



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, June 26, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-0856](#) Safety & Licensing Committee minutes from 06/12/2024

Attachments: [S&L Minutes 06-12-2024.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[24-0834](#) Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B" Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams, Agent.

Attachments: [Corner Pub Alcohol Lic Non-Renewal MEMO - Atty.pdf](#)
[2024 Corner Pub Non-Renewal Hearing Notice.pdf](#)
[2023 Non-Use of License Letter- Corner Pub.pdf](#)
[CORNER_PUB 2023 Inspection Report.pdf](#)
[CORNER_PUB 2024 Inspection Report.pdf](#)
[Corner Pub 2024.2025 Renewal.pdf](#)

[24-0848](#) Class "B" Beer and Reserve "Class B" Liquor License application for Jechu LLC d/b/a Mr. Frogs, Julia Nino Gomez, Agent, located at 409 W. College Ave, contingent upon approval from all departments.

Attachments: [Mr Frogs Redacted.pdf](#)
[Memo -Alcohol Beverage License Application of Jechu LLC.pdf](#)
[Julia Gomez Morales denial letter.pdf](#)

[24-0835](#) Hop Yard Ale Works Full-Service Retail Outlet Permit for Flicks & Sips on 8/16/2024 in Jones Park.

Attachments: [Ab-105 Flicks Sips Redacted.pdf](#)

[24-0832](#) 2024-2025 Late Late Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 28, 2024.

Attachments: [Late 2024-25 Alcohol License Renewals S&L.pdf](#)

[24-0828](#) Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #02921, Stephanie Schroeder, Agent, located at 1901 S. Oneida St.

Attachments: [Walgreens 2921 Redacted.pdf](#)

[24-0840](#) Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #05102, Sarah Loeck, Agent, located at 700 W. College Ave.

Attachments: [Walgreens 5102 Redacted.pdf](#)

[24-0826](#) Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #07323, Garrette Kersten, Agent, located at 3330 E. Calumet St.

Attachments: [Walgreens 12693 Redacted.pdf](#)

[24-0827](#) Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #12019, Amber Janssen, Agent, located at 2803 N. Meade St.

Attachments: [Walgreens 12019 Redacted.pdf](#)

[24-0825](#) Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #12693, Andrew Krueger, Agent, located at 729 W. Northland Ave.

Attachments: [Walgreens 12693 Redacted.pdf](#)

[24-0829](#) Class "B" Beer and Reserve "Class B" Liquor License application for Dairyland Brewing Co LLC d/b/a Dairyland Brew Pub, Dorri Schmidt, Agent, located at 1216 E. Wisconsin Ave, contingent upon approval from the Finance department.

Attachments: [Dairyland Brew Pub Redacted.pdf](#)

[24-0822](#) Class "B" Beer & Reserve "Class B" Liquor License application for Mondo Wine LLC d/b/a Mondo on the River, David Oliver, Agent, located at 425 W. Water St, Ste 100, contingent upon approval from Health and Inspections departments.

Attachments: [Mondo Wine LLC Class B Beer.Reserve Class B Liquor 2024 Redacted.pdf](#)

[24-0821](#) "Class C" Wine License application for Bowinator LLC d/b/a Ukiyo, Corbin Schiedermayer, Agent, located at 207 W. College Ave., contingent upon approval from the Inspections and Public Works departments.

Attachments: [Bowinator LLC Ukiyo Class C App Redacted.pdf](#)

[24-0808](#) Mobile Home Park License Renewal Application for Fox Valley Estates, located at 106 Primrose Lane, contingent on approval from the Inspections and Finance departments.

Attachments: [Fox Valley Estates- Mobile Home Park Renewal.pdf](#)

[24-0833](#) 2024-2025 Late Cigarette, Tobacco, and Vaping Device License renewal applications.

Attachments: [2024-2025 Late C.T.V Renewals 3rd Round.pdf](#)

[24-0830](#) Cigarette, Tobacco, and Electronic Vaping Device License application for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip Bhandari, Agent, located at 1619 W. College Ave.

Attachments: [Nanglo Momos & Curry Tobacco Redacted.pdf](#)

[24-0831](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Richmond Smokeys Tobacco Inc, Hussein Alobaidi, Agent, located at 2828 N. Richmond St Unit 2.

Attachments: [Richmond Smokeys Tobacco Inc Redacted.pdf](#)

[24-0824](#) Temporary Class "B" Beer and "Class B" Wine License application from St. Pius X Parish, Andrew Miles, Person in Charge, located at 500 W. Marquette St, for St. Pius Parish Summer Festival on August 23, 24, and 25, 2024, contingent upon approval from the Health and Fire departments.

Attachments: [Temp B St Pius Parish Summer Festival 2024 Redacted.pdf](#)

7. Information Items

[24-0836](#) Alcohol License Status Report

Attachments: [2024 Alcohol License Status Report 6-21-24.pdf](#)

[24-0820](#)

Special Events

- African Heritage Inc, Juneteenth Celebration, Jones Park, June 9th 2024
- YMCA of the Fox Cities, Summer Classic, Erb Pool, June 15th and June 16th 2024
- Creative Downtown Appleton, Make Music Day, College Avenue and Houdini Plaza, June 21st 2024
- WIJAM LLC, Sol Dance Music Festival, Jones Park, June 22nd 2024
- Appleton Area National Organization for Women, March Against Dobbs, Pierce Park and Houdini Plaza, June 23rd 2024
- City of Appleton Fireworks, Memorial Park, July 3rd 2024
- YMCA of the Fox Cities, Bird Bath, Erb Pool, July 12th through July 14th 2024

[24-0849](#)

Directors Report

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

8. 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, June 12, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

Present: 5 - Croatt, Siebers, Doran, Fenton and Schultz

4. Approval of minutes from previous meeting

[24-0705](#)

Safety and Licensing Committee Minutes from 05/22/2024.

Attachments: [S&L Minutes 05-22-24.pdf](#)

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

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

5. **Public Hearing/Appearances**

6. **Action Items**

[24-0743](#)

Fire Department Automatic Aid Agreement with the Village of Fox Crossing Fire Department.

Attachments: [AFD_Auto_Aid_Fox_Crossing_2024.pdf](#)

Siebers moved, seconded by Fenton, that the Fire Department Automatic Aid Agreement be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

[24-0748](#)

2024-2025 Late Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 28, 2024

Attachments: [Late 2024-25 Alcohol License Renewals.pdf](#)

Siebers moved, seconded by Fenton, that the 2024-2025 Late Alcohol License Renewal applications be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

[24-0749](#)

2024-2025 Late Cigarette, Tobacco, and Vapor Product License Renewals

Attachments: [2024-2025 Late C.T.V Renewals.pdf](#)

Fenton moved, seconded by Schultz, that the 2024-2025 Late Cigarette, Tobacco and Vapor Product License Renewals be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

Balance of the action items on the agenda.

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

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

[24-0684](#)

Class "B" Beer and "Class B" Liquor License application for Mauthe Ventures LLC d/b/a Basil's Pub & Provisions, Jennifer Mauthe, Agent, located at 109 W College Ave, contingent upon approval from the Health department.

Attachments: [Mauthe Ventures LLC Basil's Pub App Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0683](#)

Class "B" Beer and "Class B" Liquor License application for Mauthe Ventures LLC d/b/a No Idea Bar, Jennifer Mauthe, Agent, located at 109 W College Ave, contingent upon approval from the Health department.

Attachments: [Mauthe Ventures LLC No Idea Bar App Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0685](#)

Class "B" Beer and Reserve "Class B" Liquor License application for Mauthe Ventures LLC d/b/a Olde Town Tavern, Jennifer Mauthe, Agent, located at 107 W College Ave, contingent upon approval from the Health department.

Attachments: [Mauthe Ventures LLC Olde Town Tavern App Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0704](#)

Class "B" Beer and "Class B" Liquor Temporary Premises Amendment application for S C Carrow Corp d/b/a Rookies Sports Bar & Grill, Steven C. Carrow, Agent, located at 325 N. Appleton St, from 11 a.m. to 2 a.m., August 1-4, 2024 for Mile of Music Event, contingent upon approval from the Health Department.

