



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, February 1, 2023

6:30 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[23-0084](#) Minutes from January 11th, 2023 Safety & Licensing Committee meeting.

Attachments: [S&L Minutes 1-11-23.pdf](#)

4. Public Hearings/Appearances

5. Action Items

- [23-0086](#) Request to Purchase a Red Wave Threat ID Spectrometer.

Attachments: [2023.01.18 - Request to Purchase Red Wave Threat ID Spectrometer.pdf](#)

- [23-0087](#) Intent to Apply for FEMA's Assistance to Firefighter's Grant for Cardiac Monitors.

Attachments: [Intent to Apply - Cardiac Monitors - 01.18.2023.pdf](#)

- [23-0031](#) Class "B" Beer License application for El Guadalajara Mexican Restaurant LLC d/b/a El Guadalajara Mexican Restaurant, Lucelia Guzman, agent, located at 1003B W Northland Ave, contingent upon approval from the Community Development and Inspections departments.

Attachments: [El Guadalajara Mexican Restaurant.pdf](#)

- [23-0080](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Aldi Inc d/b/a Aldi #68, Chris R Subert, New Agent, located at 116 N Linwood Ave.

Attachments: [Chris R Subert S&L.pdf](#)

[23-0044](#) Temporary "Class B" Wine License application for St. Pius X Catholic Church, Charles W Mares, applicant, located at 500 W Marquette St, on February 11, 2023.

Attachments: [St Pius X Catholic Church-Valentines Dinner S&L.pdf](#)

[23-0056](#) Temporary Class "B" Beer and "Class B" Wine License application for Building for Kids Inc, Oliver W Zornow, applicant, located at 100 W College Ave, on February 25, 2023, contingent upon approval from the Health and Inspections departments.

Attachments: [Building for Kids Art Jam S&L.pdf](#)

6. Information Items

[23-0089](#) Police Department information on liquor law violations.
1. Chadwick's- Sell alcohol to minor, 80 point violation. Total points: 160.

[23-0088](#) Police Department TO Adjustment.

Attachments: [Police Approved 11-15-22 DRAFT.pdf](#)
[Operations Coord Move to CRU.pdf](#)

[23-0085](#) Director's Reports
1. City Clerk
 - Polling Place Change Letters - District 12
2. Fire Chief
 - Hiring Update
3. Police Chief
 - Hiring Update

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
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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, January 11, 2023

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order by Vice-Chair Schultz.

2. Roll call of membership

Aldersperson Croatt appeared virtually. However, due to technical difficulties with audio, he could not count toward the quorum. Aldersperson Croatt was marked as excused.

Present: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

3. Approval of minutes from previous meeting

[23-0014](#)

Minutes from December 14th, 2022 meeting.

Attachments: [S & L Minutes 12-14-22.pdf](#)

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

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

4. Public Hearings/Appearances

5. Action Items

[23-0028](#)

Resolution Changing the District 12 Polling Place

Attachments: [2023 Resolution Changing District 12 Polling Place.pdf](#)

Hartzheim moved, seconded by Alfheim, that the Resolution be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

[23-0013](#)

Class "B" Beer and "Class B" Liquor License application for Appleton Souvenir & Cigar Co, Norman J Kopesky III, Agent, located at 415 W College Ave, contingent upon approval from all departments.

Attachments: [Appleton Souvenir & Cigar.pdf](#)

Hartzheim moved, seconded by Alfheim, that the License be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

[23-0020](#)

Cigarette License application for Appleton Souvenir & Cigar Co, Norman J Kopecky III, Applicant, located at 415 W College Ave.

