</u> First <u></u> Middle Initial <u></u> Date of Birth <u></u> Male <input type="checkbox"/> Female <input type="checkbox"/>	Address <u>VACANT</u>		City <u></u>	State <u></u>	Zip <u></u>
Secretary Last <u>Knake</u> First <u>Kyle</u> Middle Initial <u>A.</u> Date of Birth Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Address <u>E1750 King Rd</u>		City <u>Waupaca</u>	State <u>WI</u>	Zip <u>54981</u>
Treasurer Last <u>VACANT</u> First <u></u> Middle Initial <u></u> Date of Birth <u></u> Male <input type="checkbox"/> Female <input type="checkbox"/>	Address <u>VACANT</u>		City <u></u>	State <u></u>	Zip <u></u>
SECTION 2 - EVENT INFORMATION SECTION					
Date(s) of Event: Beginning <u>08/05/21</u> Ending: <u>08/08/21</u> Hours <u>11</u> <input checked="" type="radio"/> AM / <input type="radio"/> PM <input type="radio"/> AM / <input checked="" type="radio"/> PM		10:00			
Please describe the type of event you are going to have: <u>Free music festival open to the general public</u>					
Do you plan to serve food at this event?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold or served: <u>Houdini Plaza</u>					
Address <u>100 W. Lawrence St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Describe actual location and dimensions of area to be licensed below:- BE PRECISE! <u>Bev. set-up in Park area next to dumpsters on East side of park</u>			Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>F.I.D. Required on site wristband needed to purchase tickets</u>		
SECTION 3 - PENALTY SECTION					
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.					
Signature of Officer					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Date Issued		Exp. Date		License Number



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>6/29/21</u>
License Fee - \$10.00 per event		Acct Code: CLCSPB
Investigation Fee + 7.00		Acct Code: CLCPIF
Total Amount Paid <u>17</u>		Receipt <u>2315-2</u>

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

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

The named organization applies for: (Please check one or both)								
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.								
<input type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)								
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		
Fox Cities Chamber of Commerce						Sept 29, 1976		
Address		City		State		Zip		
125 N. Superior Street		Appleton		WI		54911		
Person in Charge of Event:			Name: Last		First		M. I.	
			Lehr		Thomas		S	
Address		City		State		Zip		
125 N. Superior St.		Appleton		WI		54911		
Person in charge phone number:								
President		Last		First		Middle Initial		
		Bartoszek		Brooky		L		
Address		City		State		Zip		
125 N. Superior St.		Appleton		WI		54911		
Vice President		Last		First		Middle Initial		
		Lehr		Thomas		S		
Address		City		State		Zip		
125 N. Superior St.		Appleton		WI		54911		
Secretary		Last		First		Middle Initial		
Address		City		State		Zip		
Treasurer		Last		First		Middle Initial		
Address		City		State		Zip		
SECTION 2 – EVENT INFORMATION SECTION								
Date(s) of Event: Beginning <u>9/25/2021</u> Ending: <u>9/25/2021</u>				Hours <u>9</u> AM/PM <u>6</u> AM/PM				
Please describe the type of event you are going to have: <u>Appleton's Octoberfest</u>								
Do you plan to serve food at this event?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		If yes, contact the Appleton Health Department. (920.832.6429)				
Location where beer or wine will be sold or served: <u>See various bar locations on map - attached</u>								
Address		City		State		Zip		
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!				Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
<u>See map attached of details College Ave - Richmond to Lowe</u>				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>See attached</u>				
SECTION 3 – PENALTY SECTION								
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.								
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.								
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.								
Signature of Officer <u>[Signature] SUP/CFO</u>								
FOR OFFICE USE ONLY								
Dept.		Approve		Deny		By		
Police								
Fire								
Health								
Inspection								
S&L		Date Issued		Exp. Date		License Number		

How will we prevent minors from obtaining alcohol?

7 Wristband Booths

- Training of all wristband booth volunteer groups at an in person meeting in September
- Check IDs
 - Each person wears WE ID Pins
 - Booklets on what acceptable forms of ID are
- Each patron must buy their own wristband
- Everyone's ID MUST BE CHECKED
- Wristbands and tickets are same color and do change from year to year
- Wristbands are placed on a certain wrist each year (either left or right)

Wristband monitors will be monitoring each wristband booth throughout the day. These are trained volunteers

Each bar will have licensed and trained bar managers

DREW STREET

162
161
160
159
158
157
156
155
154
153
152
151
150
149
148
147
146
145
144
143
142
141
140
139
138

Arts & Crafts Area

COLLEGE

26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

100 All Saints Episcopal Church

404

420

Easement Area — No booths

Lawrence University Stage

60'

