

## **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
- Pledge of Allegiance
- 3. Roll call of membership
- 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/Appearances

#### 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

<u>24-0835</u>	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
<u>24-0832</u>	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
<u>24-0828</u>	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
<u>24-0840</u>	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
04.0000	
<u>24-0826</u>	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
<u>24-0827</u>	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
<u>24-0825</u>	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
<u>24-0829</u>	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.

<u>Attachments:</u> Dairyland Brew Pub Redacted.pdf

<u>24-0822</u>	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
<u>24-0821</u>	"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
<u>24-0808</u>	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
<u>24-0833</u>	2024-2025 Late Cigarette, Tobacco, and Vaping Device License renewal applications.
	Attachments: 2024-2025 Late C.T.V Renewals 3rd Round.pdf
<u>24-0830</u>	Cigarette, Tobacco, and Electronic Vaping Device License application for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip Bhandari,

Attachments: Nanglo Momos & Curry Tobacco Redacted.pdf

Agent, located at 1619 W. College Ave.

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

#### <u>24-0849</u> 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

<u>24-0743</u> 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

<u>24-0748</u> 2024-2025 Late Alcohol License Renewal applications, contingent upon

approval from all departments by 12:00 p.m. on June 28, 2024

<u>Attachments:</u> 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

<u>Attachments:</u> 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:

Ave: 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 Bazil's Pub & Provisions, Jennifer Mauthe, Agent, located at 109 W College Ave, contingent upon approval from the Health

department.

<u>Attachments:</u> Mauthe Ventures LLC Bazil'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. Mauthe Ventures LLC Olde Town Tavern App Redacted.pdf Attachments: 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. Z's Overflow LLC - Taxicab Co Application.pdf Attachments: 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. Dynasty Limousine Service LLC - Taxicab Co Renewal.pdf Attachments: 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. Fish Cave LLC Renewal 2024 Redacted.pdf Attachments: 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

Attachments:

This Report Action Item was recommended for approval.

Inspection and Community Development departments.

Just Pets 2024 Renewal Redacted.pdf

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.

<u>Attachments:</u> <u>Mile of Music - Houdini Plaza Temporary Class B Application.pdf</u>

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



#### 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).



#### 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 28<sup>th</sup>, 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 30<sup>th</sup> 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 26<sup>th</sup>, 2024, before the Safety & Licensing Committee. The hearing will take place at 5:30 p.m. in the Council Chambers – 6<sup>th</sup> 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 <a href="mailto:kami.lynch@appletonwi.gov">kami.lynch@appletonwi.gov</a> 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,

Kanidynel

Kami Lynch City Clerk APPLETON HEALTH DEPARTMENT 100 N Appleton Street

Appleton WI 54911 Phone: 920-832-6429 Fax: 920-832-5853 Website: www.appleton.org No image found with name: PublicHealth\_COA\_small.jpg. Image files needed to be generated.

Appleton restaurant inspection reports are posted on the health department website

#### Retail Food Establishment Inspection Report

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

Inspection Information		
Inspection Type	Inspection Date	Total Time Spent
Routine	May 30, 2023	
Equipment Temperatures		
Description		Temperature (Fahrenheit)

walkın beer cooler pizza freezer	-				
Warewashing Inf	бо				
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:

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.

Re attach the faucet on the 4 compartment sink. (Faucet is onsite)

Report will be mailed to 200 E. Harding Drive 54915

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** 

Kun William

Michelle Roberts (920) 832-6429

APPLETON HEALTH DEPARTMENT 100 N Appleton Street

Appleton WI 54911 Phone: 920-832-6429 Fax: 920-832-5853 Website: www.appleton.org No image found with name: PublicHealth\_COA\_small.jpg. Image files needed to be generated.

Appleton restaurant inspection reports are posted on the health department website

#### Retail Food Establishment Inspection Report

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

Inspection Information		
Inspection Type	Inspection Date	Total Time Spent
Routine	May 30, 2024	
Equipment Temperatures		
Description		Temperature (Fahrenheit)

pizza freezer					
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:

walkin beer cooler

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.

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.

Report emailed to crystal.k.denton@gmail.com

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

Klm Williams

Michelle Roberts (920) 832-6429

## Form

## Renewal Alcohol Beverage License Application

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

License(s) Requested				
Class "A" Beer \$	Class A" Liquor	\$	License Fees	\$ 500
Class "B" Beer \$	Class B" Liquor	\$	_ Publication Fee	\$ 20
Class C" Wine \$	Class A" Liquor (Ci	der Only) \$	Background Check	< \$ 7
Reserve "Class B" Liquor \$	Class B" (Wine On	y) Winery \$	Total Fees	\$527
Part A: Premises/Business Inform				
1. Legal Business Name (registered entity na	me or individual's name if s	ole proprietorship)		
2. Trade Name or DBA PUB				
3. Premises Address 1123 N. MUSON S	L. Apploton	(X)I	54914	
4. County OUTA Gamil	5. Municipality	D/\	6. Aldermanic Distr	ict
7. Mailing Address (if different from premises	address)	1.5	7.1 <i>c</i> —	
8. FEIN E Harding	Dr. Hoputon	n Seller's Permit Num	115	
456-0007312585-0	111	6-000	3317285	-03
10. Premises Phone 9150 9450	11. Premise			
12. Entity Type (check one)  Sole Proprietor Partnersh	ip	ity Company [	Corporation	Nonprofit Organization
13. Describe your premises in detail. Atta same language previously approved to changes to the premises description in the change of the c	by your municipality, which nust be approved by the Street Scisement Street	h may be found on municipal governing (10 % 230)	your most recent licens g body.	e certificate. Requested
Part B: Questions				
Have you added or removed any part				pent
application was submitted?				Yes No
If yes to question 1, please list the name NEW members.			ed persons, and attach l	Form AT-103 for all
First Name	Last Name			
Phone	Title	, . ,		Add Remove
First Name	Last Name			
Phone	Title			Add Remove
First Name	Last Name			
Phone	Title			Add Remove

Part B: Questions Cont.			
Has any partner, officer, director, managed Form AT-103 including updated contact etc? If yes, attach a new Form AT-103 recommendation.	information, changes in address, ci	criminal history, interest restrictions,	Vo
Does the licensee or any of its officers, of in any other alcohol beverage wholesale explain using the space below. Attach a	r or producer (e.g., brewer, brewpul	ub, winery, distillery)? If yes, please	Vo
4. Have the partners, agent, or sole propri for this license period?	etor, satisfied the responsible beve	verage server training requirement  Yes N	No
Is the person or business identified in Pal (e.g., reporter of profit/loss from the sale permit for the business location, payer or	of alcohol beverages on their incom	ome tax return, holder of the seller's	۷o
6. Is the business indebted to any wholesa	aler beyond 15 days for beer or 30	O days for liquor? Yes	٧o
7. Does the applicant owe municipal prope	erty taxes, assessments, or other fe	fees? Yes 🔎 N	٧o
			***************************************
Part C: For Corporate/LLC Applican  1. Has your designated agent changed since		If you list the now exert name helpy	
and attach Form AT-103 for that person	and a Form AT-104	Yes 🔎 N	10
2. Agent Last Name	Agent First Name	Agent Phone Number	
Part D: Attestation		SSES EN SON MORGOR - AS AN	
Who must sign this application?			200.00
sole proprietor     one general partner	er of a partnership • one corpo	oporate officer • one managing member of an LLC	С
fully. I agree that I am acting solely on be the license. Further, I agree that the rights individual or entity. I agree to operate this from state authorized wholesalers. I unde deemed a refusal to allow inspection. Suc	half of the applicant business and and responsibilities conferred by the business according to the law, inclunt rstand that lack of access to any potential the refusal is a misdemeanor and grace Chapter 125 shall be void under potential and affidavits in connection with	ered each of the above questions completely and truth in not on behalf of any other individual or entity seeking the license(s), if granted, will not be assigned to anothe eluding but not limited to, purchasing alcohol beverage cortion of a licensed premises during inspection will be prounds for revocation of this license. I understand that be behalty of state law. I further understand that I may be the hot prounds for the license in the	g er es ee at
Signature ( ) Liluinus		Date 3-11- 24	
Name (Last, First, M.I.)			
Title	Email	Phone 920-450-845	بر
	WARRY CONTRACTOR SECURIOR CONTRACTOR CONTRAC		
Part E: For Clerk Use Only	Determented to		6000 93334
Date application was filed with clerk 3/11/2024	Date reported to governing body	Date provisional license issued (if applicable)	
Date license granted	License number	Date license issued	
Signature of Clerk/Deputy Clerk		1	