Attachments: [Appleton Souvenir & Cigar S&L.pdf](#)

The license was recommended for approval

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

[23-0021](#)

Cigarette License application for SK Gas Mart LLC d/b/a Badger Mobil, Satbir Singh, Applicant, located at 1201 N Badger Ave

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

The license was recommended for approval

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

6. Information Items

[23-0017](#)

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

7. Adjournment

Hartzheim moved, seconded by Alfheim, that the meeting be adjourned at 5:49 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Hartzheim, Alfheim and Wolff

Excused: 1 - Croatt

CITY OF APPLETON

FIRE DEPARTMENT

 700 N. Drew Street
Appleton, WI 54911

 (920) 832-5810

 (920) 832-5830

 jeremy.hansen@appleton.org

MEMORANDUM

January 18, 2023

To: Safety & Licensing Committee and Common Council
From: Jeremy Hansen, Fire Chief
Cc: Doug Vrechek, Battalion Chief of Resource Development & Special Operations
Re: Request to Purchase Red Wave Threat ID Spectrometer

The Appleton Fire Department Hazardous Materials Team operates jointly with Green Bay and Oshkosh Fire Departments as the Northeast Regional Hazardous Material Response Team. Over the past 20 years, the Appleton Fire Department has attained specialized equipment and training to provide enhanced capability in classifying and identifying unknown chemicals. This capability allows for a rapid threat assessment and a prudent action plan to be developed as well as pinpointing the source of spills. This allows for the responsible party to be held accountable for any financial and environmental impacts.

Some potential examples include:

- Postal operations resume after a suspicious white powder was identified.
- A fuel spill located in the Fox River was accurately traced back to a leaking underground storage tank.
- An unknown substance found in a roadway gutter accurately identified as a paint product and traced back to its source.
- Gasoline used in an arson fire was accurately identified and matched with gasoline in a suspect's gas can, adding essential physical evidence in an arrest.

These are just a few examples of the capabilities that Appleton Fire Department Hazardous Materials Team has been able to provide with the use of FTIR spectroscopy.

Our current technology is over fifteen years old, is no longer supported by the manufacturer, and needs replacement. Additionally, the Hazardous Materials Team has not had the capability to use this type of technology on unknown gases and vapors for over fifteen years. A spectrometer has been located that provides the ability to accurately identify over 22,000 powders and liquids and 5,500 gases and vapors. This device will allow our team to have up-to-date capabilities and ensure we can continue to provide efficient and effective response for the region.

The department sought quotes for this spectrometer as follows:

Vendor	Item	Cost
All Safe Industries	Red Wave Threat ID Full Spectrum FTIR Spectrometer	\$75,172.95
FarrWest	Red Wave Threat ID Full Spectrum FTIR Spectrometer	\$74,850.00
Red Wave Technology	Red Wave Threat ID Full Spectrum FTIR Spectrometer	\$72,190.50

Based on the submittals, ***the Appleton Fire Department requests to purchase the RedWave Threat ID Full Spectrum FTIR Spectrometer from Red Wave Technology for \$72,190.50.***

If you have any questions or concerns, please do not hesitate to contact me at (920) 832-5810. Thank you for your consideration.

GRANT TRACKING FORM



PART #1: Notification of Grant Funds

(email to tony.saucerman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department

DATE: 12/13/2021

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Jeremy Hansen/Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Assistance to Firefighter's Grant Program/Department of Homeland Security

AMOUNT OF GRANT REQUEST: \$358,822

LOCAL MATCH REQUIREMENT: 35,882.20

SOURCE OF MATCH: General Fund Non-General Fund Not Applicable

TIMEFRAME OF GRANT: 01/09/2023 through 12/31/2024

TYPE OF GRANT REQUEST: Monetary Other (explain under 'purpose of grant')

PURPOSE OF GRANT (summary): The Appleton Fire Department (AFD) is requesting grant funding to support the purchase of advanced life support (ALS) cardiac monitors. The AFD has a strong desire to provide the community an exceptional pre-hospital experience by upgrading our medical response capabilities from Emergency Medical Technician (EMT) to Paramedic.

How does the grant meet City/Department/Program goals? This project relates to the City's mission of being '...dedicated to meeting the needs of the community and enhancing its quality of life.' This project will assist with Goal # 1 that states 'Improve response times,' and Goal # 2 that states 'provide the community with exceptional pre-hospital experience.'

What are the personnel requirements (include both existing and new staff) of the grant? There are no personnel requirements other than training on the equipment.