137
136
135
134
133
132
131
130
129
128

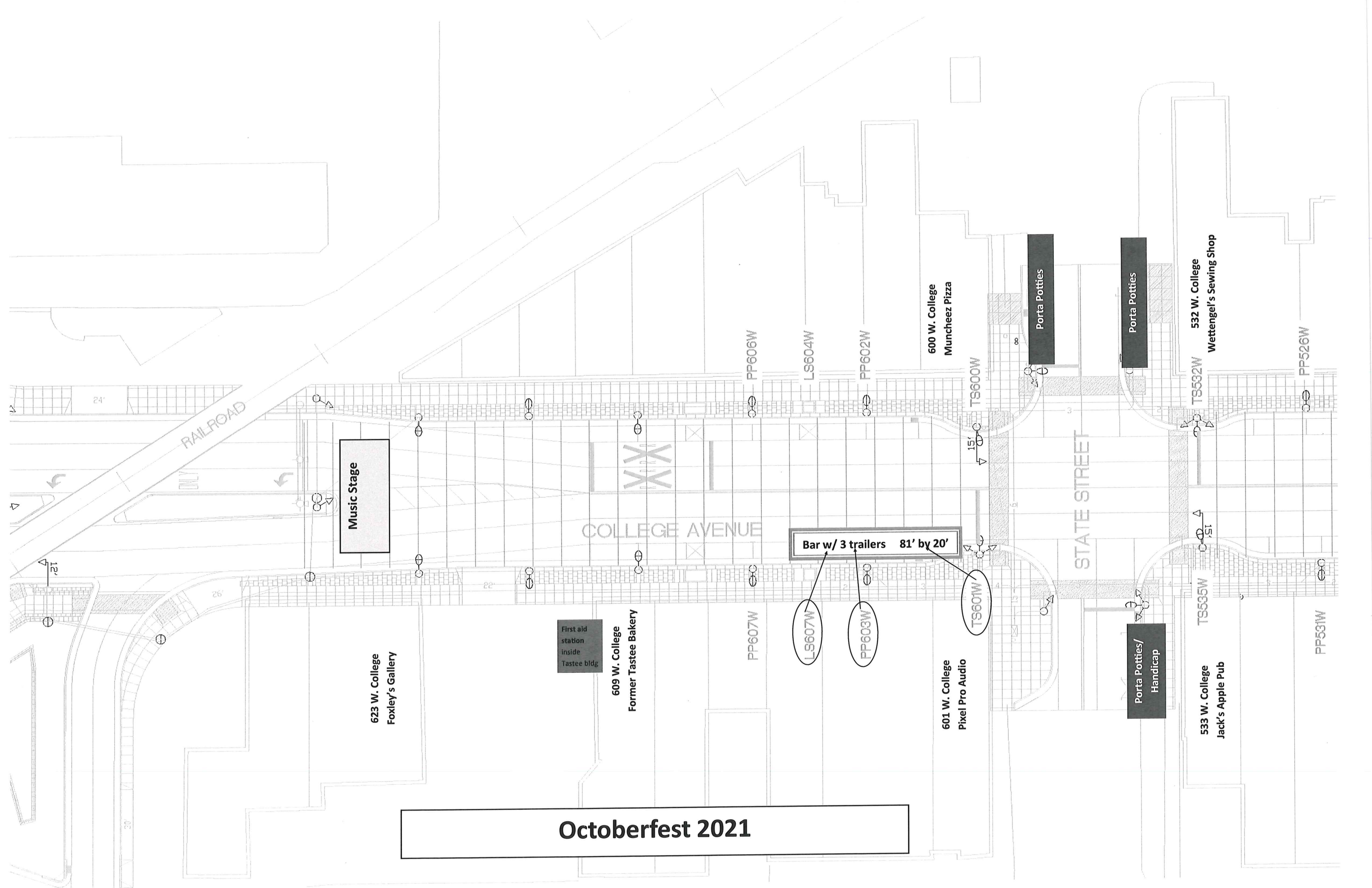
All booths are

50
51
52
53
54
55
56
57
58
59

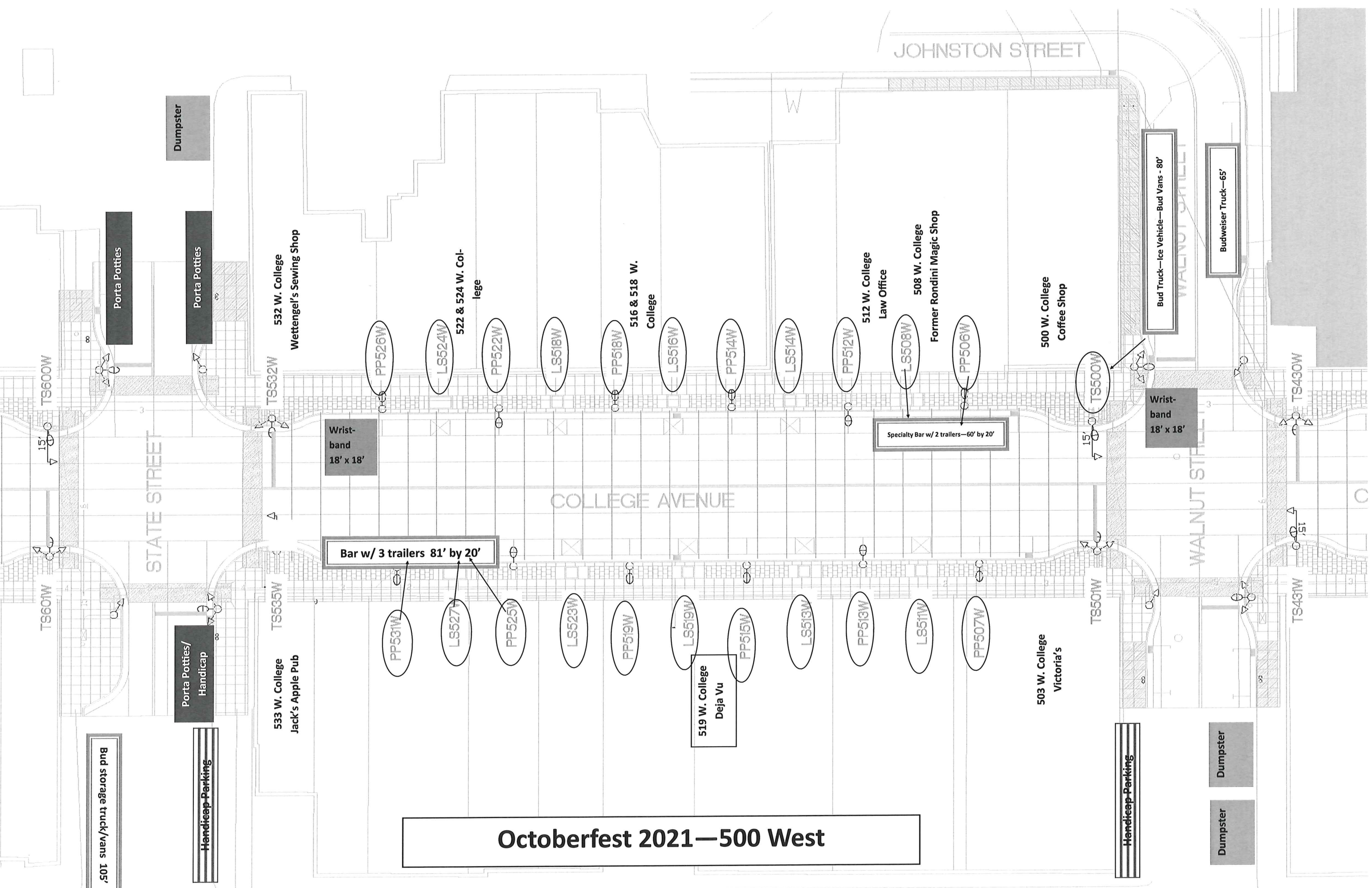
Lawrence University Chai

510

Octoberfest 2021



JOHNSTON STREET



Dumpster

Porta Potties

Porta Potties

532 W. College
Wettengel's Sewing Shop

PP526W

LS524W

522 & 524 W. College

PP522W

LS518W

516 & 518 W. College

PP518W

LS516W

PP514W

LS514W

512 W. College
Law Office

PP512W

LS508W

508 W. College
Former Rondini Magic Shop

PP506W

500 W. College
Coffee Shop

TS500W

Bud Truck—Ice Vehicle—Bud Vans - 80'

Budweiser Truck—65'

Wrist-band
18' x 18'

TS430W

STATE STREET

TS600W

TS601W

TS532W

TS535W

Bar w/ 3 trailers 81' by 20'

Wrist-band
18' x 18'

Specialty Bar w/ 2 trailers—60' by 20'

PP531W

LS527W

PP525W

LS523W

PP519W

LS519W

PP515W

LS513W

PP513W

LS511W

PP507W

519 W. College
Deja Vu

503 W. College
Victoria's

TS501W

TS431W

Bud storage truck/vans 105'