## Form AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
Appleton	
License Period	
1 24-25	

License(s) Requested: (up to two boxes m	ay be checked)	[	Fees			
☐ Class "A" Beer			License Fe	es	\$	
☐ "Class A" Liquor \$	☐ "Class B" Liquor	\$	Background	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor	\$	Publication	Fee	\$	
☐ "Class C" Liquor (wine only) \$			Total Fees		\$ ()	
Part A: Premises/Business Informat  1. Legal Business Name (Individual name if sole  1. Legal Business Name (Individual name if sole  2. Business Trade Name or DBA  Mr. Frog's						
3. FEIN	1 .	nsin Seller's Per		21 011		
5. Entity Type (cneck one)	936	-1030	9992	11-04		
☐ Sole Proprietor ☐ Partnership	☑ Limited Liability Compa	ny 🗌 Co	rporation		fit Organiza	tion
6. State of Organization	7. Date of Organization 03-/8-22		8. Wisconsin	DFI Registration	on Number	
9. Premises Address 409 W. College AV	1 0 5 7 6 2 2					
10. City Apple Ton			11. State	12. Zip Code 549//	·	
13. County	14. Governing Municipality:	City Town	Village	15. Aldermani	c District	
OUTogamie  16. Premises Phone	of: Appleton  17. Premises Email		18. Web	site		
920) 284-2767	Juliamorales 3900	@qmail.a	1			
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application. Alcohol Will be served Alcohol Stored in basic counter to pand she	ng, including living quarters. Authorization. Attach a map or diagram and in the har ement, walking coules and out door parts.	ed alcohol beve additional sheets	erage activities	s and storage o	of records may	y occur
20. Mailing Address (if different from premises ad 1625 Coolidge CT-	aress)					
21. City AppleTon			22. State	23. Zip Code 549/-	5	
Part B: Questions			•			
Has the business (sole proprietorship, pa violating federal or state laws or local ord					Yes [	<b>∑</b> No
If yes, list the details of violation below. A		ary.				
Law/Ordinance Violated	Location		Tri	al Date		
Penalty Imposed		Was sen	tence compl	eted?	Yes [	□ No
Law/Ordinance Violated	Location		Tri	al Date		
Penalty Imposed		Was sent	tence compl	eted?	Yes [	] No

<ol><li>Are charges for any offenses pending beverages.</li></ol>	g against the busines	s? Exclude traffic	offenses uni	ess related to ald	cohol 🔲	Yes 🔀 No
If yes, describe the nature and status	of pending charges	using the space b	elow. Attach	additional sheet	s as needed.	
<ol> <li>Is the applicant business or any of it individuals or entities a restricted inv If yes, provide the name of the restri</li> </ol>	estor with any intere	st in an alcohol b	everage pro	ducer or distribu		Yes 🛛 No
,						
Is the applicant business owned by a     If yes, provide the name(s) and FEIN						Yes No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
Have the partners, agent, or sole pro this license period? Submit proof of controls						Yes No
6. Is the applicant business indebted to	any wholesaler beyo	nd 15 days for be	er or 30 day	s for liquor/wine?	·	Yes 🔀 No
7. Does the applicant business owe pas	t due municipal prop	erty taxes, assess	ments, or ot	her fees?		Yes 🔀 No
Part C: Individual Information						
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com	ors, and agent of a corp	oration or nonprofit	organization,			
Include Form AB-100 for each person listed by	elow. Corporations and	d LLCs must appoin	t an agent by	including Form AB	-101.	
Last Name	First Name		Title		Phone	
Nino Gomez	Julia		own	er		
				w		
		***************************************		· ·		
Part D: Attestation				502		
One of the following must sign and attes	t to this application:					
• •	ral partner of a partne	ership • one	e corporate o	officer • on	e member of	an LLC
READ CAREFULLY BEFORE SIGNING: U						
I am acting solely on behalf of the applicant rights and responsibilities conferred by the li	cense(s), if granted, wi	Il not be assigned to	another indi	vidual or entity. I a	gree to operat	e this business
according to the law, including but not limite to any portion of a licensed premises during	d to, purchasing alcoho	ol beverages from s	tate authorize	d wholesalers. I u	nderstand that	lack of access
revocation of this license. I understand that	any license issued con	itrary to Wis. Stat. 0	Chapter 125 s	hall be void under	penalty of sta	te law. I further
understand that I may be prosecuted for sub ingly provides materially false information or						son wno know-
Nino Comez		First Name		HAMINA AND AND AND AND AND AND AND AND AND A		M.I.
Title	Email	Jane			Phone	
Owner					] }-	
Signature	market -		Date			
Part E: For Clerk Use Only			'			
Date Application Was Filed With Clerk Lice	nse Number		Date Lie	cense Granted	Date Licens	se Issued
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	d (if applicable)



# City of Appleton Alcohol License Questionnaire

Check Application Restaurant Tavern/N Microbret Painting/O Other (de Address of Britania)	able Box(s) to ident ight Club/Wine E wery/Brewpub Craft Studio scribe) usiness: 409	W. College Av.	tivity)  _Apple ton W	1.349#
-	-	v <b>our organization ever</b> b No	een convicted of a	misdemeanor or
	tion? Yes		No 🗶	
	convicted of a fel	explain in detail below:	140	
	• •	•		
_		s or investors of your buse additional sheets if	necessary.	l name, middle
nitial and date of	of birth. Please	use additional sheets if i	necessary.	
nitial and date of		use additional sheets if the Mino Gome Last name,	necessary.	ll name, middle  Date of Birth
itial and date of the last of	of birth. Please	use additional sheets if i	necessary.	
itial and date of the control of the	of birth. Please	use additional sheets if the Nino Some  Last name, Morales	necessary.	Date of Birth
itial and date of the control of the	of birth. Please	use additional sheets if the Nino Some  Last name, Morales	necessary.	Date of Birth
itial and date of the control of the	M.I. M.I.	use additional sheets if the Mino Gome Last name Morales Last name	necessary.	Date of Birth  Date of Birth  / /
itial and date of the control of the	M.I. M.I.	use additional sheets if the Mino Gome Last name Morales Last name	necessary.	Date of Birth  Date of Birth  / /
rst name  Name of pers	M.I. M.I. M.I. M.I.	Last name Last name Last name Last name Last name	necessary.	Date of Birth  Date of Birth  /  Date of Birth  /  Date of Birth  /  Date of Birth
itial and date of the strains of the	M.I. M.I. M.I. M.I.	Last name  Last name  Last name  Last name	necessary.	Date of Birth  Date of Birth  /  Date of Birth  /  Date of Birth  /  Date of Birth

7. What was the previous name and primary nature of the business operating at this
location?
Name: My, 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_\(\chi\)_ 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?  Ol-31-24 months ago.
10. Seating capacity: Inside 170 Outside
11. Operating hours (Inside the building): Monday-Sonday 11am to Zam Operating hours (Outdoor seating areas): Monday-Sonday 11am to Zam
12. Employees/Staff
Number of floor personnel 5 Number of door checkers 2
Trumber of froot personner
13. In general, state the size and operational details of the proposed establishment:
رهم ا
a. Gross floor building area of the premises to be licensed:
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 12200day thru Sunday 11 am to 2 am.
21/27/21
CALLERY UI/CC/CY
Signature Date

AT-104 (R. 4-18)

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

Submit to municipal clerk.

	must appoint an agent. T	The following question	ns must be answere	ed by the agent. The a	appointment must	rages and/or intoxicating lic be signed by an officer of ade by the proper local offic	the
	To the governing body o	☐ Town f: ☐ Village c	of Appleton		County of Oct ECHY BOOMS- C	aggmie	
	The undersigned duly au	uthorized officer/men	nber/manager of	May A 7 Registered Name of	Corporation / Organize	Cd ation or Limited Liability Company	<i></i>
	a corporation/organizatio	n or limited liability of $\mathcal{M}_{V}$ . Frogs	ompany making app	ication for an alcohol I	peverage license f	or a premises known as	
	located at	9 W Colle	que Au-c	de Name) Applicton	,WI 5	-1911 .	
	appoints	Joh	ia Vinci (Name of A	b GOMTT  ppointed Agent)			
		625 (00)	rdg-e c+ (Home Address	ppointed Agent)  Apple ton of Appointed Agent)	WI 5	4915	
	to alcohol beverages cor organization/limited liabili	nducted therein. Is a	oplicant agent prese	ntly acting in that capa	acity or requesting	es and of all business rela approval for any corporat on in Wisconsin?	
JNG	Yes No I	f so, indicate the cor	porate name(s)/limite	ed liability company(ie:	s) and municipality	v(ies).	
		ior to making this app	olication has the app	licant agent resided co	ontinuously in Wisc	□ No consin? <u>24 yr</u> S	<u>``</u>
	Place of residence last y	ear <u>1625</u>	Cooldge c	T. Apple ton	(1)1,549.	2/5	
		For: Julia By:	Mino (Name of C	Occuping Corporation / Organization		ny)	
	Any person who knowing \$1,000.	ıly provides materially	y false information in	(Signature of Officer / Mem. an application for a lice		aired to forfeit not more tha	ın
	ψ 1,000.	1	ACCEPTAN	ICE BY AGENT			
	1, Julio 1	Print/Type Age	rent's Name)		hereby accept this	appointment as agent for	the
	corporation/organization beverages conducted on					business relative to alco	ohol
	- Le	(Signature of Agent)	1 / 1	01/22/.	<u>24                                    </u>	gent's age	
	1625 Co	Home A	Apple Tou ddress of Agent)	WI. 54915	Da	ate of birth	
				BY MUNICIPAL AUTI ehalf of Municipal O			
	I hereby certify that I have the character, record and					vith the available informat	ion,
	Approved on	by	(Signature of Prope	or Local Official	Title	Chair, Village President, Police Cl	hia C
	(Date)		(Signature of Prope	n Lucai Onicial)	(Iown C	man, village President, Police Cl	нет)

Wisconsin Department of Revenue



#### 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 <u>summarizes</u> 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.