Attachments: [Rookies Sports Bar Temp Premise Amend. for 8.2024.pdf](#)

This Report Action Item was recommended for approval.

[24-0708](#)

Taxicab Company License Application for Z's Overflow LLC d/b/a Phoenix Transportation, Owner, Zonea Mims, 1280 S. Van Dyke Rd. #3, Appleton, WI 54914, contingent upon approval from the Inspections department.

Attachments: [Z's Overflow LLC - Taxicab Co Application.pdf](#)

This Report Action Item was recommended for approval.

[24-0663](#)

Taxicab Company License Renewal Application for Dynasty Limousine Service LLC, Owner, Diana Wolters, 1900 Vandenberg Ln, Kaukauna, WI 54130.

Attachments: [Dynasty Limousine Service LLC - Taxicab Co Renewal.pdf](#)

This Report Action Item was recommended for approval.

[24-0751](#)

Pet Store renewal application for Fish Cave LLC, Ton Vang, Applicant, located at 2110 S Memorial Dr, contingent upon approval from the Inspection and Community Development departments.

Attachments: [Fish Cave LLC Renewal 2024 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0702](#)

Pet Store renewal application for Just Pets, Craig Weborg, Applicant, located at 2009 N. Richmond St, contingent upon approval from the Inspection and Community Development departments.

Attachments: [Just Pets 2024 Renewal Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0699](#)

Salvage Dealer Renewal application for Mr C's Motorcycles LLC, Janet Ristau, Applicant, located at 724 S. Outagamie St, contingent upon approval from the Inspections department.

Attachments: [Mr. Cs Motorcycles LLC 2024 Renewal Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0709](#)

Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, Approved Downtown Appleton Establishments, from 1:00 p.m. to 4:00 p.m. on July 13, 2024, for the Summer Beverage Stroll event, contingent on approval from the Health department.

Attachments: [Temp B ADI Summer Bev Stroll Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0376](#)

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, located at Houdini Plaza, from August 1st - August 4th 2024, for Mile of Music, contingent upon approval from the Health department.

Attachments: [Mile of Music - Houdini Plaza Temporary Class B Application.pdf](#)

This Report Action Item was recommended for approval.

[24-0377](#)

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, located at Lawrence Lawn on Lawrence University Campus, from August 1st - August 4th 2024, for Mile of Music, contingent upon approval from the Health department.

Attachments: [Mile of Music - Lawrence Lawn Temporary Class B Application.pdf](#)

This Report Action Item was recommended for approval.

7. Information Items

[24-0735](#)

Police Department Table of Organization Modification Request and Addition of Police Officer Position Memo

Attachments: [2024 reorg.pdf](#)
[APD TO 5-31-24.pdf](#)
[traffic report April 2024.pdf](#)

[24-0706](#)

Special Events

- Appleton Parks & Recreation, Movie on the Hill Series, Appleton Memorial Park Amphitheater, June 20th, July 11th and August 1st 2024
- Appleton Parks & Recreation, Kid's Fun Run, Appleton Memorial Park Soccer Field, June 20th and July 21st 2024
- Mandala Energy Flow LLC, Mandala Yoga Festival, Pierce Park, June 30th 2024
- Scheig Center Garden Walk, Appleton Memorial Park, July 13th 2024
- Appleton Parks & Recreation, Kid's Rummage Sale, Pierce Park, July 23rd 2024
- Appleton Parks & Recreation, Playground Fair, July 25th and July 26th 2024

[24-0707](#)

Directors Report

1. City Clerk
 - Alcohol Licensing Update
 - Staffing Update
2. Fire Chief
3. Police Chief

8. Adjournment

Siebers moved, seconded by Fenton, that the meeting be adjourned at 5:46 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

CITY ATTORNEY'S OFFICE
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6423
f: 920.832.5962
www.appleton.org

TO: Safety and Licensing Committee, Common Council

From: ACA Zak Buruin

Date: 6/21/24

RE: Corner Pub, Alcohol Beverage Abandonment and Non-Renewal

Wisconsin Statutes §125.12(3) and (2)(ag) authorize an issuing municipality to refuse to renew an alcohol beverage license where the licensee has violated a local regulation adopted under §125.10. Appleton Code §9-52 is such a regulation.

Appleton Code §9-52(9) provides that abandonment of an alcohol beverage license shall be sufficient grounds for revocation or non-renewal of such license. It defines "abandonment" as "continuing refusal or failure of the licensee to use the license for the purpose for which the license was granted by the city council for a period of one (1) year." The Common Council may extend such period if good cause is shown.

On May 30, 2023, the Appleton Health Department conducted an inspection of the Corner Pub, an alcohol beverage licensed establishment located at 1123 N. Mason Street in Appleton. The inspection was prompted by a broken water pipe in the rental unit above the bar, resulting in significant damage to the licensed premises. The inspection report noted several significant areas of concern and several city departments that would need to approve of the repairs and conditions of the bar before it would be able to reopen.

On July 28, 2023, license holder Kim Williams was notified of the situation via a letter from Clerk Lynch. The letter advised Ms. Williams that if her business was not reopened by May 30, 2024, would result in grounds for her alcohol beverage license(s) to be revoked or not renewed. It advised that the letter was intended to provide her ample notice of the potential loss of her alcohol beverage license and to remedy the situation by reopening the business.

On May 30, 2024, the given deadline to reopen, the Appleton Health Department conducted an inspection to determine if the premises was compliant with requirements to reopen. The inspection report noted that the bar area was not complete, and the business did not look as though it was ready to open. It was further noted that multiple city departments were unable to confirm that the establishment was able to resume

operation. The Health, Fire, and Inspections departments had not been able to approve the condition of the premises due to necessary additional work. The establishment could not reopen.

The following day, Clerk Lynch provided written notice to Ms. Williams of the intent to not renew her alcohol beverage license(s) based upon abandonment. The letter provided her with the required opportunity to be heard on the issue of the non-renewal of her alcohol beverage license at the meeting of the Safety and Licensing Committee of the Appleton Common Council on June 26 at 5:30 PM, The same letter advised her of the option to withdraw the renewal application and have the associated license fee refunded.

Based upon the above, the alcohol license in question is considered “abandoned” and is therefore subject to revocation or non-renewal under Appleton Code §9-52(9).



CITY OF APPLETON

OFFICE OF THE CITY CLERK

100 N Appleton Street
Appleton, WI 54911
p: 920.832.6443
f: 920.832.5823
www.appleton.org

May 31, 2024

**Kim Williams
200 E Harding Drive
Appleton, WI 54915**

Re: Notice of Non-renewal of Alcohol License for Corner Pub

Ms. Williams,

The purpose of this letter is to inform you of the status of your alcohol license application for Corner Pub, located at 1123 N Mason Street. On July 28th, 2023, you were sent a letter regarding the abandonment/non-use of your alcohol license. A copy of this letter is enclosed. Pursuant to 9-52(9) of the City of Appleton Municipal Code any licensee granted or issued a license to sell alcohol beverages that abandons such business shall forfeit any right or preference the licensee may have to the holding or renewal of such license. Abandonment shall be sufficient grounds for revocation or non-renewal of any alcohol beverage license. The referenced letter informed you of this and provided that your business must be operational by May 30, 2024 to avoid non-renewal or revocation of your alcohol license. The following departments confirmed on May 30th that your business was not operational and additional work is required before you would be able to re-open: health, fire and inspections.

A hearing for the non-renewal of your alcohol license has been scheduled for Wednesday, June 26th, 2024, before the Safety & Licensing Committee. The hearing will take place at 5:30 p.m. in the Council Chambers – 6th floor at City Hall, 100 N Appleton St., Appleton, WI 54911.

In lieu of the hearing you may surrender your alcohol license by sending an email to kami.lynch@appletonwi.gov stating your intent to surrender the license and withdraw your renewal application. This option allows you to receive a refund for the alcohol license fee.

If you have any questions related to this matter, please contact me at 920-832-6443.