Handicap Parking

533 W. College
Jack's Apple Pub

Octoberfest 2021—500 West

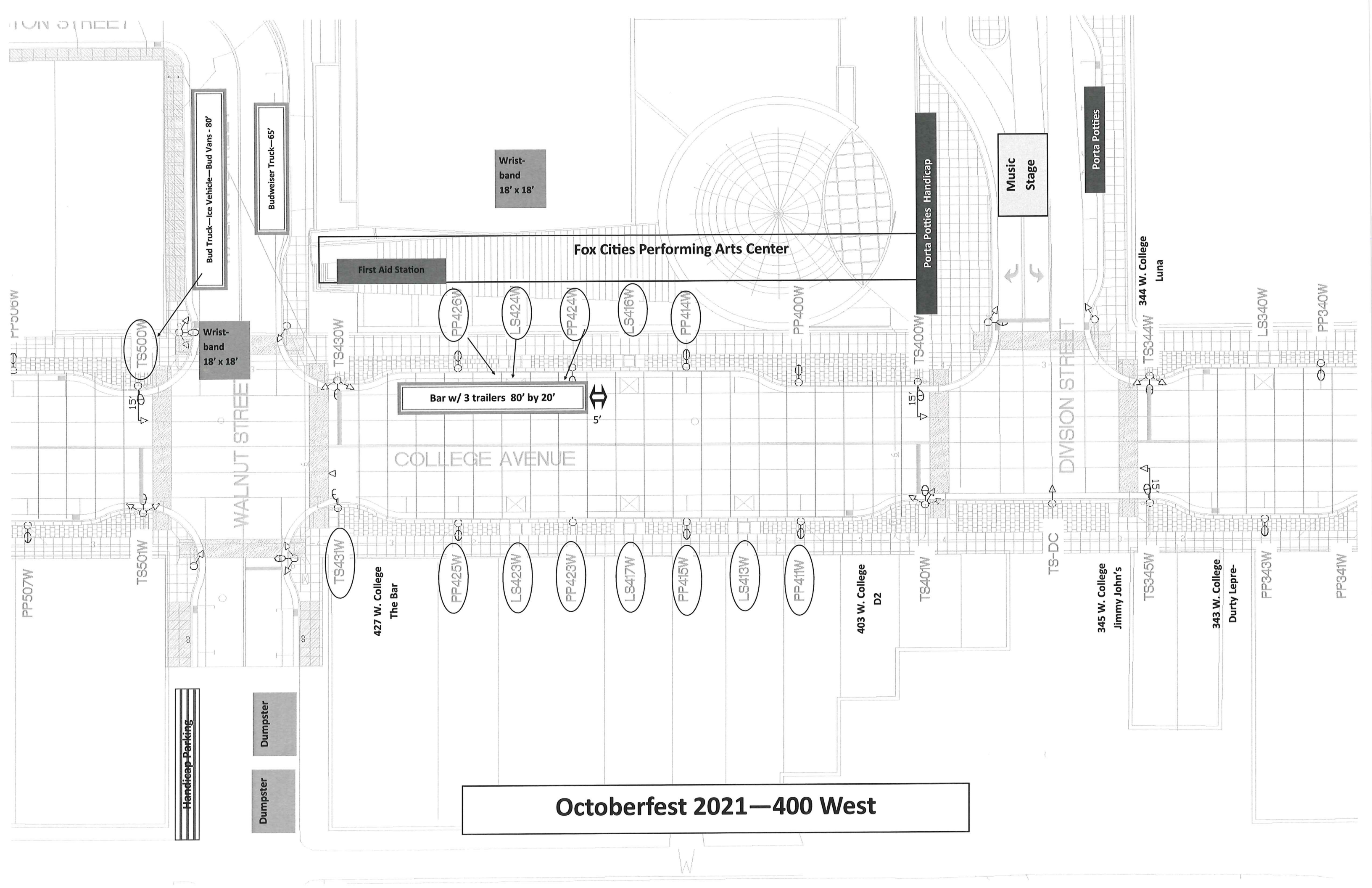
Handicap Parking

Dumpster

Dumpster

WALNUT STREET

WALNUT STREET



Bud Truck—Ice Vehicle—Bud Vans - 80'

Budweiser Truck—65'

Wrist-band
18' x 18'

First Aid Station

Fox Cities Performing Arts Center

Porta Potties Handicap

Music Stage

Porta Potties

344 W. College
Luna

Wrist-band
18' x 18'

Bar w/ 3 trailers 80' by 20'

COLLEGE AVENUE

DIVISION STREET

PP507W

TS501W

WALNUT STREET

TS431W

427 W. College
The Bar

PP425W

LS423W

PP423W

LS417W

PP415W

LS413W

PP411W

403 W. College
D2

TS401W

TS-DC

345 W. College
Jimmy John's

TS345W

343 W. College
Durty Lepre-

PP343W

PP341W

LS340W

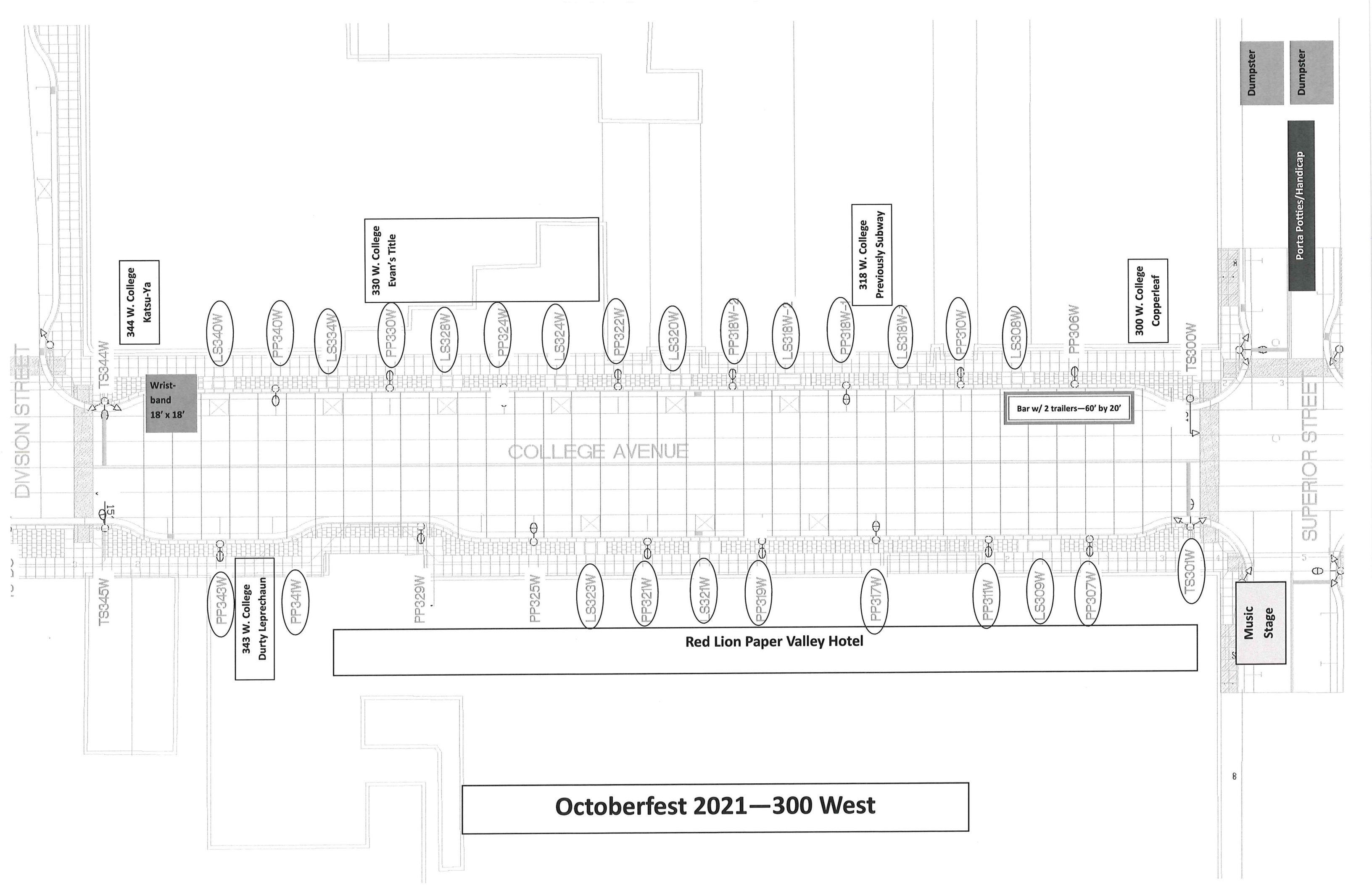
PP340W

Handicap Parking

Dumpster

Dumpster

Octoberfest 2021—400 West



344 W. College
Katsu-Ya

330 W. College
Evan's Title

318 W. College
Previously Subway

300 W. College
Copperleaf

Wrist-
band
18' x 18'

Bar w/ 2 trailers—60' by 20'