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 Save

Print

Clear

Form

AB-105

## Producer Full-Service Retail Sales Application

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		3. Agent Nam	е			
Hop Yard Ale Works		Amy Behm				
4 FEIN			Control of the Contro		Permit Number	
85-				030505526	5-04	
Wisconsin Producer Permit Number		7. Producer T	_	_	7	/Doctifier
BR-WI 21258			ry 📙	Winery L	Liquor Manufact	
Contact Person's First Name		9. Last Name				10. M.I.
Amy		Behm				
11 Contact Person's Phone		12. Contact P	erson's E	mail		
Part B: Production Quantity						
Note: Check appropriate quantity for permit quantity produced for each type of permit. I	held (see instructions). If Enter the highest quanti	fyou hold more ty produced in	e than on n any of t	e producer pe he last three	ermit, check the tota calendar years.	al aggregate
Brewery	Manufactur	er/Rectifier			Winery	
Less than 250 barrels	☐ Less tha	n 1,500 liters			Less than 1,000 g	allons
✓ 250 - 2,499 barrels	□ 1.500 - 4	1,999 liters			1,000 - 4,999 gall	ons
2.500 - 7.499 barrels		34,999 liters			5,000 - 24,999 ga	llons
7,500 or more barrels		or more liters		25,000 or more gallon		
		i more mers	La Silva			
Calendar year: 2023	Calendar year:		Calendar year:			
Quantity: 305	Quantity:		Quantity:			
Complete only ONE of Part C, D or	E.					
					MOSS MACES	
Part C: Request for Full-Service Re	tail Sales at the Pro	duction Pro	emises			
1. Start Date	2. Production Premises	Address				
3. City		4	1. State	5. Zip Code		
0.00,						
6. County			7. Governing Municipality			
Part D: Request for Fixed Full-Serv	ice Retail Outlet					
Are you transferring one fixed full-service		ocation?				Yes No
If yes, complete boxes 2 through 9.	per and the personnel					
2. Current Outlet Name						
3. Current Outlet Premises Address						
4. City			5. State	6. Zip Code		
7. County	Governing Municipality     of:	City [	Town	Village	9. Premises Phon	e Number

Part D: Request for Fixed Full-Service	e Retail Outlet (Co	ont.)				
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 Municipal of:	ity City	☐ Town	Village	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 1451	-10				☐ Yes ☐ No	
20. Will you operate a restaurant on the pren						
21. What alcohol beverages will be offered for s	ale? (check all that appl	y)	Beer _	Wine   Into	exicating Liquor (other than wine)	
22. What alcohol beverages does the permittee	produce? (check all that	at apply)	Beer	Wine Into	xicating Liquor (other than wine)	
23. How will customers be served? (check all the	at apply)   Sampl	es 🗌 C	n-premises	consumption	Off-premises consumption	
Part E: Request for Unlimited Transf	er Full-Service Ret	ail Outlet				
Name of Event (if applicable)						
Flicks & Sips						
2. Dates of Operation (attach a schedule, if necess Friday August 16	sary)	3. Hours of 5:30 - 1				
4. Premises Address						
Jones Park - 301 W Lawerence S	ot		0.01.			
5. City			6. State WI	7. Zip Code 54911		
Appleton					City Tayer Nelland	
8 County outagamie			9. Governing Municipality   ✓ City   ☐ Town   ☐ Village of appleton			
10. Organizer of Event (if not the named applicant)		11 Email ar			anizer of Event	
Elizabeth Konrath		the state of the s		ath@apple		
12 Organizar Woheita		13. Event V				
n/a Apputon Park; Rec		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.	10.0.01.0.1.101	147.0	01-01	-1 FII		
15. On-Site Contact (Last Name, First Name) Amy Behm	16 On-Site Contact Pho	17. C	n-Site Conta	act Email		
18 Will you operate a restaurant on the prem	ises?				Yes No	
19. What alcohol beverages will be offered for sa	ale? (check all that apply	y)	Beer	Wine Into	exicating Liquor (other than wine)	
20. What alcohol beverages does the permittee	produce? (check all that	t apply) 🔽	Beer	Wine Into	xicating Liquor (other than wine)	
21 How will customers be served? (check all that	at apply) Sample	es 🔽 C	n-premises	consumption	Off-premises consumption	

Part F: Attestation						
Who must sign this application?						
sole proprietor     general partner of	a partnership	<ul> <li>corporate</li> </ul>	e officer	<ul> <li>member of an LL</li> </ul>	С	
READ CAREFULLY BEFORE SIGNING:						
I understand and agree to the following:  I will not operate this location outside of the of a limit will operate this location according to munic.  I will purchase alcohol beverages I do not provide the limit operate this location according to Wischours, licensed operators, and record keepin.	ipal ordinance and res oduce from an authoriz onsin law and adminis	trictions impose ed source, such	d as a condition as a Wisconsin-	of receiving this authorization permitted wholesaler.	ation.	s, closing
Further, under penalty of law, I have answered the applicant business and not on behalf of any ties conferred by the authorization, if granted, of a premises during inspection will be deemed authorization. I understand that any authorization understand that I may be prosecuted for submit knowingly provides materially false information	other individual or entity will not be assigned to do a refusal to allow instanced contrary to Witting false statements.	ly seeking the all another individu pection. Such re is. Stats. Chapte and affidavits in	uthorization. Furtual or entity. I undefusal is a misde er 125 shall be von connection with forfeit not more ti	her, I agree that the rights derstand that lack of accomeanor and grounds for bid under penalty of Wisconthis application, and that	ess to an revocation	y portion on of this
Signature			Date 5-7	39.24		
Last Name		First Name			M.I	
Behm		Amy				
Title	Email			Phone	81 .4	
Owner						
Part G: For Municipal Use Only (Con						
1. Will the municipality limit the scope of alco	ohol beverages offere	ed for sale?			Yes	☐ No
2. Will the municipality impose any requirem	ents or restrictions fo	or the full-servi	ce retail outlet?		Yes	☐ No
3. Describe municipal restrictions indicated i	n questions 1 or 2 ab	ove.				
		1				
Last Name of Municipal Official		5. First Name			6. N	И.І.
7. Signature of Municipal Official			8. Date			
Date Application was Filed with Clerk		10. Date Full	-Service Retail O	utlet Approved by Govern	ing Body	

#### **2024-2025 RENEWALS**

#### CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR LICENSE

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

## CLASS "B" FERMENTED MALT BEVERAGE & "CLASS B" LIQUOR LICENSE

NAME	TRADE NAME	<u>ADDRESS</u>
Santino LLC Katelyn E. James, Agent, 200 E Jam	Houdini's Escape es St, Appleton WI 54915	1216 S Oneida St
Fox Valley Rentals & Investments L Brian M. Tomaszewski, Agent, 1459		2906 E Newberry St
Harvath LLC Terrill J. Harvath, Agent, 3997 N Tr	The Wishing Well ailway Ln, Appleton WI 54913	2709 E Newberry St
Gregg Vandinter Gregg Vandinter, Sole Proprietor, W	Union Jacks 6227 Wisconsin Ave, Greenville WI	812 S Olde Oneida St 54942