DEPARTMENT HEAD SIGNATURE: _____

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to tony.saucerman@appleton.org)

AMOUNT OF GRANT AWARD: \$ _____

FEDERAL/STATE ID #: _____

LOCAL MATCH REQUIREMENT: \$ _____

Please describe the source of match, if applicable: _____

Please describe any major changes in proposed grant-funded activities: _____

<i>PART</i>	<i>TO:</i>	<i>DATE:</i>	<i>TO:</i>	<i>DATE:</i>	<i>TO:</i>	<i>DATE:</i>
#1: Request to Apply	Finance Dept		COJ – Info/Action		FAC – Info/Action	
#2: Request to Accept	Finance Dept		COJ – Action		FAC – Action	

COJ = Committee of Jurisdiction

FAC = Finance and Administration Committee

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2022 ending: 06-30-2023
(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]	
FEE NUMBER	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 160

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
EL Guadalajara Mexican Restaurant 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>Gutman</u>	<u>Lucelia</u>		<u>1409 Grignon St Green Bay WI 54301</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Valquez</u>	<u>José</u>	<u>A</u>	<u>1409 Grignon St Green Bay WI</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>Gutman</u>	<u>Lucelia</u>		<u>1409 Grignon St Green Bay WI</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name EL Guadalajara Mexican Restaurant Business Phone Number 920-574-3553
 2. Address of Premises 1003 B West Northland Ave 54914 Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
IN THE Kitchen stored
1742 sq Feet Sold in dining
Area
IN The Dining Area nex to
te bathroom

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
Need take class before licenced
issue
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 6/9/2022 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>Lucelia Guzman</u>	Title/Member <u>Manager</u>	Date <u>10/25-29</u>
Signature <u>Lucelia Guzman</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-6-23</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: Lucelia Gorman

2. Name of Business: EL Guadalajara Mexican Restaurant

(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: 1003 B West Northland Ave Appleton WI 54914

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

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

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

operatin Motor Vehicle who proof of Insurance
operatin valid licence
ther false Representation

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>Lucelia</u>		<u>Gorman</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
<u>Jose</u>	<u>A</u>	<u>Vazquez</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: Scott Muggenthaler

First name Middle Initial Last name

Address: 2631 N. Meade St. Appleton WI 54911

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) _____

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 50 Outside _____

11. Operating hours (Inside the building): 8 AM to 9 PM
Operating hours (Outdoor seating areas): _____

12. Employees/Staff

Number of floor personnel 3 Number of door checkers _____

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

- a. Gross floor building area of the premises to be licensed: 1742 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:

TO sell Food like Tacos
Enchiladas.

Lucelia Guzman
Signature

10-25-22
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 City of Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of El Guadalajara Mexican Restaurant 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 El Guadalajara Mexican Restaurant
(Trade Name)

located at 1003 B W Northland Ave 54914

appoints Lucelia Guzman
(Name of Appointed Agent)
1409 Grignon St. Green Bay WI 54301
(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? 2003

Place of residence last year 1409 Grignon St Green Bay WI 54301

For: El Guadalajara Mexican Restaurant
(Name of Corporation / Organization / Limited Liability Company)

By: Lucelia Guzman
(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, Lucelia Guzman, 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.

Lucelia Guzman 10-25-22
(Signature of Agent) (Date)
1409 Grignon St Green Bay WI
(Home Address of Agent)

Agent's age 50
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)

OAK # 68

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 CALUMET
 City

The undersigned duly authorized officer/member/manager of ALDI INC (WISCONSIN)
(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 ALDI #68
(Trade Name)

located at 116 N LINWOOD AVE., APPLETON WI 54914

appoints CHRIS RYAN SUBERT
(Name of Appointed Agent)

W8426 COUNTY RD F SHIOCTON, WI 54170
(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).
N/A

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? 19 YEARS

Place of residence last year W8426 COUNTY RD F SHIOCTON, WI 54170

For: ALDI, INC (WISCONSIN)
(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, CHRIS RYAN SUBERT, 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]
(Signature of Agent)

11/18/2023
(Date)

Agent's age ●●●●●

W8426 COUNTY RD F SHIOCTON, WI 54170
(Home Address of Agent)