Respectfully,

Kami Lynch, City Clerk

Encl: Abandonment/Non-use of Alcohol License Letter



LEGAL & ADMINISTRATIVE
SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

July 28, 2023

Kim Williams

200 E Harding Drive

Appleton, WI 54915

Re: Abandonment/Non-Use of Alcohol License

Appleton Municipal Code Section 9-52 (9) states that an alcohol license may be revoked or non-renewed for failure to use the license for the purpose in which it was granted for a period of 1 (one) year. As of May 30, 2023 your establishment with the trade name, Corner Pub, located at 1123 N Mason St. has remained closed to the public, and your Class "B" Fermented Malt Beverage & "Class B" Liquor License have not been used. Failure to open your business and use your alcohol license for the intended purpose of a bar/tavern by May 30, 2024 may be grounds for license revocation or non-renewal. This letter is to provide you ample notice of potential non-renewal or revocation should the business not be operational by the time specified.

If you have any questions regarding this matter, please do not hesitate to contact me at the number listed above.

Respectfully,

Kami Lynch
City Clerk

Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CORNER PUB	Facility Type Retail Food - Serving Meals
Facility ID # HSAT-7QWT54	Facility Telephone # 920 073-1097
Facility Address 1123 N MASON ST APPLETON , WI 54914	
Licensee Name KIM-RICK WILLIAMS	Licensee Address 1123 N MASON ST APPLETON , WI 54914

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2023	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
<p>Water pipe broke in rental over bar. Ceiling down to rafters, walls have stud exposed. Can lighting hanging down. Bar needs to be essentially put back together and have all departments sign off prior to reopening. Fire, HVAC, Building, Plumbing, Electrical and Health will all need to come through and inspection prior to opening back up for business.</p> <p>Re attach the faucet on the 4 compartment sink. (Faucet is onsite)</p> <p>Report will be mailed to 200 E. Harding Drive 54915</p>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian


Rick Williams


Michelle Roberts
(920) 832-6429

Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CORNER PUB	Facility Type Retail Food - Serving Meals
Facility ID # HSAT-7QWT54	Facility Telephone # 920 730-1097
Facility Address 1123 N MASON ST APPLETON , WI 54914	
Licensee Name KIM-RICK WILLIAMS	Licensee Address 200 E HARDING DR APPLETON , WI 54915

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2024	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
<p>Hold from Fire, Electrical, HVAC. Building and Plumbing not onsite to recheck. Inspections will create a CSR with all the notes. No storage under stairs.</p> <p>4 compartment sink installed. Bar still not completed and looking ready to open. Bar can not be reopened at this time. Final approvals needed from Fire, Electrical, HVAC, Plumbing and Building. Also Health needs to come back and bar should look like it is ready to open.</p> <p>Report emailed to crystal.k.denton@gmail.com</p>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian


Kim Williams


Michelle Roberts
 (920) 832-6429

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality City of Appleton
License Period 2024-2025

License(s) Requested

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____ |
| <input checked="" type="checkbox"/> Class "B" Beer \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Wine \$ _____ | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____ |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |

License Fees	\$ 500
Publication Fee	\$ 20
Background Check	\$ 7
Total Fees	\$ 527

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Kim Williams		
2. Trade Name or DBA Corner Pub		
3. Premises Address 1123 N. Mason St. Appleton WI 54914		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 10
7. Mailing Address (if different from premises address) 200 E Harding Dr. Appleton WI 54915		
8. FEIN 456-0002312585-03	9. Wisconsin Seller's Permit Number 456-0002312585-03	
10. Premises Phone 920-450-8456	11. Premises Email none	
12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body. 1123 North Mason Street - 110x230 sq ft. Tavern - 40x40 sq ft Basement storage		

Part B: Questions		
1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.		
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information Yes No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary Yes No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? Yes No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? Yes No

6. Is the business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

7. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104. Yes No

2. Agent Last Name	Agent First Name	Agent Phone Number
--------------------	------------------	--------------------

Part D: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Kim Williams</i>	Date <i>3-11-24</i>	
Name (Last, First, M.I.) <i>Kim M. Williams</i>		
Title <i>owner</i>	Email	Phone <i>920-450-8456</i>

Part E: For Clerk Use Only

Date application was filed with clerk <i>3/11/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$ 0

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Techu LLC</i>		
2. Business Trade Name or DBA <i>Mr. Frog's Appleton</i>		
3. FEIN	4. Wisconsin Seller's Permit Number <i>456-1030999291-04</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <i>Wisconsin</i>	7. Date of Organization <i>03-18-22</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>409 W. College AV</i>		
10. City <i>Appleton</i>	11. State <i>WI</i>	12. Zip Code <i>54911</i>
13. County <i>Outagamie</i>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Appleton</i>	15. Aldermanic District
16. Premises Phone <i>920) 284-2767</i>	17. Premises Email <i>Juliamorales3900@gmail.com</i>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Alcohol will be served inside the bar and patio Alcohol stored in basement, walking cooler and cooler underneath the bar counter top and shelves and outdoor patio</i>		
20. Mailing Address (if different from premises address) <i>1625 Coolidge CT.</i>		
21. City <i>Appleton</i>	22. State <i>WI.</i>	23. Zip Code <i>54915</i>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity <i>Lil Taco</i>	4b. Business Entity FEIN
--	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

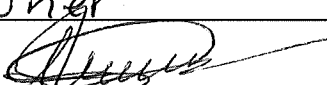
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
<i>Nino Gomez</i>	<i>Julia</i>	<i>owner</i>	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Nino Gomez</i>	First Name <i>Julia</i>	M.I.
Title <i>owner</i>	Email	Phone
Signature 	Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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

Name: ~~Bob~~ Mr. Frogs

(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?

01-31-24 months ago.

10. Seating capacity: Inside 120 Outside 80

11. Operating hours (Inside the building): Monday-Sunday 11am to 2am
Operating hours (Outdoor seating areas): Monday-Sunday 11am to 2am

12. Employees/Staff

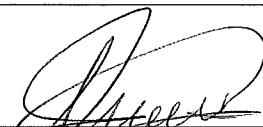
Number of floor personnel 5 Number of door checkers 2

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

- a. Gross floor building area of the premises to be licensed: 2600 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 2500 square feet.
- c. Below, identify the operational details of the proposed establishment:

Night club/Bar

Monday thru Sunday 11am to 2am


Signature

01/22/24
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 Jechu

The undersigned duly authorized officer/member/manager of ~~MANNA WISCONSIN~~ 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. Frogs Appleton
(Trade Name)

located at 409 W Colleague Ave Appleton, WI 54911

appoints Julia Nino Gomez
(Name of Appointed Agent)
1625 Coolidge Ct Appleton WI 54915
(Home Address of Appointed Agent)

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

J.N.G. 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? 24 yrs

Place of residence last year 1625 Coolidge Ct. Appleton WI. 54915

For: Julia Nino Gomez
(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] 01/22/24 Agent's age _____
(Signature of Agent) (Date)
1625 Coolidge Ct. Appleton WI. 54915 Date of birth _____
(Home Address of Agent)

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

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

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



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

CITY ATTORNEY'S OFFICE
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6423
f: 920.832.5962
www.appleton.org

TO: Common Council, Safety and Licensing Committee

From: ACA Zak Buruin

Date: 6/20/24

RE: Alcohol Beverage License Application of Jechu LLC.,
DBA Mr. Frog's Appleton: Julia Nino Gomez (Owner), Alejandro Morales
(partner, shareholder, or investor)

Legal Standard:

Issuance of alcohol beverage licenses is governed by §125.12(3m). This says that "If a municipal governing body or duly authorized committee of a city council decides not to issue a new license under this chapter, it shall notify the applicant for the new license of the decision not to issue the license. The notice shall be in writing and state the reasons for the decision."

Issuance of a new alcohol beverage license is not limited by the same statutory constraints that restrict a municipality's ability to suspend, revoke, or refuse to reissue an existing alcohol beverage license. Per §125.51(1)(a), municipalities may grant alcohol beverage license as they deem "proper." Such a decision is subject to review only to determine if the municipality acted capriciously and abused its discretion by treating similarly situated individuals differently.