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)				Fees			
Class "A" Beer	•	Class "B" Beer \$	<u></u>	License Fe	es	\$ 400	
Class A" Liquor	; <u>USO</u> [	] "Class B" Liquor \$		Background	d Check Fee	\$ 4	
Class A" Liquor (cider only)	;	Reserve "Class B" Liquor \$	-	Publication	Fee	\$ 20	
Class C" Liquor (wine only)	)		•	Total Fees		\$ 727	
				+8	loo-cia	perett o	
Part A: Premises/Business  1. Legal Business Name (individual	Maria Cara Cara Cara Cara Cara Cara Cara	orietorshin)	Aug Congress			J. Cars	
, , , , , , , , , , , , , , , , , , ,		WALGREE	EN CO				
2. Business Trade Name or DBA	WALGREENS	S #02921					
3. FEIN			sin Seller's Per			<u>, , , , , , , , , , , , , , , , , , , </u>	
F. F. M. T / . l			4-000045	5404-01			
5. Entity Type (check one)  Sole Proprietor	Partnership	Limited Liability Company	/ <b>X</b> Co	rporation	☐ Nonpro	fit Organization	
6. State of Organization	· 1	7. Date of Organization		8. Wisconsin	DFI Registration	on Number	
	ло 	02/15/1909			Oleles	85	
9. Premises Address 1901 S (	ONEIDA ST						
10. City Appleton		_		11. State WI	12. Zip Code	54915-1834	
13. County Outagamie		14. Governing Municipality: 11 c	City Town	☐ Village	15. Aldermani	c District	
16. Premises Phone (920) 73		17. Premises Email mgr.02921@store.walgre	ens.com	18. Web		REENS.COM	
,	hin the building, in		are produced d alcohol beve	erage activitie	s and storage o		
Adail drestore w	ith sund	lines in a one st	ong bu	ildig .	of 13,0	DO SE A	
*5e	e altachec	] sheet					
20. Mailing Address (if different from	premises addres	PO BOX 901					
21. City	DEERFIE	LD		22. State	23. Zip Code 6001	5	
Part B: Questions						/	
Has the business (sole propri violating federal or state laws		orship, limited liability company nces? Exclude traffic offenses				Yes No	
If yes, list the details of violati	on below. Attac	h additional sheets if necessar	Ύ.				
Law/Ordinance Violated		Location		Tri	al Date		
Penalty Imposed		,	Was sent	tence compl	eted?	Yes No	
Law/Ordinance Violated		Location		Tri	al Date		
Penalty Imposed			Was sent	tence compl	eted?	Yes No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.								
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
Is the applicant business or any condition individuals or entities a restricted of the restricted	investor with any	/ intere	st in an alcohol be	everage pro	ducer or distribut	related or?  \	res X No	
Is the applicant business owned business, provide the name(s) and Fl	y another busine	ss entity	y?		itional sheets as i	needed.	Yes No	
4a. Name of Business Entity WALGREENS E	300TS ALLIAN	CE INC		s Entity FEIN				
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfie of completion	d the re	esponsible bevera	ge server tra	nining requiremen	it for	Yes No	
6. Is the applicant business indebted	d to any wholesale	er beyo	nd 15 days for bee	er or 30 days	s for liquor/wine?		Yes 🔀 No	
7. Does the applicant business owe	past due municip	al prop	erty taxes, assess	ments, or ot	her fees?	· · · · · · · · · · · · · · · · · · ·	Yes X No	
Part C: Individual Information								
List the name, title, and phone number for Question 4: sole proprietor, all officers, dismanagers, and agent of a limited liability	irectors, and agent of	of a corp	oration or nonprofit	organization,	applicant business o all partners of a par	or businesses tnership, and	listed in Part B, all members,	
Include Form AB-100 for each person list		tions and	d LLCs must appoint		including Form AB-	1		
Last Name SEE ATTACHED RIDERS	First Name			Title		Phone		
SEL ATTACHED RIDERO								
Part D: Attestation								
One of the following must sign and a	attest to this applic	cation:	,					
• sole proprietor • one go	eneral partner of a	a partne	ership • one	e corporate o	officer • one	member of	an LLC	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by t according to the law, including but not li to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information	cant business and nathe license(s), if grain inted to, purchasin intending inspection will that any license issessible states.	ot on be nted, wi g alcoho be deen ued con stements	chalf of any other ind Il not be assigned to bl beverages from s' ned a refusal to allow strary to Wis. Stat. Co a and affidavits in co	dividual or ent another indivitate authorize winspection. Chapter 125 s nnection with	tity seeking the lice vidual or entity. I a d wholesalers. I ur Such refusal is a m hall be void under this application, an	nse. Further, gree to operated and that it is derstand that it is demeanor a penalty of start that any per	I agree that the e this business lack of access and grounds for the law. I further	
Last Name BROWN			First Name BRIAN				M.I. R	
Title VICE PRESIDENT AND TR	EASURER	Email		-	1	Phone		
Signature B.R.C.				Date	4-30-21	4		
Part E: For Clerk Use Only								
Date Application Was Filed With Clerk	License Number	icense Number			License Granted Date License Issued			
Signature of Clerk/Deputy Clerk		realisate annument a na m-maraight		A	Date Provisional L	icense Issued	l (if applicable)	

Form AB-101

## Alcohol Beverage Appointment of Agent

Date						_
Date 5-	2	3	_	2	9	

Agent Type (check one)	V. V				
☑ Original (no fee)	Successor (\$10 fee for m	unicipal licensees	only)		
Part A: Business Informat					
1. Legal Business Name (individua	(Name it sole proprietor)	ALGREEN CO	D		
2. Business Trade Name or DBA	WALGREENS #02921				
3. Entity Type (check one)	Limited Liability Company	y 💢 Coi	rporation	☐ Nonprofit Organi	zation
4 Alcohol Beverage Business Auth		5. If successor age	nt, provide State P	ermit or Municipal Retail	License Number
Municipal Retail Licens  6. Describe the reason for appointing		ris checked above			
Part B: Agent Information  1. Last Name		2. First Name			3. M.I.
Schroedin		Steph			5
4. Email		STEPH	HALL C	5. Phone	
1					
6. Home Address	Ison Alr.				
7. Çily	1001, /1001	1	lp Code	10. Age	
Appleton		WI	54915		<u> </u>
11. Divers License/State ID Numb	er		12, Driver	-'State ID State of Issuan	ce
L					
Part C: Agent Questions	A CONTRACT C				
Have you satisfied the resp Submit proof of completion.	onsible beverage server traini	ing requirement?		····· 🗘	Yes No
Have you completed Form A     Submit a completed Form A	AB-100, <i>Alcohol Beverage Ind</i> B-100 with this form.	lividual Questionn	aire?	······ §	Yes No
Have you been a Wisconsing     See instructions for exceptions		nuqus days?		<u>5</u>	Yes No

 $\textit{Continued} \hookrightarrow$ 

Part D: Business Attestation				The state of the s
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified the behalf of the entity. If I am appointing a surfunderstand that I may be prosecuted for surfunders and the surfunders of the convicted.	i liability com y that I am a occessor ager bmitting false	npany with full authority and outhorized by the above-nam nt, I rescind all previous age a statements and affidavits in	control of the pr ned entity to auth nt appointments n connection with	remises and of all alcoholorize this individual to act for this premises. Further, this application, and that
Last Name BROWN		First Name BRIAN		M.I. R
Tille VICE PRESIDENT AND TREASURER	Email			Phone
Signature B.A.B.			Date	5-24-24
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this applicate application may be required to forfeit not more	pany and ass ess. I further ion, and that	sume full responsibility for th r understand that I may be   any person who knowingly p	ne conduct of all a prosecuted for si	alcohol beverage activities ubmitting false statements
Last Name Schroed Signature		Stephanic		M.1.
Signature			Date	_

5-23-24

For Municipal Use Only	-
Municipality	_
Apoleton	
License Period _	
24-25	

License(s) Requested: (up to two boxes may	y be checked)		Fees	
<i>(</i> )	Class "B" Beer \$	License	Fees	\$ For
"Class A" Liquor \$ 450	☐ "Class B" Liquor \$	Backgr	ound Check Fee	\$ 7
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publica	tion Fee	\$ 20
Class C" Liquor (wine only) \$		Total F	ees	\$ 727
		<del></del>	3100-0	cerotto
Part A: Premises/Business Information	on Charles and Charles			19 March 19
Legal Business Name (individual name if sole pr	roprietorship) WALGREEN	I CO		
2. Business Trade Name or DBA WALGREE	NS #05102			
3. FEIN		Seller's Permit Num		
	004-	-0000455404-	U I	
5. Entity Type (check one)  Sole Proprietor Partnership	☐ Limited Liability Company	Corporatio	n 🗌 Nonpro	ofit Organization
6. State of Organization	7. Date of Organization 02/15/1909		onsin DFI Registrati	
9. Premises Address	02/10/1000		Worde	580
700 W COLLEGE AVE	=			
10. City Appleton	. /	11. State	1 '	54914-5265
13. County Outagamie	14. Governing Municipality: City	Town Villa	ige 15. Alderman	c District
16. Premises Phone	17. Premises Email	18.	—   Website	
(920) 733-6599	mgr.05102@store.walgree	ns.com V	MW.WALGF	REENS.COM
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application.	, including living quarters. Authorized a	lcohol beverage act	vities and storage o	of records may occur
Retail Chystone with 50  **See attached sheet	undries in a one-c	stry buil	duty of 1	4,511 86
*see allauned sheet				
20. Mailing Address (if different from premises address)	ress) PO BOX 901			
21. City DEERFI	ELD	22. State	23. Zip Code 6001	5
Part B: Questions				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Has the business (sole proprietorship, parti- violating federal or state laws or local ordin				☐ Yes ☐ No
If yes, list the details of violation below. Atta	ach additional sheets if necessary.			* )
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted?	☐ Yes ☐ No