Date of birth ●●●●●

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

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

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



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>1/12/23</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>4448-1</u>

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

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

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) St. Pius X Catholic Church Date Organized 9/4/1957

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Mares First Charles M. I. W Date of Birth [REDACTED]

Address 1500 S. Clara Street City Appleton State WI Zip 54915 Person in charge phone number [REDACTED]

President Last Jugenheimer First James Middle Initial R Date of Birth [REDACTED] Male Female

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Vice President Last Mares First Charles Middle Initial W Date of Birth [REDACTED] Male Female

Address 1500 S. Clara Street City Appleton State WI Zip 54915

Secretary Last _____ First _____ Middle Initial _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Treasurer Last _____ First _____ Middle Initial _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning 2 / 11 / 2023 Ending: 2 / 11 / 2023 Hours 5:00 AM / PM 8:30 AM / PM

Please describe the type of event you are going to have: St. Valentine's Dinner Dance

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: St. Pius X Catholic Church

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Hall 49x98' Cafe 76x69' Will minors be present? For Dance only, Not Dinner No Yes

Dinner will be in the Holy Family Hall. The capacity is 325 people. Dinner will be in the cafeteria. That has a capacity of 336. If yes, how will you prevent minors from obtaining alcoholic beverages? Will Card / Adult Supervision

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. Charles W. Mares
Signature of Officer _____

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>01/25/2023</u>	Date Issued	Exp. Date	License Number	