Through the power granted by the state, municipalities are charged with reasonable regulation the distribution of alcohol in the interests of public health, safety, peace, comfort, and the happiness of society. Examples of such concerns could include the impact upon traffic, impact upon the peace, quiet and cleanliness of the area, lack of parking, proximity to similar establishments, residential areas, schools, churches, or hospitals, and the ability of the police to always provide sufficient services to the balance of the community.

It is the committee and council's obligation to consider the information available rationally and fairly in light of the legitimate concerns that may exist with respect to public health and safety. As long as four criteria are met, a court should not disturb a municipality's licensing decision:

1. The municipality kept within its jurisdiction.
2. The municipality acted according to law.
3. The municipality's decision was not arbitrary, oppressive, or unreasonable, AND it represented the municipality's will rather than its judgement.
4. The evidence was such that the municipality could reasonably make the decision it did.

In practical terms, items three and four are questions of whether similarly situated individuals or businesses are treated differently, and whether the evidence provides a reasonable basis for the decision made. It is important that the licensing decision be based upon the information available and upon reasonable judgement in evaluating such information. If a decision is made and then a justification for that decision is sought, a municipality is exercising its will and not its judgment. Such a decision would be unlawful.

Factual Background:

The Lake Winnebago Metro Enforcement Group (LWAM) conducted an investigation that reached a peak in 2020 and 2021. This investigation resulted in the discovery and federal prosecution of an extensive cocaine trafficking operation occurring out of the Mr. Taco location in Kimberly, Wisconsin. The operation was undertaken by a group of individuals with familial and purportedly legitimate business ties who also operated other ostensibly legitimate businesses in the Fox Valley area, including Mr. Taco in downtown Appleton.

The following information has been obtained from the limited access provided to the City of Appleton by the Lake Winnebago Metro Enforcement Group (LWAM). It summarizes approximately 264 pages of investigative reports with redactions. Additional information has been denied to the City in its entirety by Federal law enforcement. (Note: Several references to redactions are made in the following summary. These references are intended only to show where there is information that is not available. It is not intended to insinuate or invite any speculation regarding additional facts not available to the City. Conclusions should be drawn from information available, not from speculation about information not provided to the City.)

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed. The warrant was related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. Julia was an employee. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search of the restaurant and a neighboring restaurant also owned by Luis.
- Search warrants were simultaneously executed at other locations associated with the suspect and his co-conspirators, including another restaurant in Kimberly mentioned above, and the residence of his sister, Sandra Munoz. Sandra Munoz was also detained at the scene of the Mr. Taco search warrant.

- In a subsequent interview with law enforcement, Luis admitted to procuring cocaine for sale. Large portions of this interview were redacted before being provided to the City. Among non-redacted statements, Luis indicated he originally procured cocaine at the behest of his employees. He indicated that he and a contact named “Carlos” would deliver the cocaine to the Appleton area from Chicago. Luis further indicated that his brother, Alejandro Morales, would have been only other person to see “Carlos” during this activity.
- In this same interview, Luis was asked about his sister, Sandra Munoz, selling cocaine to an informant. Luis indicated he had no knowledge of the transaction. He indicated that his sister’s cocaine selling activity was not associated with his own, but rather with their brother, Alejandro Morales. He indicated that they did not mix their cocaine businesses and that they had not even spoken since 2013. He indicated that their cousin was an employee of Mr. Taco and was typically supplied with cocaine by Alejandro, but Luis admitted that he did “help him out” on at least one occasion.
- Luis admitted that Sandra was aware of his cocaine business but that she was not involved in it other than picking up a payment on one occasion. He indicated he was aware she sold cocaine, but their businesses were not mixed.
- On 12/21/20, an interview was conducted with an employee of Luis Morales, Laura Saint Geours. (I have located no record of Ms. Saint Geours being charged with any offense stemming from this investigation.) Saint Geours was a bookkeeper for Luis Morales’ businesses. This interview report is also heavily redacted.
- She indicated she was aware of at least one occasion where Sandra Munoz delivered a satchel containing \$230,000 in cash to one of Luis’s businesses while she was there. She indicated that she was aware of Sandra working at another business location owned by Luis Morales. She indicated that she was aware that Julia Nino Gomez (Morales) also worked at that location. She indicated that she had not heard anything about Julia being a drug dealer.
- Saint Geours additionally indicated that she was aware of three rental properties owned by Luis Morales, but that the rest of the rental properties were in the name of his ex-wife and his mother, Julia.
- Saint Geours indicated that on 12/7/20, Julia had come to her house and indicated that she should not be worried because Luis had confessed to being guilty of everything. Saint Geours referred to money seized by police during the previous search warrant. Julia asked if the police could prove where the money came from, and again advised her not to worry.
- On 12/28/20, Javier Guzman Becerra was interviewed by law enforcement. He was also an employee of Luis Morales. This interview is heavily redacted, but Javier was able to provide additional information about Luis Morales’ business(es). He provided information about Sandra’s participation in cocaine

distribution. He reported on at least on occasion being directed by Luis to deliver cocaine to Sandra's residence, as well as the fact that she was unhappy with the weight of what was supplied.

- Javier indicated he was aware that Sandra and Julia had been working in Mr. Taco restaurants after their restaurant in Omro closed. This would have been after the specific instance of cocaine delivery Javier had referenced previously. He indicated that in the fall of 2020, he was instructed to train Sandra and Julia as managers of the restaurant (Mr. Taco in Kimberly).
- When asked if he had ever delivered cocaine disguised as food, Javier admitted that on one occasion, he had delivered cocaine to Sandra's residence by placing it in a to-go food box.
- On 12/23/20 Jennifer Almeida-Sandoval gave an interview with law enforcement. The report of this interview was also heavily redacted before being provided to the City. Jennifer Almeida-Sandoval is the former spouse of Luis Morales and former daughter-in-law Julia Nino Gomez. Law enforcement asked her if she was aware of Luis putting rental properties into other peoples' names on his behalf. She indicated a particular address in Menasha was in Julia's name but indicated that Julia was not in a financial position to purchase such a property.
- Jennifer denied knowledge of Sandra being involved with Luis's cocaine business because Sandra was close with Alejandro, and she could not see her involved in drug activity with Luis and have as strong of a relationship with Alejandro.
- Jennifer indicated that Julia was aware of Luis being involved in the distribution of cocaine but did not believe that she was engaged in selling on his behalf.
- Jennifer further indicated she had heard information about Alejandro dealing cocaine, but she had not personally observed it and does not communicate with Alejandro.
- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. The City has been denied access to the report of this interview in its entirety. As referenced in the report of the search, Sandra indicated during the interview that Julia Nino Gomez (Morales) knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Nino Gomez (Morales) provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.

- Officers learned that the residence was jointly owned by Julia Nino Gomez (Morales) and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.
- On 11/29/21, Eduardo Morales gave an interview to law enforcement regarding the above-described drug trafficking activity. Eduardo is the nephew of both Sandra and Alejandro. Eduardo indicated that “we got started in the area” when Luis was fronted cocaine from a source in Minnesota, and that the distribution began with Alejandro and Sandra selling cocaine.
- Eduardo described instances where Luis, Sandra, and Alejandro all ended up fighting with each other because Luis would steal cocaine customers from Sandra and Alejandro. Others had provided additional and / or alternative explanations for the division(s) that did not necessarily involve cocaine trafficking disputes.
- As a result of the investigation, Eduardo Morales, Frank DiMateo, Cory Ulrich Jennifer Almeida-Sandoval, Jennifer Guzman Becerra, Sandra Munoz, and Luis Morales were all charged with federal offenses related to cocaine distribution, resulting in convictions against all but one defendant for which no clear case resolution is readily available through public records.

Julia Nino Gomez and Alejandro Morales were not charged criminally based on the investigation.

Conclusion:

It does not appear that any specific decision on the requirement of this application is required by Wisconsin law. Information uncovered through the investigation potentially sheds light on the applicant’s ability and / or willingness to meet supervisory and accountability standards associated with the granting of an alcohol beverage license.