<ol><li>Are charges for any offenses pending aga beverages.</li></ol>	ainst the business	? Exclude traffic offe	enses unless related to alc	ohol 🔲 Y	es No
If yes, describe the nature and status of p	ending charges u	sing the space belo	w. Attach additional sheets	as needed.	
0.1.11	diat	and agent on	alayaaa ayunara ar athar	rolated	
<ol> <li>Is the applicant business or any of its off individuals or entities a restricted investor If yes, provide the name of the restricted</li> </ol>	or with any interes	it in an alcohol beve	erage producer or distribut	tor? \ \	es 🔀 No
4. Is the applicant business owned by anoth If yes, provide the name(s) and FEIN(s) of	ner business entity of the business en	/? tity owners below. A	ttach additional sheets as	needed.	⁄es No
4a. Name of Business Entity WALGREENS BOOTS	ALLIANCE INC	4b. Business E	ntity FEIN		
Have the partners, agent, or sole propriet this license period? Submit proof of comp	tor satisfied the re	sponsible beverage	server training requiremen	nt for	∕es
6. Is the applicant business indebted to any	wholesaler beyor	nd 15 days for beer	or 30 days for liquor/wine?	· · · · · · · · · · · · · · · · · · ·	res 💢 No
7. Does the applicant business owe past du	ie municipal prope	erty taxes, assessm	ents, or other fees?		res 💢 No
Part C: Individual Information					
List the name, title, and phone number for each p Question 4: sole proprietor, all officers, directors, managers, and agent of a limited liability compan	and agent of a corp	oration or nonprofit org	ons in the applicant business ganization, all partners of a pa	or businesses l rtnership, and :	isted in Part B, all members,
Include Form AB-100 for each person listed below	w. Corporations and				
	First Name	Tī	lle	Phone	
SEE ATTACHED RIDERS					
Part D: Attestation One of the following must sign and attest to	this application:				
	partner of a partne	ership • one o	orporate officer • on	e member of	an LLC
READ CAREFULLY BEFORE SIGNING: Under	r penalty of law. I ha	ve answered each of	the above questions complet	ely and truthful	ly. I agree that
I am acting solely on behalf of the applicant bus rights and responsibilities conferred by the licen	iness and not on be	half of any other indiv	idual or entity seeking the lice	ense. Further,	agree that the
according to the law including but not limited to	<ul> <li>purchasing alcoho</li> </ul>	I beverages from stat	e authorized wholesalers. I u	nderstand that	lack of access
to any portion of a licensed premises during insprevocation of this license. I understand that any	license issued con	trary to Wis. Stat. Ch	apter 125 shall be void under	penalty of sta	te law. I further
understand that I may be prosecuted for submitti ingly provides materially false information on thi	ing false statements s application may b	and affidavits in conn e required to forfeit no	ection with this application, a it more than \$1,000 if convict	nd that any per ed.	son who know-
Last Name		First Name			M.I.
BROWN		BRIAN			R
Title VICE PRESIDENT AND TREASU	RER Email			Phone	
Signature B. R. B.			Date 4-30-	24	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk License	Number		Date License Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued	l (if applicable)

Form		
Α	<b>B-1</b>	01

## Alcohol Beverage Appointment of Agent

Date						
4	_	5	•	2	4	

	,			
Agent Type (check one)				
☐ Original (no fee)	Successor (\$10 fee for m	unicipal licensees only)		
Part A: Business Informa	tion			
1. Legal Business Name (Individua	al name if sole proprietor) W	ALGREEN CO		
2. Business Trade Name or DBA	WALGREENS #05102			
3. Entity Type (check one)	Limited Liability Company	• •	☐ Nonprofit Org	
4. Alcohol Beverage Business Aut Municipal Retail Licen	1	5. If successor agent, provide	State Permit or Municipal Ret	ail License Number
6. Describe the reason for appoint	ing a successor agent, if successor	r is checked above.		
D. 4 D. A Informatio				
Part B: Agent Informatio		2. First Name		3. M.I.
Lueck		Sarah		N
4. Email			5. Phone	
6. Home Address	<b>&gt;</b> 1			
1655 S Nicolet	1201	8. State 9. Zip Code	10. Age	
7. City		WI 54914	( 5	
11. Drivers License/State ID Num	ber	12. Drivers	License/State ID State of Iss	uance
		•	-	
Part C: Agent Questions				
Have you satisfied the res Submit proof of completion	ponsible beverage server train 1.	ing requirement?		Yes No
Have you completed Form     Submit a completed Form	AB-100, Alcohol Beverage Inc AB-100 with this form.	dividual Questionnaire?,.	,	Yes No
	in resident for at least 90 conti	nuous days?	,	∑ Yes □ No

Continued  $\rightarrow$ 

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Und corporation, nonprofit organization, or limited liability beverage activities on such premises. I certify that on behalf of the entity. If I am appointing a success I understand that I may be prosecuted for submitting any person who knowingly provides materially false if convicted.	ity company with full authority a I am authorized by the above-n or agent, I rescind all previous a or false statements and affidavi	and control of the premises all named entity to authorize this agent appointments for this properties in connection with this appl	individual to act emises. Further, ication, and that hore than \$1,000
Last Name BROWN	First Name BRIAN		M.I. R
BICOUNT	.DIVIN		
Title VICE PRESIDENT AND TREASURER Email		Phone	
Signature S.A.B.		Date 5-20	-a4
Part E: Agent Attestation		* .	
READ CAREFULLY BEFORE SIGNING: I, the Age nonprofit organization, or limited liability company on the premises for the above-named business. I and affidavits in connection with this application, ar application may be required to forfeit not more than	and assume full responsibility to further understand that I may b nd that any person who knowing	or the conduct of all alcohol be be prosecuted for submitting	false statements formation on this
Last Name	First Name		M.I.
LURCY	Sarah		N
Signature		Date	
Suh faill		4-5-24	

For Municipal Use Only	_
Municipality Whon	
Appulor	_
License Period	
24-25	

License(s) Requested: (up to two boxes may	be checked)			Fees		
X Class "A" Beer	Class "B" Beer \$	Lice	ense Fe	es	\$ 400	D
X "Class A" Liquor \$ <u>U</u> SO [	☐ "Class B" Liquor \$	Bac	ckground	Check Fee	\$ 1	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Pul	olication	Fee	\$ 20	)
Class C" Liquor (wine only) \$		Tot	al Fees		\$ 42	4
			F\$11	DO Class	etts	
Part A: Premises/Business Information			GWAR.	0	10 2 10 2 2 2	
Legal Business Name (individual name if sole pro	prietorship) WALGREEN	1 CO				
2. Business Trade Name or DBA WALGREEN	IS #12693				-	
3. FEIN	l l	Seller's Permit I -000045540		00-00-00-00-00-00-00-00-00-00-00-00-00-		
5. Entity Type (check one)				art til det segmen skale mensem vid sede mensem skan mellet av en mer til men i men		
Sole Proprietor Partnership	Limited Liability Company	X Corpor	ation	☐ Nonpro	fit Organiza	ation
6. State of Organization   ILLINOIS	7. Date of Organization 02/15/1909	8. V		DFI Registration		
9. Premises Address 729 W NORTHLAND A	AVE			Nouce	200	
10. City Appleton		11. 9	State WI	12. Zip Code	54914-14	426
13. County Outagamie	14. Governing Municipality: City of: Tooleton	y Town	Village	15. Aldermani	c District	
16. Premises Phone (920) 954-8100	17. Premises Email mgr.12693@store.walgree	ns.com	18. Web	site W.WALGR	REENS.C	СОМ
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized ann. Attach a map or diagram and addi	alcohol beverage tional sheets if n	activities ecessary.	and storage o	f records ma	
Retail dongstere with 12,924 Sg ft **s	sundries in a er	re-stay	buil	dire o	f	
12,926 8g A *s	ec utached shiet	t o		0		
20. Mailing Address (if different from premises addre	PO BOX 901					
21. City DEERFIE	ELD	22.	State -	23. Zip Code 6001	5	
Part B: Questions						
Has the business (sole proprietorship, partnership, partnership)     violating federal or state laws or local ordinal					Yes	No
If yes, list the details of violation below. Attac	ch additional sheets if necessary.					^\
Law/Ordinance Violated	Location		Tri	al Date		
Penalty Imposed		Was sentenc	e compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location	1	Tria	al Date		
Penalty Imposed		Was sentenc	e compl	eted?	Yes	☐ No