343 W. College
Dirty Leprechaun

Red Lion Paper Valley Hotel

Music
Stage

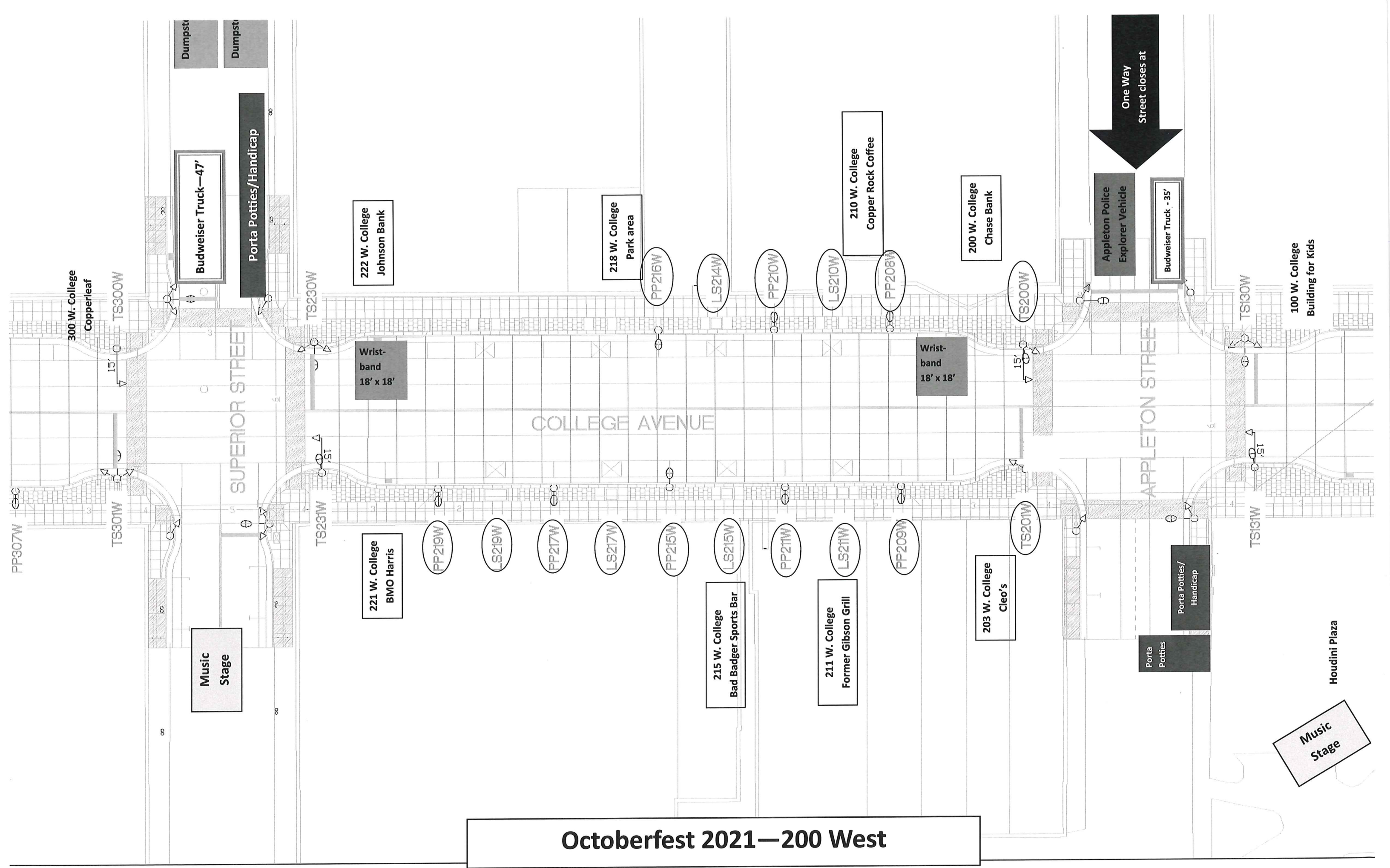
Dumpster

Dumpster

Porta Potties/Handicap

Octoberfest 2021—300 West

Octoberfest 2021—200 West



Music Stage

221 W. College
BMO Harris

PP219W

LS219W

PP217W

LS217W

PP215W

LS215W

PP211W

LS211W

PP209W

203 W. College
Cleo's

TS201W

Wrist-
band
18' x 18'

222 W. College
Johnson Bank

218 W. College
Park area

PP216W

LS214W

PP210W

LS210W

PP208W

210 W. College
Copper Rock Coffee

200 W. College
Chase Bank

TS200W

300 W. College
Copperleaf

TS300W

Budweiser Truck—47'

Porta Potties/Handicap

Appleton Police
Explorer Vehicle

Budweiser Truck - 35'

Music
Stage

Houdini Plaza

100 W. College
Building for Kids

One Way
Street closes at

SUPERIOR STREET

COLLEGE AVENUE

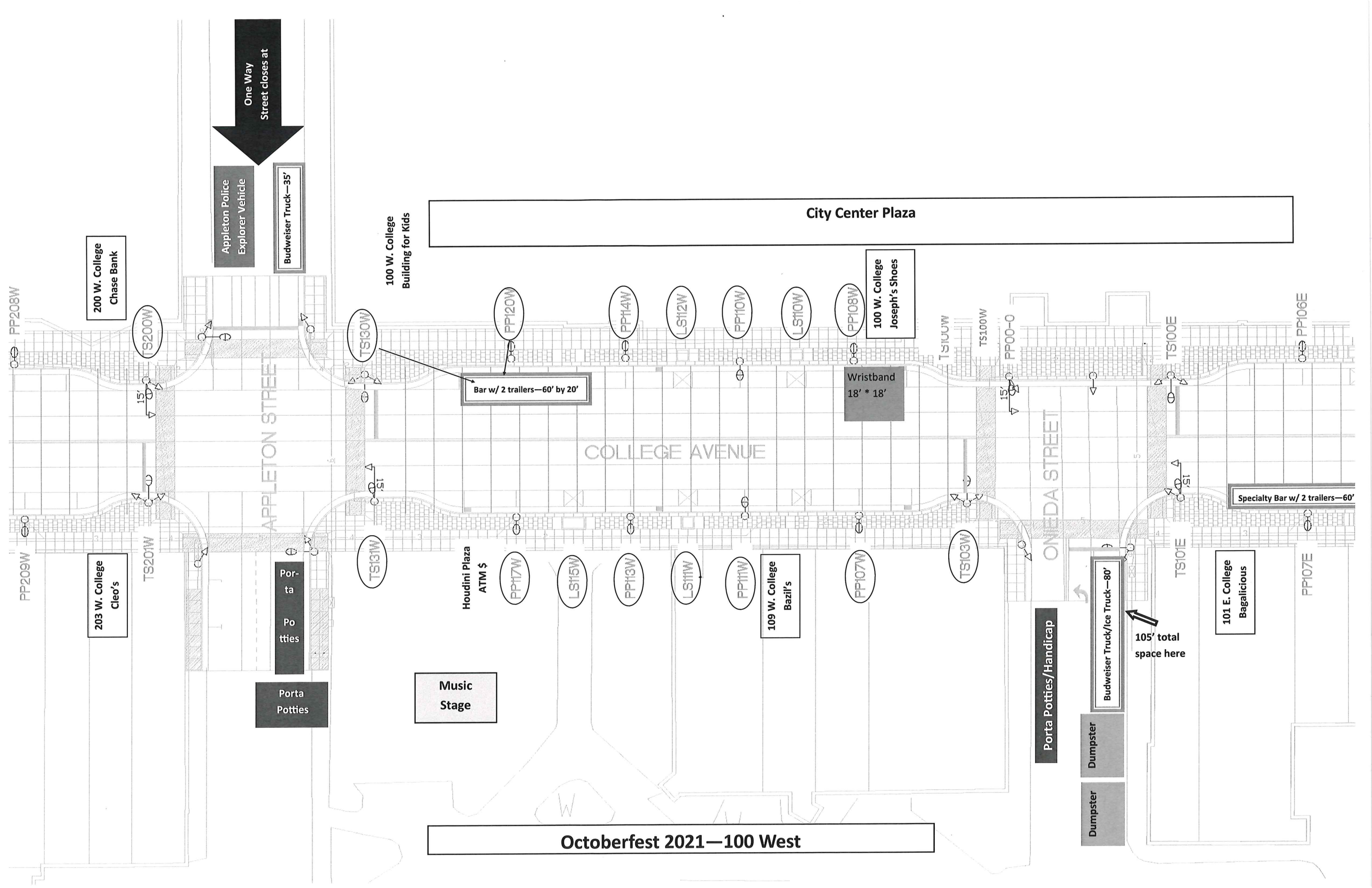
APPLETON STREET

Dumpst

Dumpst

Porta
Potties

Porta Potties/
Handicap



City Center Plaza

100 W. College Building for Kids

100 W. College Joseph's Shoes

Wristband 18' * 18'

Bar w/ 2 trailers—60' by 20'

COLLEGE AVENUE

Specialty Bar w/ 2 trailers—60'

200 W. College Chase Bank

Appletton Police Explorer Vehicle

Budweiser Truck—35'

One Way Street closes at

203 W. College Cleo's

Porta Potties

Porta Potties

Houdini Plaza ATM \$

Music Stage

109 W. College Basil's

Porta Potties/Handicap

Budweiser Truck/Ice Truck—80'