As long as the Committee and Council act reasonably (as explained more extensively above) in the interests of public health, safety, peace, comfort and happiness of the community, they are empowered to grant or deny the license as they deem proper.



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

TO: Safety and Licensing Committee
Common Council

FROM: Lt. Ben Goodin

DATE: 6/21/2024

RE: Police Department's Recommendation for Denial of Julia Gomez's Original Alcohol Beverage License Application

Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Julia Gomez's original alcohol beverage license application for 409 W. College Ave., a bar commonly known as "Mr. Frog's".

The Appleton Police Department has significant concerns about Ms. Gomez's moral character and her ability and willingness to follow the law. Julia and her family were involved in a significant federal cocaine dealing prosecution in and around 2020-2021. While Julia was not charged criminally, she was likely involved or at least aware of the ongoing drug dealing operation that took place at her place of employment and at a property which she owned.

The below information was obtained from documents City of Appleton Assistant City Attorney Buruin acquired from the case files from the aforementioned drug case:

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search. Julia was an employee of Mr. Taco in Kimberly.
- Another employee of Mr. Taco, Laura Saint Geours, told investigators that on 12/7/20, Julia had come to her house and indicated that she should not be worried because Luis had confessed to being guilty of everything. Saint Geours made reference to money seized by police during the previous search warrant. Julia asked if the police could prove where the money came from, and again advised her not to worry.
- Jennifer Almeida-Sandoval was interviewed by investigators on 12/23/20. Jennifer is the

former spouse of Luis Morales and former daughter-in-law of Julia. Jennifer indicated in her interview that Julia was aware of Luis being involved in the distribution of cocaine, but did not believe that she was engaged in selling on his behalf.

- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. Sandra Munoz is Julia's adult daughter. As referenced in the report of the search, Sandra indicated during the interview that Julia Morales knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Morales provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.
- Officers learned that the residence was jointly owned by Julia Morales and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.

Given the facts of this case and Julia's knowledge and complicity of the drug dealing operation, the Appleton Police Department has concerns that drug dealing activity will occur at 409 W. College Ave., "Mr. Frog's", if Ms. Gomez is granted an original alcohol beverage license for the business. It is the recommendation of the Appleton Police Department to deny Julia Gomez's original alcohol beverage license application.

Very Respectfully:

Lt. Ben Goodin
Appleton Police Department

Form
AB-105

Producer Full-Service Retail Sales Application

Date
5-29-24

Part A: Producer Information			
1. Business Legal Name (individual name if sole proprietor) Hop Yard Ale Works, LLC			
2. Business Name or DBA Hop Yard Ale Works		3. Agent Name Amy Behm	
4. FEIN 85- [REDACTED]		5. Wisconsin Seller's Permit Number 456-1030505526-04	
6. Wisconsin Producer Permit Number BR-WI 21258		7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Amy		9. Last Name Behm	10. M.I.
11. Contact Person's Phone [REDACTED]		12. Contact Person's Email [REDACTED]	

Part B: Production Quantity		
Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.		
Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels <input checked="" type="checkbox"/> 250 - 2,499 barrels <input type="checkbox"/> 2,500 - 7,499 barrels <input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> Less than 1,500 liters <input type="checkbox"/> 1,500 - 4,999 liters <input type="checkbox"/> 5,000 - 34,999 liters <input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> Less than 1,000 gallons <input type="checkbox"/> 1,000 - 4,999 gallons <input type="checkbox"/> 5,000 - 24,999 gallons <input type="checkbox"/> 25,000 or more gallons
Calendar year: 2023	Calendar year:	Calendar year:
Quantity: 305	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises				
1. Start Date		2. Production Premises Address		
3. City		4. State	5. Zip Code	
6. County		7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		

Part D: Request for Fixed Full-Service Retail Outlet				
1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.				
2. Current Outlet Name				
3. Current Outlet Premises Address				
4. City		5. State	6. Zip Code	
7. County		8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)			
New Fixed Retail Outlet Information (complete boxes 10 through 23)			
10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of _____		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet			
1. Name of Event (if applicable) Flicks & Sips			
2. Dates of Operation (attach a schedule, if necessary) Friday August 16		3. Hours of Operation 5:30 - 11:00p	
4. Premises Address Jones Park - 301 W Lawrence St			
5. City Appleton	6. State WI	7. Zip Code 54911	
8. County outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of <u>appleton</u>		
10. Organizer of Event (if not the named applicant) Elizabeth Konrath		11. Email and/or Phone Number for Organizer of Event Elizabeth.Konrath@appleton.org	
12. Organizer Website n/a <u>Appleton Park & Rec</u>		13. Event Website n/a	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Hop Yard will be offering beer, seltzer and soda offerings out of a tap trailer. ID check/wrist bands & tickets sales in separate tent, all situated under the bridge at Jones park. Signs will be posted at all exits that no alcohol is allowed beyond the park.			
15. On-Site Contact (Last Name, First Name) Amy Behm	16. On-Site Contact Phone [REDACTED]	17. On-Site Contact Email [REDACTED]	
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part F: Attestation

Who must sign this application?

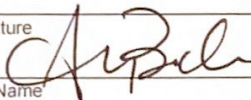
- sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 		Date 5-29-24
Last Name Behm	First Name Amy	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale? Yes No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? Yes No

3. Describe municipal restrictions indicated in questions 1 or 2 above

4. Last Name of Municipal Official	5. First Name	6. M.I.
7. Signature of Municipal Official		8. Date
9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body	

2024-2025 RENEWALS

CLASS “A” FERMENTED MALT BEVERAGE & “CLASS A” LIQUOR LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Appleton Liquor LLC Heidi Guta, Agent, 1325 E Overland Rd, Appleton WI 54911	Appleton Liquor	2727 N Meade St
Swami LLC Kanu B. Patel, Agent, 420 W Northland Ave, Appleton WI 54911	Northland Amoco	800 E Northland Ave
BSS Corporation Buddi S. Subedi, Agent, 3045 Winnipeg St, Menasha WI 54952	Richmond Mobil	3401 N Richmond St

CLASS “B” FERMENTED MALT BEVERAGE & “CLASS B” LIQUOR LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Santino LLC Katelyn E. James, Agent, 200 E James St, Appleton WI 54915	Houdini’s Escape	1216 S Oneida St
Fox Valley Rentals & Investments LLC Brian M. Tomaszewski, Agent, 1459 Mera Ln, Kaukauna WI 54130	M.T. Pockets	2906 E Newberry St
Harvath LLC Terrill J. Harvath, Agent, 3997 N Trailway Ln, Appleton WI 54913	The Wishing Well	2709 E Newberry St
Gregg Vandinter Gregg Vandinter, Sole Proprietor, W6227 Wisconsin Ave, Greenville WI 54942	Union Jacks	812 S Olde Oneida St

June 19, 2024

**KAMI LYNCH
CITY CLERK**

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 250 Class "B" Beer \$ _____
 "Class A" Liquor \$ 450 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>4</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>724</u>

+ \$ 100 cigarette

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #02921	
3. FEIN	4. Wisconsin Seller's Permit Number 004-0000455404-01		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization	ILLINOIS	7. Date of Organization	02/15/1909
8. Wisconsin DFI Registration Number		W066585	
9. Premises Address 1901 S ONEIDA ST			
10. City	Appleton	11. State	WI
12. Zip Code		54915-1834	
13. County	Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	15. Aldermanic District
of: <u>Appleton</u>			
16. Premises Phone	(920) 739-7321	17. Premises Email	mgr.02921@store.walgreens.com
18. Website		WWW.WALGREENS.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <div style="font-size: 1.2em; font-family: cursive;"> Detail drugstore with sundries in a one story building of 13,000 sq ft *see attached sheet </div>			
20. Mailing Address (if different from premises address) PO BOX 901			
21. City	DEERFIELD	22. State	IL
23. Zip Code		60015	

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FEIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature 	Date 9-30-21	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
5-29-24