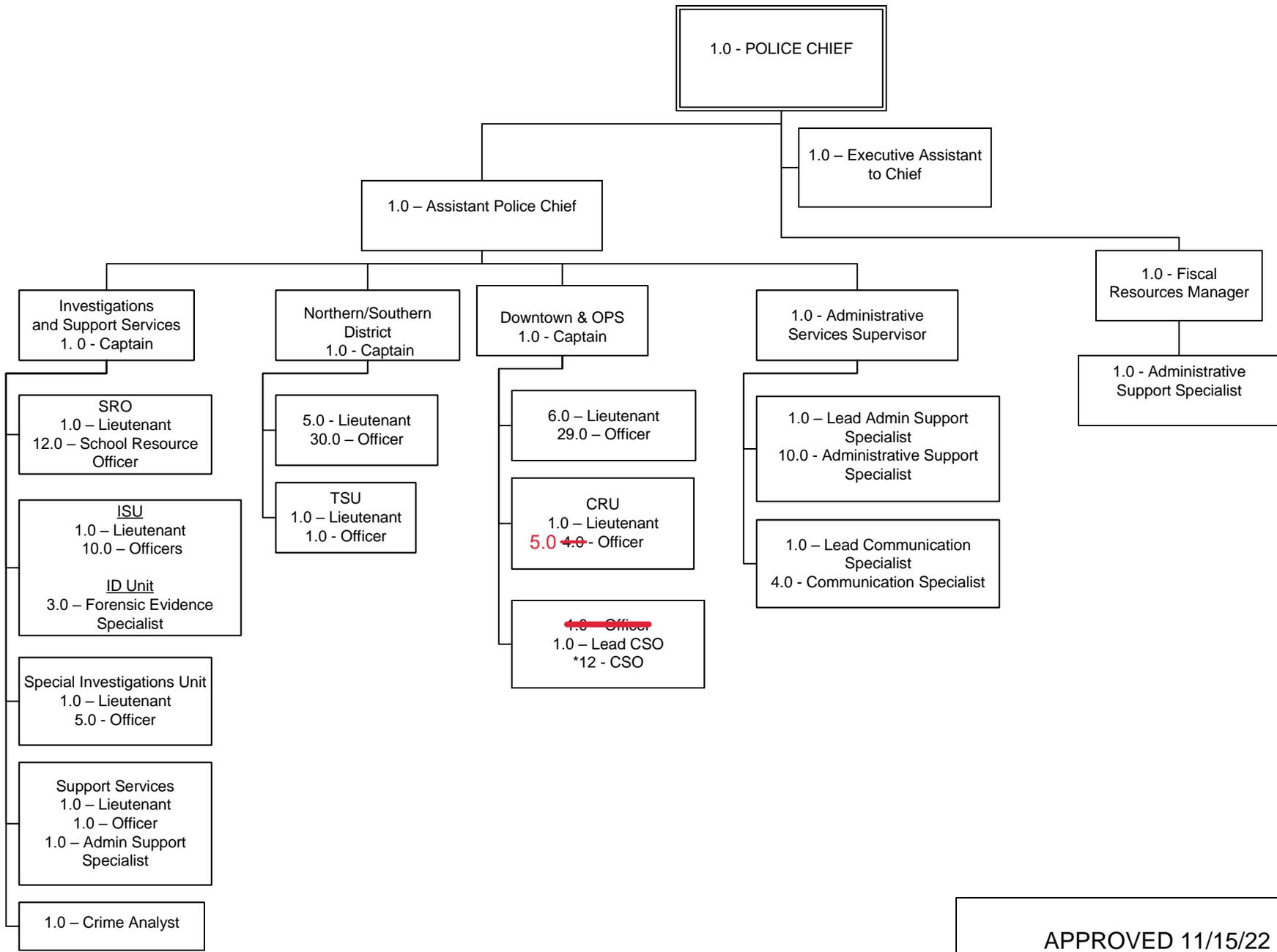
"meeting community needs
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>1/17/23</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>4448-2</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 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) Building for Kids, Inc				Date Organized 11/02/1992	
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
Person in Charge of Event: Name: Last Zornow First Oliver M. I. W			Date of Birth 		
Address 1009 N Oneida Street		City Appleton	State WI	Zip 54911	
Person in charge phone number: 					
President Last Lempke First Eric Middle Initial		Date of Birth		Male <input checked="" type="checkbox"/>	Female
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
Vice President Last Trimberger First Kristen Middle Initial		Date of Birth		Male	Female <input checked="" type="checkbox"/>
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
Secretary Last Hardwick First Tom Middle Initial		Date of Birth		Male <input checked="" type="checkbox"/>	Female
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
Treasurer Last Gonnering First Barb Middle Initial		Date of Birth		Male	Female <input checked="" type="checkbox"/>
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning 02 / 25 /2023		Ending: 02/ 25 /2023		Hours 6:00 AM <input checked="" type="radio"/> PM 9:00 AM <input checked="" type="radio"/> PM	
Please describe the type of event you are going to have: Art Jam - An Adults only night at the Building for Kids					
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: Building for Kids Children's Museum					
Address 100 W College Avenue		City Appleton	State WI	Zip 54911	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?		No <input checked="" type="checkbox"/>
<i>1st and 2nd Floor of City Center West owned and occupied by the Building for Kids</i>			If yes, how will you prevent minors from obtaining alcoholic beverages?		
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, regulations, 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 01-25-2023		Date Issued		Exp. Date	License Number



APPROVED 11/15/22



POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899
(920) 832-5500 • Fax (920) 832-5553
<http://www.appleton.org/police>

To: Alderperson Fenton, Human Resources Committee Chairperson
Alderperson Croatt, Safety and Licensing Committee Chairperson

From: Chief Polly Olson

Date: January 19, 2023

Subject: Informational Item – Safety and Licensing Committee
Action Item – HR/IT

We constantly review processes, programs, and our organizational structure to make sure we are delivering excellent police services in the most efficient way. I want to inform you of the following change we will be making.

The department will be moving supervision and oversight of the Operations Coordinator from the Patrol Captain to the Lieutenant of the Community Resource Unit.

We have learned the work being done by the Operations Coordinator better aligns with the mission and vision of the Community Resource Unit. This unit is currently comprised of the Community Liaison Officer, the Victim Services Officer, Behavioral Health Officer, Threat Assessment Officer and our imbedded Clinical Therapist. Lt. Meghan Cash is the assigned supervisor.

There will be no financial impact associated with this move.

We will constantly review programs, processes, and our organizational structure. We also know that it takes time for changes to take hold so that we can truly determine if the anticipated benefits outweigh the unintended consequences. I will review the impact of any change that is approved and report back to the Council if there are any concerns.

Chief Polly Olson