105' total space here

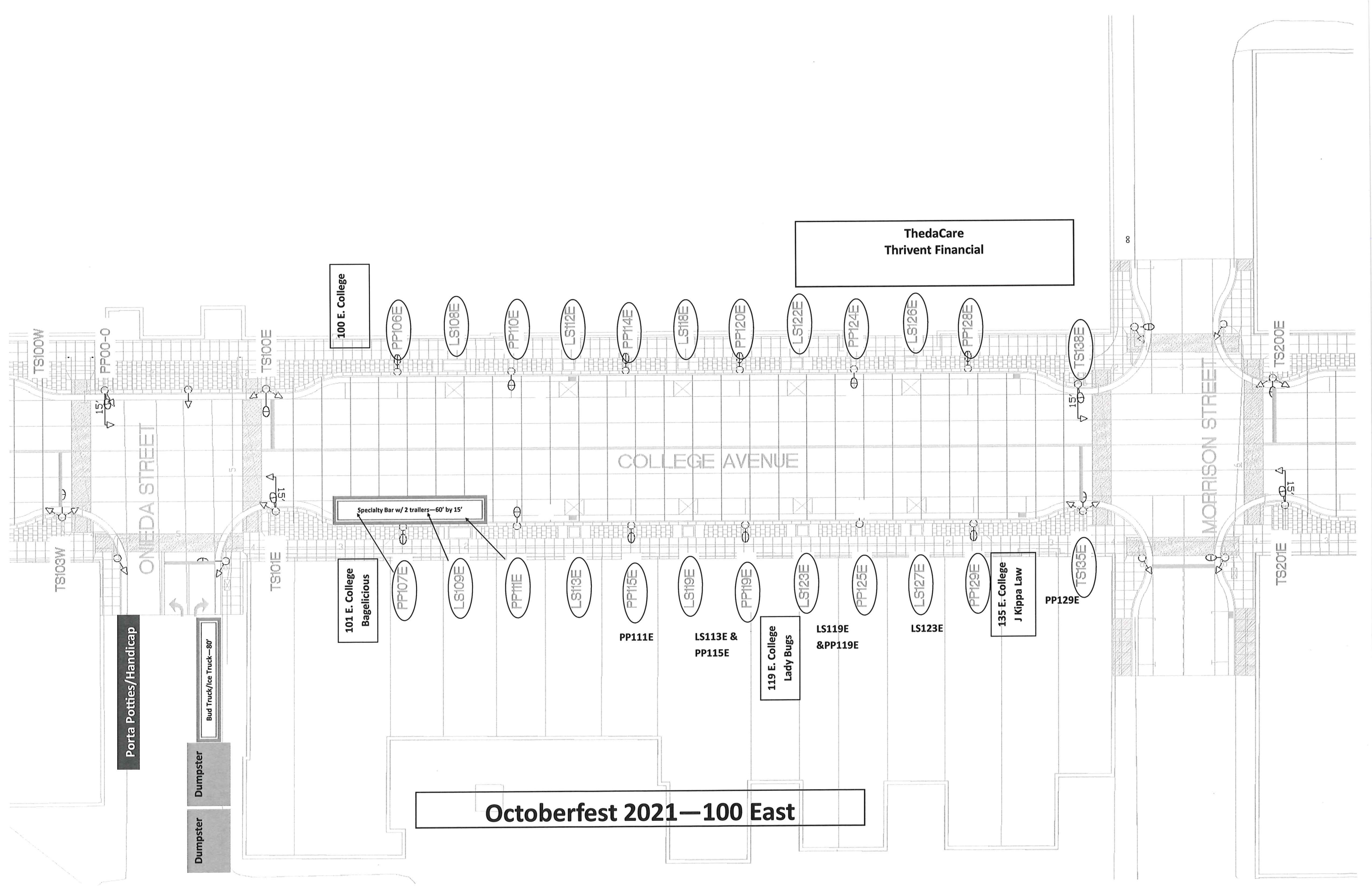
101 E. College Bagalicious

Dumpster

Dumpster

Octoberfest 2021—100 West

Octoberfest 2021—100 East



100 E. College

ThedaCare
Thrivent Financial

Specialty Bar w/ 2 trailers—60' by 15'

101 E. College
Bagelicious

119 E. College
Lady Bugs

135 E. College
J Kippa Law

Porta Potties/Handicap

Bud Truck/Ice Truck—80'

Dumpster

Dumpster

Octoberfest 2021—200 East

One Way
Street closes at 9:00 a.m.

MORRISON STREET

COLLEGE AVENUE

DURKEE STREET

200 E. College
Peterson, Berk
& Cross

218 E. College
Erbert & Gerbert's

228 E. College
The Fire

232 E. College
Massage Conn.

201 to 211
E. College
Gabriel
Furniture

217 E. College
Wooden Nickel

219 E. College
Charles the Florist

233 E. College
Harmony Cafe

Wristband
18' x 18'

Bar w/two trailers—60' by 20'

Dumpster in
best location

Bud truck—50'