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) WALGREEN CO	
2. Business Trade Name or DBA WALGREENS #02921	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Schroeder	2. First Name Stephanie	3. M.I. S	
4. Email		5. Phone	
6. Home Address 215 W. Wilson Ave.			
7. City Appleton	8. State WI	9. Zip Code 54915	10. Age 41
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name	BROWN	First Name	BRIAN
		M.I.	R
Title	VICE PRESIDENT AND TREASURER	Email	Phone
Signature	<i>B.R. Brown</i>		Date
			5-24-24

Part E: Agent Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name	Schroeder	First Name	Stephanie
		M.I.	S
Signature	<i>Stephanie Schroeder</i>		Date
			5-23-24

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 250 Class "B" Beer \$ _____
 "Class A" Liquor \$ 450 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>727</u>

+ \$100 - Cigarettes

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) WALGREEN CO			
2. Business Trade Name or DBA WALGREENS #05102			
3. FEIN		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization ILLINOIS		7. Date of Organization 02/15/1909	8. Wisconsin DFI Registration Number <u>W006585</u>
9. Premises Address 700 W COLLEGE AVE			
10. City Appleton		11. State WI	12. Zip Code 54914-5265
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Premises Phone (920) 733-6599		17. Premises Email mgr.05102@store.walgreens.com	18. Website WWW.WALGREENS.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Retail drugstore with sundries in a one-story building at 14, 511 sq ft
*see attached sheet

20. Mailing Address (if different from premises address) PO BOX 901			
21. City DEERFIELD		22. State IL	23. Zip Code 60015

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FEIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature <i>B.R. Brown</i>		Date 4-30-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Alcohol Beverage Appointment of Agent

Date
4-5-24

Agent Type (check one)	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) WALGREEN CO	
2. Business Trade Name or DBA WALGREENS #05102	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Lueck	2. First Name Sarah	3. M.I. N	
4. Email		5. Phone	
6. Home Address 11055 S. Nicolet Rd			
7. City Appleton	8. State WI	9. Zip Code 54914	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature <i>B.R.B.</i>	Date 5-20-24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability business and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name LUECK	First Name Sarah	M.I. N
Signature <i>Sarah Luck</i>	Date 4-5-24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>250</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>450</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>727</u>

+ \$100 Cigarettes

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #12693	
3. FEIN		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
ILLINOIS		02/15/1909	WALLES85
9. Premises Address			
729 W NORTHLAND AVE			
10. City		11. State	12. Zip Code
Appleton		WI	54914-1426
13. County		14. Governing Municipality:	15. Aldermanic District
Outagamie		of: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Appleton</u>	
16. Premises Phone		17. Premises Email	18. Website
(920) 954-8100		mgr.12693@store.walgreens.com	WWW.WALGREENS.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Retail drug store with sundries in a one-story building of 12,926 sq ft *see attached sheet			
20. Mailing Address (if different from premises address)			
PO BOX 901			
21. City		22. State	23. Zip Code
DEERFIELD		IL	60015

Part B: Questions		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FFIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
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Title VICE PRESIDENT AND TREASURER	Email	Phone
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Signature <i>B. B. Brown</i>	Date 4-30-24
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Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
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Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
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Alcohol Beverage Appointment of Agent

Date 4-4-2024

Agent Type (check one)	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) WALGREEN CO	
2. Business Trade Name or DBA WALGREENS #12693	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name Krueger	2. First Name Andrew	3. M.I. S	
4. Email		5. Phone	
6. Home Address 836. E. John St.			
7. City Appleton	8. State WI	9. Zip Code 54911	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	BROWN	First Name	BRIAN	M.I.	R
Title	VICE PRESIDENT AND TREASURER	Email		Phone	
Signature		Date	4-30-24		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Kneyer	First Name	Andrew	M.I.	S
Signature		Date	4-4-2024		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>250</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>450</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>727</u>

+ \$100 - cigarettes

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) WALGREEN CO			
2. Business Trade Name or DBA WALGREENS #12019			
3. FEIN		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization ILLINOIS		7. Date of Organization 02/15/1909	8. Wisconsin DFI Registration Number <u>W066585</u>
9. Premises Address 2803 N MEADE ST			
10. City Appleton		11. State WI	12. Zip Code 54911-1507
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Premises Phone (920) 830-6985		17. Premises Email mgr.12019@store.walgreens.com	18. Website WWW.WALGREENS.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Retail drugstore with sundries in a one-story building of 15,555 sq ft</u> <u>*see attached sheet</u>			
20. Mailing Address (if different from premises address) PO BOX 901			
21. City DEERFIELD		22. State IL	23. Zip Code 60015

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FEIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature 	Date 11-4-2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)
 Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) WALGREEN CO

2. Business Trade Name or DBA WALGREENS #12019

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Janssen 2. First Name Amber 3. M.I. E

4. Email 5. Phone

6. Home Address 1710 E Overland Rd

7. City Appleton 8. State WI 9. Zip Code 54911 10. Age 44

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

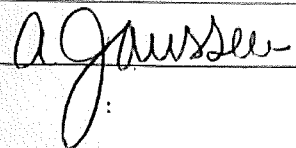
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN		First Name BRIAN		M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone		
Signature 			Date 4-30-24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Janssen		First Name Amber		M.I. E
Signature 			Date 4/1/24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>250</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>450</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>727</u>

+ \$100 Cigarettes

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #12693	
3. FEIN		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
ILLINOIS		02/15/1909	W0466585
9. Premises Address			
729 W NORTHLAND AVE			
10. City		11. State	12. Zip Code
Appleton		WI	54914-1426
13. County		14. Governing Municipality:	15. Aldermanic District
Outagamie		of: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Appleton</u>	
16. Premises Phone		17. Premises Email	18. Website
(920) 954-8100		mgr.12693@store.walgreens.com	WWW.WALGREENS.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Retail drug store with sundries in a one-story building of 12,926 sq ft *see attached sheet			
20. Mailing Address (if different from premises address)			
PO BOX 901			
21. City		22. State	23. Zip Code
DEERFIELD		IL	60015

Part B: Questions		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FFIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature <i>B. B. Brown</i>	Date 4-30-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Alcohol Beverage Appointment of Agent

Date 4-4-2024

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #12693	
3. Entity Type (check one)			
<input type="checkbox"/> Limited Liability Company		<input checked="" type="checkbox"/> Corporation	
<input type="checkbox"/> Nonprofit Organization			
4. Alcohol Beverage Business Authorization (check one)		5. If successor agent, provide State Permit or Municipal Retail License Number	
<input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit			
6. Describe the reason for appointing a successor agent, if successor is checked above.			

Part B: Agent Information

1. Last Name		2. First Name		3. M.I.	
Krueger		Andrew		S	
4. Email			5. Phone		
6. Home Address					
836. E. John St.					
7. City		8. State	9. Zip Code		10. Age
Appleton		WI	54911		
11. Drivers License/State ID Number			12. Drivers License/State ID State of Issuance		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	BROWN	First Name	BRIAN	M.I.	R
Title	VICE PRESIDENT AND TREASURER	Email		Phone	
Signature		Date	4-30-24		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Kneyer	First Name	Andrew	M.I.	S
Signature		Date	4-4-2024		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Dairyland Brewing Co LLC</i>			
2. Business Trade Name or DBA <i>Dairyland Brew Pub</i>			
3. FEIN		4. Wisconsin Seller's Permit Number <i>456-1029179989-02</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>Wisconsin</i>		7. Date of Organization <i>2015</i>	8. Wisconsin DFI Registration Number <i>456-1029179989-02</i>
9. Premises Address <i>1216 E Wisconsin</i>			
10. City <i>Appleton</i>		11. State <i>WI</i>	12. Zip Code <i>54911</i>
13. County <i>Outagamie</i>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Appleton</i>		15. Aldermanic District
16. Premises Phone <i>920-441-1103</i>	17. Premises Email <i>dairylandbrewpub@gmail.com</i>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>4200 Sq Foot Restaurant - bar 1/3 restaurant seating *see attached sheet 1/3 bar 1/3 kitchen</i>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Dorri Schmidt	Dorri	owner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmidt	First Name Dorri	M.I. M
Title owner	Email	Pho.
Signature 		Date 6-7-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 6-7-24