Are charges for any offenses pen beverages.	ding against the b	usiness	? Exclude traffic o	offenses unle	ess related to alco	ohol 🗍 Y	es No
If yes, describe the nature and sta	atus of pending ch	arges u	ising the space be	elow. Attach	additional sheets	as needed.	
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any	interes	st in an alcohol be	everage pro	ducer or distribute	related or?	′es 💢 No
Is the applicant business owned     If yes, provide the name(s) and F	by another busines EIN(s) of the busin	ss entity ness en	y?tity owners below		itional sheets as r		∕es
4a. Name of Business Entity WALGREENS	BOOTS ALLIANG	CE INC	<b>I</b>	s Entity FFIN			
5. Have the partners, agent, or sole this license period? Submit proof	of completion					· · · · · · 🔀 \	∕es ∏ No
<ul><li>6. Is the applicant business indebte</li><li>7. Does the applicant business owe</li></ul>							
		ai piope	erty taxes, assess	ments, or ot			
Part C: Individual Information List the name, title, and phone number f		tity hold	ing the following per	eitione in the s	annlicant husiness o	r husingsses l	isted in Part B
Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	lirectors, and agent of	of a corp	oration or nonprofit	organization,	all partners of a par	tnership, and	all members,
Include Form AB-100 for each person lis		ions and	LLCs must appoin		including Form AB-		
Last Name	First Name			Title		Phone	
SEE ATTACHED RIDERS							
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							**********
Part D: Attestation							
One of the following must sign and	. ,		and and	a acrostata	officer	member of	on LLC
• sole proprietor • one of READ CAREFULLY BEFORE SIGNING	general partner of a	•	•	e corporate o			
I am acting solely on behalf of the appli rights and responsibilities conferred by according to the law, including but not to to any portion of a licensed premises di revocation of this license. I understand understand that I may be prosecuted fo ingly provides materially false informati	cant business and n the license(s), if gra limited to, purchasin uring inspection will that any license iss r submitting false sta	ot on be nted, wil g alcoho be deem ued con itements	chalf of any other income to the same of the left of t	dividual or en another indi- tate authorize w inspection. Chapter 125 s annection with	tity seeking the lice vidual or entity. I ag ed wholesalers. I ur Such refusal is a m shall be void under this application, an	nse. Further, I gree to operat nderstand that nisdemeanor a penalty of sta id that any per	agree that the this business lack of access and grounds for the law. I further
Last Name BROWN			First Name BRIAN				M.I. R
Title VICE PRESIDENT AND TR	REASURER	Email			-	Phone	
Signature B.A.B.				Date	4-30	1-24	antia con canada
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk	License Number			Date Lie	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issued	l (if applicable)

Form

**AB-101** 

#### Alcohol Beverage Appointment of Agent

Dni 4-4-2024

[] Original (see fee)				
☐ Original (no fee) ☑ Successor (\$10 fee for mu	unicipal licensees only)	and the second s		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)     \//	ALGREEN CO	annan marka efailt (a a cean leadh a fhairm bhaille eile a an bhaille eile a an bhaill a bhail a bhaill a bhail		
2. Business Trade Name or DRA	TEOTILE TO TO			
WALGREENS #12693				
3. Entity Type (check one)  Limited Liability Company	Corporati	on N	onprofit Organizatio	n
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit	5. If successor agent, pro	vide State Permit or I	Municipal Retail Licens	se Number
6. Describe the reason for appointing a successor agent, if successor	is checked above.			
				<del></del>
Part B: Agent Information	O. Sizal Name			
1. Last Name	2. First Name		3.	M.I. ζ
1. Last Name Kruzytr	2. First Name Andre	w		M.I. S
1. Last Name	2. First Name Andre	W	3.	
1. Last Name  Kruzytr 4. Email	2. First Name Andre	.u/		
1. Last Name  Kruzytr 4. Email	Andre			
1. Last Name  Kruzytr 4. Email	Andre n St.  8. State 9. Zip Code W1 50		5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name  Krueyer  4. Email  6. Home Address  836. E. John  7. City  Apple form  11. Drivers License/State JD Number	Andre n 5 +.  8. State 9. Zip Code W1 50  12. Dri	ع 4 9 / 1 vers License/Sاما	5. Phone  10. Age	5
1. Last Name  Krucytr 4. Email 6. Home Address  836. E. John 7. City  Application 11. Drivers License/State JD Number  Part C: Agent Questions 1. Have you satisfied the responsible beverage server training	Andre 9. Zip Code W1 50 12. Dri	ع F 9 / I vers License/S ا	5. Phone  10. Age  State of Issuance	5 s

Part D: Business Attestation			and the second of the second second of the s
READ CAREFULLY BEFORE SIGNING: 1, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a such understand that I may be prosecuted for such any person who knowingly provides materially if convicted.	I liability company with full authority and c ly that I am authorized by the above-name accessor agent, I rescind all previous agent applitude false statements and affidavits in the	ontrol of the premise d entity to authorize appointments for the connection with this	this individual to act is premises. Further, application, and that
Last Name BROWN	First Name BRIAN		M.I. R
VICE PRESIDENT AND TREASURER Signature	Emall	Phoi	30-24
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, It nonprofit organization, or limited liability com on the premises for the above-named busin and affidavits in connection with this applicat application may be required to forfelt not more	pany and assume full responsibility for the less. I further understand that I may be pro lon, and that any person who knowingly pro	conduct of all alcoho osecuted for submitt	of beverage activities ting false statements
Last Name  Kney (** Signature	First Name  Andrew		M.I. S
Signature	<u> </u>	Date 4-4-	2024

For Municipal Use Only	
Municipality Appleton	
icense Period	

License(s) Requested: (up to two boxes m	Fees			
D Class "A" Beer \$ 250	☐ Class "B" Beer \$	License Fe	es \$ <del>100</del>	
(Class A" Liquor	☐ "Class B" Liquor \$	Background	d Check Fee \$ 4	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	Fee \$ 20	
Class C" Liquor (wine only) \$		Total Fees	\$ 427	
		+\$100	-ciceretto	
Part A: Premises/Business Informat				
Legal Business Name (Individual name if sole	proprietorship) WALGREEN	CO		
2. Business Trade Name or DBA WALGRE	ENS #12019			
3. FEIN	I	eller's Permit Number 000455404-01		
E Fatity Type (aback and)		7000433404-01		
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	Corporation	☐ Nonprofit Organization	
6. State of Organization	7. Date of Organization 02/15/1909	8. Wisconsin	DFI Registration Number	
9. Premises Address	32, 10, 1000		VILLES & &	
2803 N MEADE ST				
10. City Appleton	/	11. State WI	12. Zip Code 54911-1507	
13. County Outagamie	14. Governing Municipality: City of: ADD et M	Town Village	wn Village 15. Aldermanic District	
16. Premises Phone	17. Premises Email	18. Web	site	
(920) 830-6985	mgr.12019@store.walgreen	s.com WWN	W.WALGREENS.COM	
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	ng, including living quarters. Authorized alc	cohol beverage activities	s and storage of records may occur	
Putail drystone with : Asee attached sh	Sundives in a one-s	borg buildi	x of 15,555 8	
Asee altached sh	eet	0		
20. Mailing Address (if different from premises ad	dress) PO BOX 901			
21. City DEERF	FIELD	22. State	23. Zip Code 60015	
Part B: Questions				
Has the business (sole proprietorship, pa violating federal or state laws or local ord				
If yes, list the details of violation below. A	ttach additional sheets if necessary.		Į.	
Law/Ordinance Violated	Location	Tris	al Date	
Penalty Imposed	1	Was sentence compl	eted? Yes No	
Law/Ordinance Violated	Location	Tria	al Date	
Penalty Imposed		Was sentence comple	eted? Yes No	