Porta Potties/Handicap

TS138E

TS135E

TS200E

TS201E

PP204E

PP207E

LS206E

LS209E

PP208E

PP211E

LS212E

LS213E

PP214E

PP215E

LS216E

LS217E

PP218E

PP219E

LS220E

LS221E

PP224E

PP225E

LS226E

LS227E

PP228E

PP229E

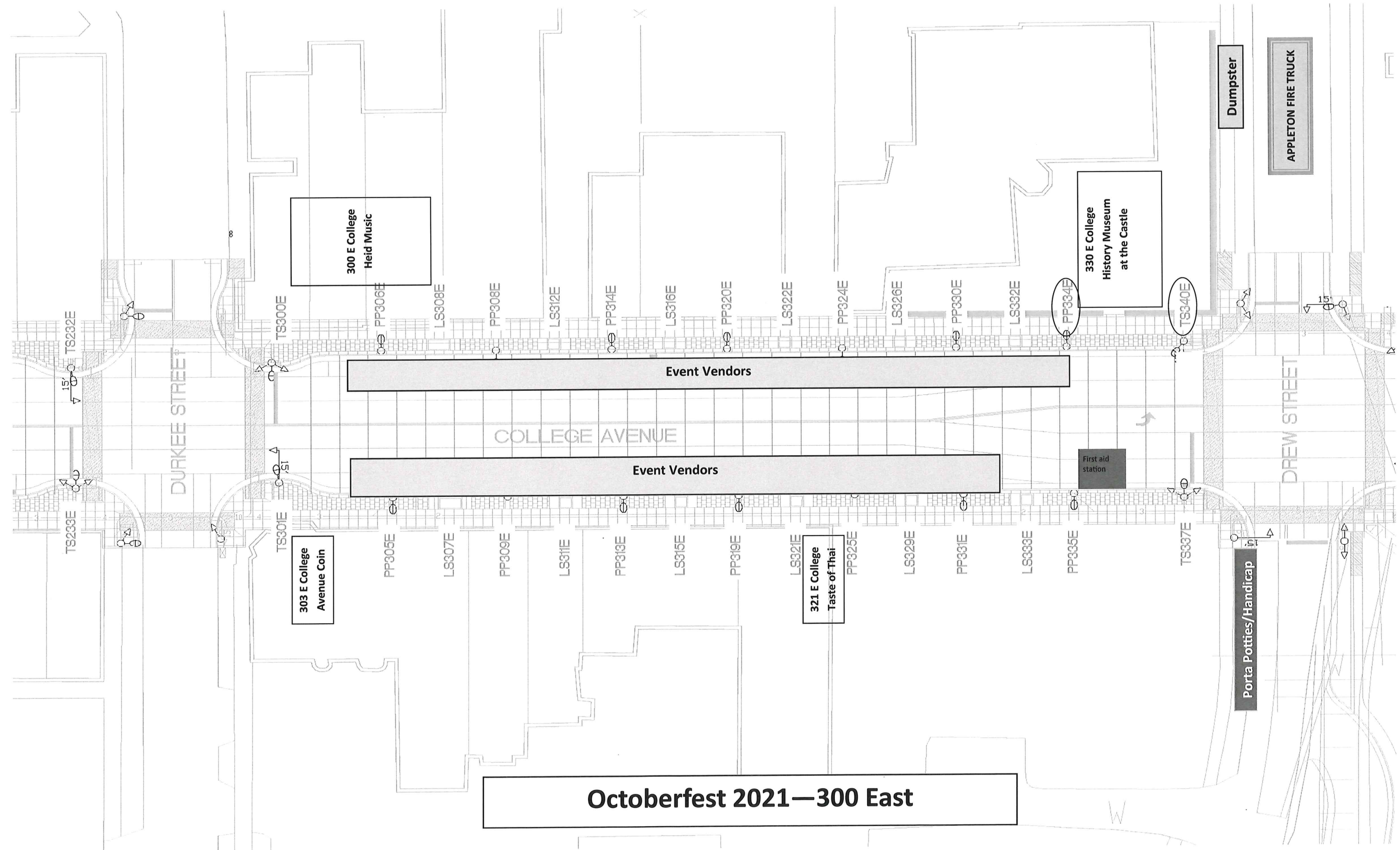
TS232E

TS233E

TS300E

TS301E

Octoberfest 2021—300 East



300 E College
Heid Music

303 E College
Avenue Coin

321 E College
Taste of Thai

330 E College
History Museum
at the Castle

Event Vendors

Event Vendors

First aid
station

Dumpster

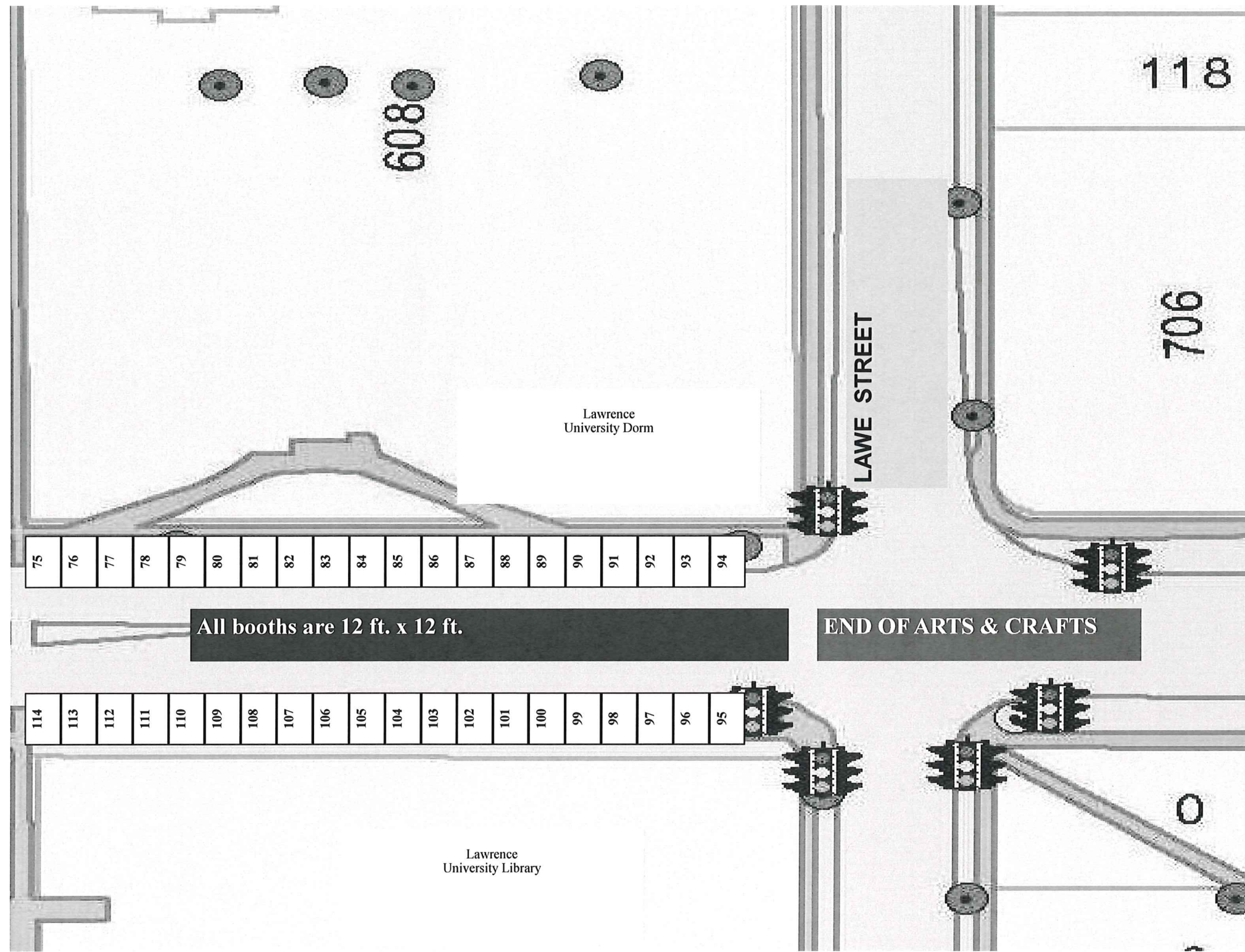
APPLETON FIRE TRUCK

Porta Potties/Handicap

DURKEE STREET

DREW STREET

COLLEGE AVENUE



Arts & Crafts Area—Octoberfest 2021



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid 17.00

Date Rec'd 7/8/21

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 2345-8

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

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

The named organization applies for: (Please check one or both)							
<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 licenses 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) Creative Downtown Appleton Inc.						Date Organized 10.22.2014	
Address 333 W. College Avenue, Ste. 100				City Appleton	State WI	Zip 54911	
Person in Charge of Event:			Name: Last Stephany		First Jennifer	M. I. L.	Date of Birth
Address c/o ADI 333 W. College Ave., Ste. 100			City Appleton	State WI	Zip 54911	Person in charge phone number: 954-9112 Office Cell	
President	Last Vargasko	First Laura	Middle Initial E.	Date of Birth 		Male	Femal <input type="checkbox"/>
Address 4321 N. Ballard St.				City Appleton	State WI	Zip 54919	
Vice President	Last King	First Lyssa	Middle Initial M	Date of Birth 		Male	Femal <input type="checkbox"/>
Address 211 W. College Avenue				City Appleton	State WI	Zip 54911	
Secretary	Last Klister	First Tom	Middle Initial J	Date of Birth 		Male <input type="checkbox"/>	Femal <input type="checkbox"/>
Address 100 W. Lawrence St., Ste. 2				City Appleton	State WI	Zip 54911	
Treasurer	Last Lonsway	First Steve	Middle Initial T	Date of Birth 		Male <input type="checkbox"/>	Femal <input type="checkbox"/>
Address <u>1004 Old Orchard</u>				City Appleton	State WI	Zip 54911	
SECTION 2 – EVENT INFORMATION SECTION							
Date(s) of Event: Beginning 08 / 04 / 2021 Ending: 08 / 08 / 2021				Hours 11	AM / PM <input checked="" type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input checked="" type="radio"/> PM
Please describe the type of event you are going to have: Mile of Music - free music event featuring live original "crafted" music							
Do you plan to serve food at this event?		No	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)			
Location where beer or wine will be sold or served: Jones Park							
Address Water Street and Lawrence				City Appleton	State WI	Zip 54911	
Describe actual location and dimensions of area to be licensed below:- BE PRECISE!				Will minors be present?		No	Yes <input checked="" type="checkbox"/>
Full use of park area. Wristbands and tickets purchased at designated areas marked clearly. Beer stations will be set up separately, keeping flow of customers moving and utilizing the full space.				If yes, how will you prevent minors from obtaining alcoholic beverages? Wristband required with ID, tickets used for alcohol purchase. Licensed bartenders on site.			
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	Date Issued			Exp. Date	License Number		

APPLETON POLICE DEPARTMENT

2021 Mid-Year Budget Report

Significant 2021 Events

The Police Department remains committed to protecting the lives and property within our community by prioritizing core services, identifying key initiatives for organizational efficiencies and acknowledging challenges we will continue to face to maintain public safety and trust. Through our community partnerships we will educate the public regarding available services and facilitate collaborative problem-solving initiatives with other public and private agencies. This is the foundation of our Community Resource Unit that consists of a Behavioral Health Officer, Community Liaison Officer and Victim Services Officer. Working together and individually the officers are engaged and proactive in addressing mental health issues, providing support to victims of crime, and collaborating with community groups and other agencies to resolve challenges through communication and transparency.