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Dairyland Brewing Co LLC</u>	
2. Business Trade Name or DBA <u>Dairyland Brew Pub</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

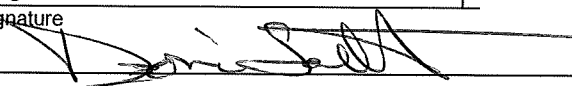
Part B: Agent Information			
1. Last Name <u>Schmidt</u>	2. First Name <u>Dorri</u>	3. M.I. <u>M</u>	
4. Email		5. Phone	
6. Home Address <u>1225 E Amelia</u>			
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54911</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

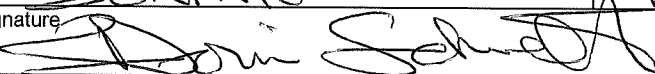
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmidt		First Name Dorri	M.I. M
Title owner	Email	Phone	
Signature 		Date 6/7/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmidt		First Name Dorri	M.I. M
Signature 		Date 6-7-24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 10,500
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>10,600</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>10,660</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Mondo Wine LLC			
2. Business Trade Name or DBA Mondo on the River			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1029752052-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 07/05/2017	8. Wisconsin DFI Registration Number M099633
9. Premises Address 425 W. Water Street, Suite 100			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District 11
16. Premises Phone (920) 903-1787	17. Premises Email david@mondowinebar.com		18. Website mondowinebar.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Premise Description: 425 WEST WATER STREET SUITE 100 - APPROX 4,600 SQ. FT., FIRST FLOOR CAFÉ AREA WITH A 900 SQ. FT. DECK, 500 SQ. FT. PATIO AREA AND BASEMENT STORAGE. TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMIT #1-06.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Oliver	David	President	
Oliver	Jane	Vie President	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Oliver	David	J
Title	Email	Phone
President		
Signature	Date	
	05/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Appleton Alcohol License Questionnaire

1. **Name of Applicant:** David Oliver

2. **Name of Business:** Mondo Wine LLC (DBA: Mondo on the River)

(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:** 425 W. Water Street, Suite 100, 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>David J. Oliver</u>			
First name	M.I.	Last name	Date of Birth
<u>Jane E. Oliver</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: Randall Stadtmueller / Atlas Mill LLC

First name Middle Initial Last name

Address: P.O. Box 544 Neenah, WI 54957

City State ZIP

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

Name: Wild River Cafe

(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 X *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?
ongoing months ago.

10. Seating capacity: Inside 202 Outside 52


11. Operating hours (Inside the building): 3-8pm Tuesday, Wednesday, 3-9pm Thursday, Saturday, 3-10pm Friday
Operating hours (Outdoor seating areas): Same as above

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: 4,600 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 1,400 square feet.
- c. Below, identify the operational details of the proposed establishment:

Combination cafe, wine bar and retail wine shop.


Signature

5/24/2024
Date

Alcohol Beverage Appointment of Agent

Date

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Mondo Wine LLC	
2. Business Trade Name or DBA Mondo on the River	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Oliver	2. First Name David	3. M.I. J	
4. Email		5. Phone	
6. Home Address 833 E. Franklin Street			
7. City Appleton	8. State WI	9. Zip Code 54911	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

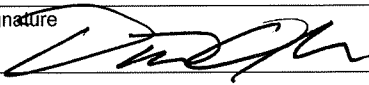
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Oliver		First Name David		M.I. J
Title President	Email		Phone	
Signature			Date 05/24/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Oliver		First Name David		M.I. J
Signature 			Date 05/24/24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ <u>100.00</u> | |

Fees	
License Fees	\$ <u>100.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>60.00</u>
Total Fees	\$ <u>160</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Bowinator LLC</u>		
2. Business Trade Name or DBA <u>Ukiyo</u>		
3. FEIN	4. Wisconsin Seller's Permit Number <u>456-1031197907-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>12/1/22</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>207 W. College Ave</u>		
10. City <u>Appleton WI</u>	11. State <u>WI</u>	12. Zip Code <u>54911</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Premises Phone <u>(920) 903-4959</u>	17. Premises Email <u>N/A</u>	18. Website <u>N/A</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>All alcohol would be served, sold, and stored within the front portion of the building only for this business for private events.</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Schiedermayer	Colbin	Owner/operator	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schiedermayer	First Name Colbin	M.I.
Title Owner	Email	Phone
Signature 		Date 6/9/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Carbin Schiederwayer

2. Name of Business: Ukio

(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: 207 W. Colley 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>Carbin</u>		<u>Schiederwayer</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: Ron Tosler

First name Middle Initial Last name

Address: 207 W. 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: Fika Tea Bar

(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 25 Outside N/A

11. Operating hours (Inside the building): By appointment only
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel 1 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: 1000 square feet.

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

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

Business is only open for private events

seating up to 20 people maximum.


Signature

6/10/24
Date

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) <u>Rowinator LLC</u>	
2. Business Trade Name or DBA <u>Ukiyo</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name <u>Schiedermaier</u>	2. First Name <u>Corbin</u>	3. M.I.	
4. Email		5. Phone	
6. Home Address <u>908 W. Hayes Ave</u>			
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54914</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

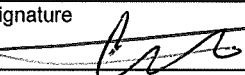
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Schiedermayer</i>	First Name <i>Carbin</i>	M.I.
Title <i>Owner</i>	Email	Phone
Signature 	Date <i>6/9/24</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Schiedermayer</i>	First Name <i>Carbin</i>	M.I.
Signature 	Date <i>6/9/24</i>	

Alcohol Beverage Individual Questionnaire

Date 6/9/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>Bovinator LLC</u>
2. Business Trade Name or DBA	<u>Ukiyo</u>
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>Schiedermaier</u>	<u>Corbin</u>		
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Owner</u>			
7. Home Address			
<u>928 W. Hayes Ave</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Appleton</u>	<u>WI</u>	<u>54914</u>	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Years</td> <td style="width: 50%; padding: 5px;">Months</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><u>5</u></td> <td style="padding: 5px;"></td> </tr> </table>	Years	Months	<u>5</u>	
Years	Months						
<u>5</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
<u>928 W. Hayes Ave</u>	<u>Appleton</u>	<u>WI</u>	<u>54914</u>				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County				
State	County	State	County				

Continued →

Part D: Criminal History

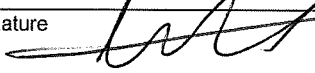
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date *6/9/24*

24-0808



Application for Mobile Home Park License

CASH OR CHECK ONLY!

LICENSE PERIOD IS FROM
JULY 1ST - JUNE 30TH

FEES ARE NON-REFUNDABLE

Date Rec'd 6/7/24

Mobile Home Park
(CLMOBL) \$132.00

Total \$ 132.00

Receipt #: 6954-4

Note: Please allow approximately 3 weeks for application processing

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

Name of Company Holding License
FOX VALLEY ESTATES

Company Street Address <u>330 E JUNIPER LN</u>	City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Company Telephone Number <u>218-310-2979</u>	<i>In addition, no person shall conduct a business or operate a mobile home park as defined by Wisconsin Administrative Code 177.02 without obtaining a Health Department License from the Health Department in accordance with Wisconsin Administrative Code Chapter 177.</i>		
Company Email Address <u>FOXVALLEYESTATES@GMAIL.COM</u>			

SECTION 2 - CONTACT INFORMATION

Name of Contact applying for license (First, MI, Last)
SCOTT R MOORE

Date of Birth _____

Contact Home Street Address <u>4349 TARNOWSKI RD</u>	City <u>DULUTH</u>	State <u>MINN</u>	Zip <u>55803</u>
Contact Phone Number [REQUIRED]	Contact Email Address [REQUIRED]		

SECTION 3 - LOCATION

Location of Mobile Home Park:
106 E PRIMROSE LN, APPLETON

Total Number of Units: <u>78</u>	Number of Units Occupied: <u>77</u>	Number of Units Unoccupied: <u>1</u>
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SECTION 4 - PENALTY NOTICE

I hereby certify that I/we have familiarized myself/ourselves with Chapter 11 of the City of Appleton Municipal Code as it relates to Mobile Home Parks and that I/we will comply with said code.