2.	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 s	tatus of pending charges ι	using the space be	elow. Attach	additional sheets	s as needed.	•
3.	Is the applicant business or any individuals or entities a restricte If yes, provide the name of the r	d investor with any interes	st in an alcohol be	everage pro	ducer or distribu	related tor?	Yes X No
4.	Is the applicant business owned If yes, provide the name(s) and I	by another business entity FEIN(s) of the business er	y? htity owners below		itional sheets as	needed.	Yes No
4a	. Name of Business Entity WALGREENS	BOOTS ALLIANCE INC	1	s Entity FEIN	-		
	Have the partners, agent, or sole this license period? Submit proo	f of completion		<i></i>		· · · · · · · 🔀 ˈ	
	Is the applicant business indebte	•	•	•	•	_	
7.	Does the applicant business owe	e past due municipal prope	erty taxes, assess	ments, or ot	her fees?		Yes X No
P	art C: Individual Informatio	n					
Qι	st the name, title, and phone number uestion 4: sole proprietor, all officers, anagers, and agent of a limited liabilit	directors, and agent of a corp	oration or nonprofit				
	clude Form AB-100 for each person li		d LLCs must appoint		including Form AB-		
_	st Name	First Name		Title		Phone	
	SEE ATTACHED RIDERS						
Pa	art D: Attestation						
Oı	ne of the following must sign and	, ,					
	, ,	general partner of a partne	•	corporate o		e member of	
rig ac to rev	EAD CAREFULLY BEFORE SIGNING macting solely on behalf of the application and responsibilities conferred by cording to the law, including but not any portion of a licensed premises discontained that I may be prosecuted for ply provides materially false information.	licant business and not on be the license(s), if granted, wil limited to, purchasing alcoho luring inspection will be deem I that any license issued con or submitting false statements	chalf of any other ind il not be assigned to ol beverages from si ned a refusal to allov strary to Wis. Stat. Co s and affidavits in col	dividual or en another indi- tate authorize winspection. Chapter 125 s nnection with	tity seeking the lice vidual or entity. I a ed wholesalers. I u Such refusal is a n shall be void under this application, an	ense. Further, agree to operal nderstand that misdemeanor a penalty of stand that any penalty and that any penalty of stand that any penalty of standard	I agree that the e this business lack of access and grounds for te law. I further
La	st Name BROWN		First Name BRIAN				M.I. R
Tit	VICE PRESIDENT AND T	REASURER Email				Phone	
Się	gnature B.A.B.			Date	1-4-2024		
Pa	art E: For Clerk Use Only			v distriction			
	te Application Was Filed With Clerk	License Number		Date Lic	cense Granted	Date Licens	e Issued
Sig	gnature of Clerk/Deputy Clerk				Date Provisional	License Issued	l (if applicable)

# Alcohol Beverage Appointment of Agent

Finte	 ž.	
1.710-35	 1 1	$\Delta H$
l	Inl	T. A

Agent Type (check one)		
✓Original (no fee) ☐ Successor (\$10 fee for mur	nicipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)  WA	LGREEN 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)  Municipal Retail License  State Permit  6. Describe the reason for appointing a successor agent, if successor is		State Permit or Municipal Retail License Number
		The state of the s
Part B: Agent Information		
1. Last Name	P. First Name	3. M.I.
Janssen	Amber	5, Phone
4. Email		
6. Home Address 12/10 E DVCYland Rd	The state of the s	A SALE CONTROL OF THE PROPERTY
7. City A	8. State 9. Zip Code	10. Age
Appleton	W   5	94911   54
11. Drivers Libe se/State ID Number	12. Drivers	License/State ID State of Issuance
	·	
Part C: Agent Questions		
Have you satisfied the responsible beverage server training Submit proof of completion.	g requirement?	Yes N
<ol> <li>Have you completed Form AB-100, Alcohol Beverage Indiv Submit a completed Form AB-100 with this form.</li> </ol>	idual Questionnaire?	Yes 🗌 N
<ol> <li>Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.</li> </ol>	ous days?	V])Yes □ N
		Continued -

Part D: Business Attestation			gyggydgas gyfylggyddioddiol (10 mewneu ddiddiol 2012 ef 20 h 1902 o mi'r a affiliaiddioddiodd
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited it beverage activities on such premises. I certify on behalf of the entity. If I am appointing a succ I understand that I may be prosecuted for submany person who knowingly provides materially fif convicted.	that I am authorized by the abo cessor agent, I rescind all previo	ily and control of the prem ve-named entity to authorize ous agent appointments for	ises and of all alcoho te this Individual to ac this premises. Further
Last Name BROWN	First Name BRIAN		M.I. R
Title VICE PRESIDENT AND TREASURER	Email	PI	none
Signature a.l.L.	And Andrews An	Date 4	80-24
		The state of the s	
Part E: Agent Attestation			
Last Name JANSSEN	First Name AMbe		M.I.
Signature A MWSSU-	1 /(110)	Date HUJ	14
<i>(</i> ):			And the second s

For Municipal Use Only	_
Municipality Whon	
Appulor	_
License Period	
24-25	

License(s) Requested: (up to two boxes may be checked)		Fees				
X Class "A" Beer	Class "B" Beer \$		ense Fe	es	\$ 400	D
X "Class A" Liquor \$ <u>U</u> SO [	☐ "Class B" Liquor \$	Bac	ckground	Check Fee	\$ 1	
Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$			Publication Fee \$ \$ 0		)	
Class C" Liquor (wine only) \$		Tot	al Fees		\$ 42	4
			F\$11	DO Class	etts	
Part A: Premises/Business Information			GWAR.	0	10 2 10 2 2 2	
Legal Business Name (individual name if sole pro	prietorship) WALGREEN	1 CO				
2. Business Trade Name or DBA WALGREEN	IS #12693				-	
3. FEIN	l l	Seller's Permit I -000045540		00-00-00-00-00-00-00-00-00-00-00-00-00-		
5. Entity Type (check one)				art til det segmen skale mensem vid sede mensem skan mellet av en mer til men i men		
Sole Proprietor Partnership	Limited Liability Company	X Corpor	ation	☐ Nonpro	fit Organiza	ation
6. State of Organization   ILLINOIS	7. Date of Organization 02/15/1909	8. V		DFI Registration		
9. Premises Address 729 W NORTHLAND A	AVE			Nouce	200	
10. City Appleton		11. 9	State WI	12. Zip Code	54914-14	426
13. County Outagamie	14. Governing Municipality: City of: Tooleton	y Town	Village	15. Aldermani	c District	
16. Premises Phone (920) 954-8100	17. Premises Email mgr.12693@store.walgree	ns.com	18. Web	site W.WALGR	REENS.C	СОМ
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized ann. Attach a map or diagram and addi	alcohol beverage tional sheets if n	activities ecessary.	and storage o	f records ma	
Retail dongstere with 12,924 Sg ft **s	sundries in a er	re-stay	buil	dire o	f	
12,926 8g A *s	ec utached shiet	t o		0		
20. Mailing Address (if different from premises addre	PO BOX 901					
21. City DEERFIE	ELD	22.	State -	23. Zip Code 6001	5	
Part B: Questions						
Has the business (sole proprietorship, partnership, partnership)     violating federal or state laws or local ordinal					Yes	No
If yes, list the details of violation below. Attac	ch additional sheets if necessary.					^\
Law/Ordinance Violated	Location		Tri	al Date		
Penalty Imposed		Was sentenc	e compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location	1	Tria	al Date		
Penalty Imposed		Was sentenc	e compl	eted?	Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Tyes No beverages.							
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any	interes	st in an alcohol be	everage pro	ducer or distribute	related or?	′es 💢 No
Is the applicant business owned     If yes, provide the name(s) and F	by another busines EIN(s) of the busin	ss entity ness en	y?tity owners below		itional sheets as r		∕es
4a. Name of Business Entity WALGREENS	BOOTS ALLIANG	CE INC	<b>I</b>	s Entity FFIN			
5. Have the partners, agent, or sole this license period? Submit proof	of completion					· · · · · · 🔀 \	∕es ∏ No
<ul><li>6. Is the applicant business indebte</li><li>7. Does the applicant business owe</li></ul>							
		ai piope	erty taxes, assess	ments, or ot			
Part C: Individual Information List the name, title, and phone number f		tity hold	ing the following per	eitione in the s	annlicant husiness o	r husingsses l	isted in Part B
Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	lirectors, and agent of	of a corp	oration or nonprofit	organization,	all partners of a par	tnership, and	all members,
Include Form AB-100 for each person lis		ions and	LLCs must appoin		including Form AB-		
Last Name	First Name			Title		Phone	
SEE ATTACHED RIDERS							
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							**********
Part D: Attestation							
One of the following must sign and	. ,		and and	a acrostata	officer	member of	on LLC
• sole proprietor • one of READ CAREFULLY BEFORE SIGNING	general partner of a	•	•	e corporate o			
I am acting solely on behalf of the appli rights and responsibilities conferred by according to the law, including but not to to any portion of a licensed premises di revocation of this license. I understand understand that I may be prosecuted fo ingly provides materially false informati	cant business and n the license(s), if gra limited to, purchasin uring inspection will that any license iss r submitting false sta	ot on be nted, wil g alcoho be deem ued con itements	chalf of any other income to the same of the left of t	dividual or en another indi- tate authorize w inspection. Chapter 125 s annection with	tity seeking the lice vidual or entity. I ag ed wholesalers. I ur Such refusal is a m shall be void under this application, an	nse. Further, I gree to operat nderstand that nisdemeanor a penalty of sta id that any per	agree that the this business lack of access and grounds for the law. I further
Last Name BROWN			First Name BRIAN				M.I. R
Title VICE PRESIDENT AND TR	REASURER	Email			-	Phone	
Signature B.A.B.				Date	4-30	1-24	antia con canada
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk	License Number			Date Lie	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issued	l (if applicable)