As the economy continues to recover to the pre-pandemic fiscal stability, we have experienced unpredicted elevated pricing, a significant reduction in product availability, and changes in services due to the economic changes and limited funding. Maintaining essential inventory, such as ammunition was impacted by supply and demand where pricing is 200% higher than previous years. Annual certification for officers will continue to be reimbursed through the Wisconsin Department of Justice, however other specialized training, such as the cost for an officer to attend the Fox Valley Technical College Recruitment Academy will require us to fund through our training budget. We can only speculate if the fiscal changes will stabilize and linger into 2022.

Grant funding was restored in 2021 for traffic and drug enforcement through the Wisconsin Department of Transportation and the State and Federal Department of Office of Justice Assistance. Anticipating similar grant availability in 2022 this budget reflects an increase of \$30,000 to support the initiatives to minimize traffic fatalities and injuries due to impaired driving, speed, and lack of seatbelt use. Funding is also provided for task force drug enforcement in collaboration with other agencies.

In 2021 the department saw multiple personnel changes simultaneously due to retirements. This provided us an opportunity to evaluate our programs and modifying staff level alignment to ensure organizational efficiencies. As we consistently promote and invest in community outreach to create a better relationship with the community we serve, we also strive to sustain strong leadership through development of innovative programs and positions, such as the Community Resource Unit Coordinator and a Professional Development Coordinator. This transition will provide better communication and consistency in coordinating programs while identifying potential gaps in service.

Community perception and trust had positive results in the 2020 community survey and promoted a positive response to the Police Chief's Community Advisory Board which acknowledges our vision and investment in collaborative partnerships.

Investigators have been working with U.S. postal inspectors, and several local jurisdictions, to investigate a large-scale fraud investigation that involves the theft of checks that were placed in the mail and then altered and cashed. The Special Investigations Unit continues to follow crime trends in our community and takes the necessary steps to address and decrease occurrences of drug-related crimes.

PERFORMANCE INDICATORS

	Actual 2019	Actual 2020	Target 2021	Projection 2021
EXECUTIVE MANAGEMENT				
Client Benefits/Impacts				
Increase public safety and awareness				
* # media contacts	700	675	600	676
* # of new releases distributed	90	150	90	165
* # of social media followers	56,779	59,171	60,100	70,000
Identify, assess and respond to community needs				
* % of favorable survey responses to meeting community needs	N/A	96%	85%	90%
Strategic Outcomes				
Provide excellence in police services				
* % of survey responses that are satisfied with the department's overall performance	N/A	95%	85%	90%
Work Process Outputs				
Foster community relationships				
* # of active Neighborhood Watch Groups	82	81	90	81
Cultural responsiveness				
* # of diversity initiatives / meetings	20	12	25	25
	Actual 2019	Actual 2020	Target 2021	Projection 2021
ADMINISTRATION SERVICES				
Client Benefits/Impacts				
Process requests for information				
* % open records request processed with 10 working days	95%	95%	95%	95%
* # of TIME System transactions initiated	20,000	20,000	20,000	20,000
Strategic Outcomes				
Compliance with Uniform Crime Reporting				
* Complete monthly reporting requirements to state & FBI	100%	100%	100%	100%
Work Process Outputs				
Provide quality support services				
* # of public open records requests	3,261	3,259	3,000	3,000
* # of Criminal history queries	5,000	5,000	5,000	5,000
	Actual 2019	Actual 2020	Target 2021	Projection 2021
COMMUNITY SERVICES				
Client Benefits/Impacts				
Provide greater access to police services				
* Average # of CSO hours p/month	1,211	1,329	1,300	1,060
Strategic Outcomes				
Increased security at community events				
* % of time CSO work special events	15%	0%	15%	15%
Work Process Outputs				
Maintain community support				
* # of CSO calls for service	11,000	6,413	11,000	7,500

Appleton Police Department 2021 Mid-Year Report

INVESTIGATIVE SERVICES	Actual 2019	Actual 2020	Target 2021	Projection 2021
Client Benefit/Impacts				
Process specialized investigative support				
* # of cases assigned to investigators	240	290	300	300
Provide youth services				
* # of compliant resolutions/diversions made through informal means	4,400	1,200	4,400	3,000
Strategic Outcomes				
Ensure integrity in the investigative process				
* % of discovery requests processed within mandated time limits	83%	51%	100%	100%
Work Process Outputs				
Provide service excellence and quality investigative services				
* # of discovery requests	1,821	1,792	2,000	2,000
* # of sensitive crimes	122	132	120	130
* # of drug tips assigned	61	50	75	70

FIELD OPERATIONS (PATROL)	Actual 2019	Actual 2020	Target 2021	Projection 2021
Client Benefits/Impacts				
Increase community education in crime prevention issues				
* # of community meetings held	75	75	75	75
* # of interagency neighborhood teams	12	12	12	12
Strategic Outcomes				
Reduce crime through crime prevention strategies				
* # of reported Group A crimes	3,691	4,241	3,750	3,500
* # of reported Group B crimes	3,765	4,234	4,000	3,700
Work Process Outputs				
Improve enforcement and response to crime				
* # of self-initiated crime prevention screens	7,042	8,715	7,500	8,200
* # of citizen contacts	32,677	33,134	30,000	28,000
* # of adult arrests	2,508	2,154	2,500	2,100
* # of juvenile arrests	296	227	350	175

Areas of Primary Concentration for 2022:

Educate the community through the continued collaboration of the Police Chief's Community Advisory Board. Citizens' expectations vary widely, and the diversity of the Board supports community involvement as they evaluate police services that identify and focus on public safety issues.

Ensure the Crossing Guard contracted service is meeting the needs of the children at guarded crossings through continued collaboration with the Appleton Area School District.

Promote the continued health and well-being of employees through wellness check-ins.

Maintain police policies to promote effective community engagement that is responsive to the needs of the community.

Continue assessment of the Officer Safety Program for equipment and body worn cameras.

Evaluate the operations staffing levels, deployment and service levels to ensure we are providing quality police services.

Expand and use our communications platforms to educate the community on our successes and encourage active participation in public safety.

Provide excellence in investigative services to citizens and victims impacted by crime in our community.

Collaborate on mental health and AODA related public safety issues with the appropriate services.

Enhance crime prevention awareness within the community and increase personal interactions with citizens

through meetings and community events to help build a greater sense of community safety. Continued working on alternatives to entering students/juveniles into the juvenile justice system and continue our communication with the schools we serve on safety, education, and response issues.

Budget Performance Summary

Most notably in 2021 was the increased prices and limited availability of product. This was especially concerning with purchasing ammunition as we attempted to maintain our targeted inventory at a 30-40% price increase. During a preventative maintenance inspection of the range, it was discovered a major issue where the range had to be shut down and repaired before the annual firearms qualifications for state certification could be completed. The cost to repair was \$16,665.

The mid-year report indicates we are at 45.42% of budget in general operations. Grant opportunities have exceeded budget with an increase in available funding through the Wisconsin Department Transportation for Alcohol, Seatbelt, Speed, Bike and Pedestrian Grants. We were also awarded the Bulletproof Vest replacement grant through the U.S. Department - Bureau of Justice Assistance; an annual grant that pays 50% of the cost to replace mandatory vests that have a five-year expiration, as well as the annual Edward Byrne Memorial Justice Assistance Grant through the U.S. Department of Justice. We continue to review immediate needs and planned expenditures to ensure that we are providing the best quality of service in the most cost-effective manner.