Signature of Applicant: [Signature] Date: 6/7/2024

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reasoning
Police	<input checked="" type="checkbox"/>		B. Woodin	6-11-2024
Fire	<input checked="" type="checkbox"/>		D. Henson	6-10-2024
Public Works	<input checked="" type="checkbox"/>		P. Mubayer	JUN 18 2024
Inspections				
Community Development	<input checked="" type="checkbox"/>		D. Hany	JUN 10 2024
Finance				
Health	<input checked="" type="checkbox"/>		S. Kiri	JUN 19 2024
Safety and Licensing				
Common Council				
Date sent for approval <u>JUN 07 2024</u>	Approved date ____/____/____	Issued Date ____/____/____	Expiration Date ____/____/____	License Number ____

2024-2025 Late Cigarette/Tobacco/Electronic Vaping Device Renewals

TRADE NAME	BUSINESS NAME	ADDRESS
APPLETON HILTON	DRIFTWOOD SPECIAL SERVICING, LLC	333 W COLLEGE AVE
WALGREENS #02921	WALGREEN CO.	1901 S ONEIDA ST
WALGREENS #05102	WALGREEN CO.	700 W COLLEGE AVE
WALGREENS #07323	WALGREEN CO.	3330 E CALUMET ST
WALGREENS #12019	WALGREEN CO.	2803 M MEADE ST
WALGREENS #12693	WALGREEN CO.	729 W NORTHLAND AVE

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) 1619 College Ave LLC		
2. Business Trade Name or DBA NANULO MOMOS AND CURRY		
3. FEIN	4. Wisconsin Seller's Permit Number AS6-1031766751-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization WISCONSIN	7. Date of Organization 08/03/2023	8. Wisconsin DFI Registration Number 0043347
9. Premises Address (do not use PO Box) 1619 W College Ave		
10. City Appleton	11. State WI	12. Zip Code 54914
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone	21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Under the counter shelving, glass racks, overhead rack.		

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____		

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
GURUNG	LAXMAN	member	
GURUNG	GAGAN K.	member	
BHANDARI	SANDIP	member	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature	<i>Sandip</i>	Date	06/23/2024
Name (Last, First, M.I.)	BHANDARI, SANDIP		
Title	member	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
6/18/24			
License fees	Signature of Clerk/Deputy Clerk		
100			

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name BHANDARI	2. First Name SANDIP	3. M.I.
4. Email	5. Phone	
6. Home Address 809 INDIANA AVENUE		
7. City SHEBOYAN	8. State WI	9. Zip Code 53081
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions


1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information


1. Legal Business Name (individual name if sole proprietor) 1619 College Avenue LLC		
2. Business Trade Name or DBA NANHO MOMOS AND CURRY		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 1619W College Ave		
5. City Appleton	6. State WI	7. Zip Code 54914

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) 	Date 06/23/2024
Name of Person Signing for Licensee SANDIP BHANDARI	Title Member

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

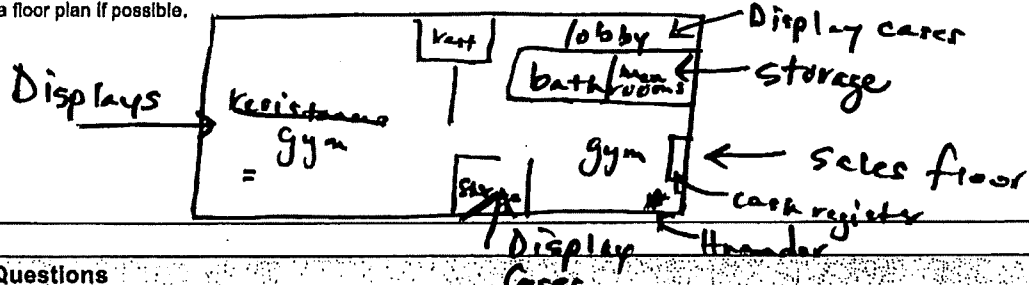
Signature of Agent 	Date 06/23/2024
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**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) RICHMOND SMOKE VS TOBACCO INC		
2. Business Trade Name or DBA		
3. FEIN	4. Wisconsin Seller's Permit Number 456-1031774002-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
6. State of Organization WISCONSIN	7. Date of Organization 5/21/2024	8. Wisconsin DFI Registration Number R090319
9. Premises Address (do not use PO Box) 2828 N RICHMOND ST UNIT 2		
10. City APPLETON	11. State WI	12. Zip Code 54911
13. County OUTAGAMIE	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Mailing Address (if different from premises address) 2716 103RD CT NE		
17. City BLAINE	18. State MN	19. Zip Code 55449
20. Premises Phone 612-735-9359	21. Premises Email hussein.ahaidi1991@yahoo.com	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.		



Part B: Questions

1. What products will be sold at this business location? (check all that apply): <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____		

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
ALBAIDI	HUSSEIN	PRESIDENT	

Part D: Attestation


One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 5/31/2024
Name (Last, First, M.I.) Alabaidi, Hussein	
Title President	Email
	Phone

Part E: For Clerk Use Only

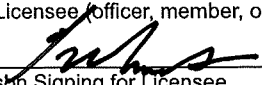

Date application was filed with clerk 6/11/24	Date license issued	Date license expires	License number
License fees 107	Signature of Clerk/Deputy Clerk		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Alobaidi	2. First Name Hussein	3. M.I.
4. Email	5. Phone	
6. Home Address 2716 103RD CT NE		
7. City BLAINE	8. State MN	9. Zip Code 55449
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) RICHMOND SMOKEYS TOBACCO INC		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 2828 N RICHMOND ST UNIT 2		
5. City APPLETON	6. State WI	7. Zip Code 54911

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) 	Date 5/31/2024
Name of Person Signing for Licensee Hussein Alobaidi	Title President
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent 	Date 5/31/2024

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 06/13/2024

Town Village City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 08/23/2024 and ending 08/25/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name St. Pius X Parish

(b) Address 500 W. Marquette St. Appleton, WI 54911

(Street)

Town Village City

(c) Date organized 1958

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President _____

Vice President _____

Secretary JEFF ERICKSON

Treasurer " " KATHIE REES

(g) Name and address of manager or person in charge of affair: Andrew J. Miles

(g)1. Date of Birth: _____ (g)2. Drivers License # _____ (g)3. Email _____ Phone _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 500 W. Marquette St., Appleton WI 54911

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event St. Pius Parish Summer Festival

(b) Dates of event 08/23/2024, 08-24-24, 08-25-24

(c) Time(s) of event 4 - 11pm, 1-11 PM, 8AM - 1 PM

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer _____

(Signature / Date)

St. Pius X Parish

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Committee _____

Date Granted _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____

License Type	# Available	# Issued	# Pending New Applications
Class "B" Fermented Malt Beverage / "Class B" Liquor License (Quota = 98)	9	89	9
Class "B" Fermented Malt Beverage / RESERVE "Class B" Liquor License	34	28	
"Class C" Wine License	Unlimited	1	2
Class "B" Fermented Malt Beverage / "Class C" Wine License	Unlimited	9	1
Class "B" Fermented Malt Beverage License	Unlimited	6	2
Class "A" Fermented Malt Beverage License	Unlimited	8	2
Class "A" Fermented Malt Beverage / "Class A" Liquor License	Unlimited	27	7

Renewal Applications Not Received & No Indication of Closure
Class "B" Fermented Malt Beverage / "Class B" Liquor License - 3
Class "B" Fermented Malt Beverage / RESERVE "Class B" Liquor License - 0
"Class C" Wine License - 0
Class "B" Fermented Malt Beverage / "Class C" Wine License - 2
Class "B" Fermented Malt Beverage License - 1
Class "A" Fermented Malt Beverage License - 0
Class "A" Fermented Malt Beverage / "Class A" Liquor License - 6

This information is based upon licenses that are expected to be issued by June 30, 2024 with current information/applications as of June 21st.