Mid-Year Budget Summary

Budget Forecast



All Accounts

Accounts	Description	CY Revised Budget	2021 YTD Actual (Through Period: 1)	Forecasted Budget
0175 Police		19,061,577.00	6,303,094.63	19,180,996.38
77 Salaries		12,208,889.00	5,193,555.68	16,216,286.45
Total		12,208,889.00	5,193,555.68	16,216,286.45
79 Fringes		4,509,913.00	0.00	-274,134.73
Total		4,509,913.00	0.00	-274,134.73
81 Training-Travel		110,860.00	20,393.40	82,907.46
Total		110,860.00	20,393.40	82,907.46
83 Supplies		287,710.00	143,553.32	409,606.24
Total		287,710.00	143,553.32	409,606.24
85 Purchased Services		1,944,205.00	945,592.43	2,746,330.96
Total		1,944,205.00	945,592.43	2,746,330.96
Grand Total		19,061,577.00	6,303,094.63	19,180,996.38

LEGAL SERVICES DEPARTMENT

MID-YEAR REVIEW

All figures through June 30, 2021

Significant 2021 Events:

The Legal Services Department has been engaged in a number of matters through the first half of 2021. Below are some of the highlights for the first half of the year:

City Attorney's Office

- As of May 29, represented the City in traffic and ordinance related matters in 2021 including 2,351 scheduled initial court appearances, 57 scheduled jury and court trials and 1,092 scheduled pre-trials/jury trial conferences or motion hearings. Court appearances in 2021 are significantly different due to COVID-19. It has taken hours of cooperation with the County to put together a hybrid system of in-person and virtual appearances. While the total number of matters to date is lower than previous years, the amount of preparation for court has increased.
- Actively engaged in litigation including defense of a variety of lawsuits including, but not limited to, employment matters, land use, property damage, foreclosures, and pandemic-related litigation.
- Provided defense litigation as well as worked with outside counsel on pending state and federal matters involving Appleton police officers.
- In the first six months of 2021, the Attorney's Office has processed more than 225 agreements/contracts.
- Drafted or assisted in amending or creating a number of ordinances, including an update to the Floodplain ordinance, updates to the bicycle/electric scooter ordinance, creation of the Accessory Dwelling Units section to the Zoning Code and multiple pandemic-related temporary ordinances.
- Devoted significant staff resources developing an agreement for the BIRD Scooter pilot program.

City Clerk's Office:

- Maintained in-person staff for all of 2021
- Maintained use of electronic poll books, participated in feedback sessions with the WEC to enhance software
- Streamlined end of night and election reconciliation procedures
- Safely and successfully administered 2 elections and sent out nearly 10,000 absentee ballots
- Conducted a recount in the District 13 aldermanic race and found the same results as certified by the Municipal Board of Canvassers.
- Sent out over 1,500 30-day notice letters related to the record number of absentee requests received in 2020-2021
- Responded to a considerable number of extensive records requests related to elections
- Printed over 80,000 documents for the COVID-19 vaccine clinic and printed over 300 volunteer badges

Performance Data:

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Administration</u>	<u>Client Benefits/Impacts</u>					
	Timely legal information is provided upon which Alderpersons and staff members can make decisions. Meet time frame of requester.	100%	100%	100%	100%	100%
	Contracts are reviewed in a timely manner to allow performance to proceed. # of performances delayed due to review not being completed.	0	0	0	0	0
	<u>Outputs</u>					
	Opinions issued (revised measure)	44	16	10	15	45
	Ordinances reviewed.	109	131	100	34	100
	# of real estate transactions.	17	11	20	10	15
	Staff training; # of hours of staff training	70	75	75	12	25

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Litigation</u>	<u>Client Benefits/Impacts</u>					
	Active consultation with City depts. re: potential claims filed will mitigate damages and identify areas of risk # of claims filed against the City.	70	27	<100	10	<100
	Total # of lawsuits filed against the City	8	9	4	0	4
	<u>Outcome</u>					
	Minimize cost of settlements. Total amount demanded	\$417,178	\$215,010	\$107,018	\$8,308	\$85,725
	\$ value of settlements and judgments paid	\$2,283	\$12,843	\$0	\$7,216	\$57,471
	<u>Outputs</u>					
	# of lawsuits filed after claim denied	5	4	1	0	1
# of non-claim related lawsuits filed against the City	3	5	3	4	3	

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Recordkeeping</u>	<u>Client Benefits/Impacts</u>					
	Retrieval of information. % of same day responses	98%	99%	95%	100%	99%
	1 week retrieval for detailed requests	2%	5%	5%	0%	5%
	<u>Outcome</u>					
	Legal requirements are met # of legal challenges sustained	0	0	0	0	0
	<u>Outputs</u>					
	# of requests for information	98	22	80	63	75
	# of publication notices	195	181	200	92	140
# of ordinances adopted	123	131	100	34	65	

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Licensing</u>	<u>Client Benefits/Impacts</u>					
	# Licenses sent for Committee/Council approval	New	423	870	224	300
	# of licenses issued within time specified on application	New	100%	100%	100%	99%
	<u>Outcome</u>					
	Statutory and ordinance compliance of all licenses issued. # of legal challenges	0	0	0	0	0
	<u>Outputs</u>					
	License applications processed.					
	# of beer/liquor licenses issued	211	209	215	209	212
# of operator licenses issued	911	911	750	468	500	
# of general licenses issued	448	448	475	300	475	

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Elections</u>	<u>Client Benefits/Impacts</u>					
	# of voter status changes	7,287	14,003	2,000	2,760	1,500
	# of voter registrations processed	6,794	13,153	1,000	327	725
	# of absentee ballots issued	10,224	52,903	8,000	9,589	9,589
	<u>Outcome</u>					
	Fair and accurate election process. # of legal challenges	0	0	0	0	0
	<u>Outputs</u>					
	# of election votes cast	54,776	83,113	15,000	15,216	62,000
	Avg # of registered voters per election	37,825	42,715	44,000	44,982	42,500
	# of election administered	6	4	2	2	4
% of staff trained at each election	98%	80%	90%	50%	100%	

<u>Program</u>	<u>Criteria</u>	<u>Actual 2019</u>	<u>Actual 2020</u>	<u>Target 2021</u>	<u>Actual 2021</u>	<u>Projected 2021</u>
<u>Mail/Copy Services</u>	<u>Client Benefits/Impacts</u>					
	Accurate photocopy services. Remake of request	0%	0%	0%	0%	0%
	<u>Strategic Outcomes</u>					
	Reduce costs # of piece of mail returned to departments for reconciliation	New PM – no data	26	50	15	25
	<u>Outputs</u>					
	# of pieces of outgoing mail	111,231	167,483	120,000	46,585	140,000
	# of packages handled	131	29	125	22	30
	# of copies made in mail center	745,807	500,621	600,000	263,774	500,000

Areas of Primary Concentration for the remainder of 2021:

We will continue working with other departments in the City to ensure that City projects run smoothly and there is no delay in project completions.

The City Attorney's Office will continue to vigorously defend the City of Appleton in actions filed against the City of Appleton.

We will continue to assist, guide and advise City staff from all departments as well as elected officials on legal matters in a timely fashion.

Continue to work with various departments on large mailings and copy jobs to enhance accuracy and efficiency.

Continue to develop and implement new filing systems for City records and documents.

Update and enhance contingency plans for elections and related materials.

Budget Performance Summary

ORG	ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENSE D	% USED
14510	Administration	\$373,833	\$384,833	\$169,369	44.00%
14521	Litigation	\$185,413	\$185,413	\$76,348	41.20%
14530	Recordkeeping	\$117,310	\$117,310	\$33,960	28.90%
14540	Licensing	\$69,451	\$69,451	\$31,989	46.10%
14550	Elections	\$130,687	\$130,687	\$67,784	51.90%
14560	Mail/Copy Services	\$151,817	\$151,817	\$106,282	70.00%
	Revenue Total	\$0	\$0	\$0	\$0
	Expense Total	\$1,028,511	\$1,039,511	\$485,732	46.70%
	Grand Total	\$1,028,511	\$1,039,511	\$485,732	46.70%

City Law A20-0284