Form

**AB-101** 

#### Alcohol Beverage Appointment of Agent

Dni 4-4-2024

[] Original (see fee)				
☐ Original (no fee) ☑ Successor (\$10 fee for mu	unicipal licensees only)	and the second s		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)     \//	ALGREEN CO	annan marka efailt (a a cean leadh a fhairm bhaille eile a an bhaille eile a an bhaill a bhail a bhaill a bhail		
2. Business Trade Name or DRA	TEOTILE TO TO			
WALGREENS #12693				
3. Entity Type (check one)  Limited Liability Company	Corporati	on N	onprofit Organizatio	n
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit	5. If successor agent, pro	vide State Permit or I	Municipal Retail Licens	se Number
6. Describe the reason for appointing a successor agent, if successor	is checked above.			
				<del></del>
Part B: Agent Information	O. Sizal Name			
1. Last Name	2. First Name		3.	M.I. ζ
1. Last Name Kruzytr	2. First Name Andre	w		M.I. S
1. Last Name	2. First Name Andre	W	3.	
1. Last Name  Kruzytr 4. Email	2. First Name Andre	.u/		
1. Last Name  Kruzytr 4. Email	Andre			
1. Last Name  Kruzytr 4. Email	Andre n St.  8. State 9. Zip Code W1 50		5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name Kruzycr 4. Email 6. Home Address 836. E. John 7. City Apple form	Andre n St.  8. State 9. Zip Code W1 50	1911	5. Phone	
1. Last Name  Krueyer  4. Email  6. Home Address  836. E. John  7. City  Apple form  11. Drivers License/State JD Number	Andre n 5 +.  8. State 9. Zip Code W1 50  12. Dri	ع 4 9 / 1 vers License/Sاما	5. Phone  10. Age	5
1. Last Name  Krucytr 4. Email 6. Home Address  836. E. John 7. City  Application 11. Drivers License/State JD Number  Part C: Agent Questions 1. Have you satisfied the responsible beverage server training	Andre 9. Zip Code W1 50 12. Dri	ع F 9 / I vers License/S ا	5. Phone  10. Age  State of Issuance	5 s

Part D: Business Attestation		
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a subtraction that I may be prosecuted for subtraction who knowingly provides materially if convicted.	I liability company with full authority and or by that I am authorized by the above-named accessor agent, I rescind all previous agent applitude false statements and affidavits in c	ontrol of the premises and of all alcoholds and the premises and the act appointments for this premises. Further, connection with this application, and that
Last Name BROWN	First Name BRIAN	M.I. R
TIIIe VICE PRESIDENT AND TREASURER	Email	Phone
Signature B.C.C.		Date 4-30-24
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, It nonprofit organization, or limited liability com on the premises for the above-named busin and affidavits in connection with this applicat application may be required to forfelt not more	pany and assume full responsibility for the opens. I further understand that I may be proton, and that any person who knowingly pro	conduct of all alcohol beverage activities obsecuted for submitting false statements
Last Name  Knty(  Signature	First Name  Adrew	M.I. S
Signature		Date 4-4-2024

#### Form

AB-200

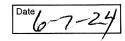
For Mun	icipal Use Only
Municipality	
License Period	

License(s) Requested: (up to two boxes ma	ay be checked)		Fees	
☐ Class "A" Beer \$	Class "B" Beer \$	License Fe	es es	\$
□ "Class A" Liquor \$	☐ "Class B" Liquor \$	Background	d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	Fee	\$
Class C" Liquor (wine only) \$		Total Fees		\$
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole parts)  A TO COMPANY OF				
2. Business Trade Name or DBA  Dairy land Bree	Aub			
3. FEIN		Seller's Permit Number 10291799 さ	19-02	-
5. Entity Type (cneck one)  Sole Proprietor	Limited Liability Company	☐ Corporation	□ Nonpro	fit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin	DFI Registration	on Number
9. Premises Address	1,2015	736	-1024/	799 89-02
1216 E Wisco	Nien	Liv o	10 71 0 1	
10. City Appleton		11. State	12. Zip Code	રાા
13. County Carrie	14. Governing Municipality: City of: Die too	☐ Town ☐ Village	15. Aldermani	c District
16. Premises Phone	17 Premises Email	18. Web	site	
920-441-1103	dairy and bree		rail-co	$\sim$
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	g, including living quarters. Authorized al	cohol beverage activities anal sheets if necessary.	s and storage o	f records may occur
4200 Sq Post Pesto	restourant seal	ting st	, attache reet	/d
13	bar 1/3 Kita			
20. Mailing Address (if different from premises add				
21. City		22. State	23. Zip Code	
Part B: Questions				
Has the business (sole proprietorship, par violating federal or state laws or local ordi				Yes No
If yes, list the details of violation below. At	tach additional sheets if necessary.			
Law/Ordinance Violated	Location	Tri	al Date	
Penalty Imposed	•	Was sentence compl	eted?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Tri	al Date	
Penalty Imposed		Was sentence compl	eted?	Yes No

<ol><li>Are charges for any offenses pending a beverages.</li></ol>	against the business? Ex	clude traffic offenses ur	nless related to alco	ohol Yes No
If yes, describe the nature and status o	f pending charges using	the space below. Attacl	n additional sheets	as needed.
<ol> <li>Is the applicant business or any of its individuals or entities a restricted inve- lf yes, provide the name of the restrict</li> </ol>	stor with any interest in a	in alcohol beverage pr	oducer or distribute	related or? Yes A No
4. Is the applicant business owned by and	other husiness entity?			□ Voc. t□ Mo
If yes, provide the name(s) and FEIN(s	) of the business entity o	wners below. Attach ad	ditìonal sheets as r	eeded.
4a. Name of Business Entity		4b. Business Entity FEIN		
			*****	
<ol><li>Have the partners, agent, or sole propr this license period? Submit proof of cor</li></ol>	ietor satisfied the respons	sible beverage server to	raining requirement	for Yes No.
6. Is the applicant business indebted to a	ny wholesaler beyond 15	days for beer or 30 day	ys for liquor/wine?.	
7. Does the applicant business owe past	due municipal property ta	xes, assessments, or o	other fees?	Yes No
Part C: Individual Information				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared to the	s, and agent of a corporatior	or nonprofit organization	applicant business of a part	businesses listed in Part B, nership, and all members,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an agent by	including Form AB-1	01.
Last Name	First Name	Title		Phone
Dorri Schmidt	Dorru	1000	ner	l
Part D: Attestation	A. 1877   S			
One of the following must sign and attest	• •			
	I partner of a partnership	one corporate		member of an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu				
rights and responsibilities conferred by the lice according to the law, including but not limited	ense(s), if granted, will not b	e assigned to another ind	ividual or entity. I ag	ree to operate this business
to any portion of a licensed premises during in	spection will be deemed a r	efusal to allow inspection	. Such refusal is a mi	sdemeanor and grounds for
revocation of this license. I understand that ar understand that I may be prosecuted for submi				
ingly provides materially false information on t	his application may be requ	ired to forfeit net more tha	an \$1,000 if convicted	d.
Last Name	First	Varue /		M.I.
Title	Email			Pho.
owner			·	·
Signature				
		Date	1- 2-24	
Clede grade		Date	6-7-24	
Part E: For Clerk Use Only	Number		•	Data Liama I d
	e Number		6-7-24 icense Granted	Date License Issued

AB-200 (N. 03-24)

## Alcohol Beverage Appointment of Agent



Agent Type (check one)						
Original (no fee)	☐ Successor (\$10 fee for mu	unicipal licens	ees only)			
Part A: Business Inform	ation					
1. Legal Business Name (individ	ual name if sole proprietor)					
Dalmland	Brewing Co	U				
2. Business Trade Name or DBA	0 7					
Dairyland	Brew Pall					
3. Entity Type (check one)	☐☐Imited Liability Company	,	Corporation	☐ Nonpro	ofit Organizatio	n
4. Alcohol Beverage Business A Municipal Retail Lice	· _ · · · ·	5. If successor	agent, provide Stat	te Permit or Munic	ipal Retail Licen	se Number
	Inting a successor agent, if successor	is checked abo	ove.			
o. Describe the reason for appoint	ming a successor agent, it successor	is official abo				
Part B: Agent Informati					Τ.	
1. Last Name	1	2. First Name	~.		3	.M.I
Schmid			. 1 . 1	l e	Phone	
4. Emai <sup>i</sup>				] 3.	rnone	•
6. Home Address		-				
	Imelia					
7. City		8. State	9. Zip Code	10	). Age	
and to	$\sim$	1621	54911		· ·	
11. Drivers License/State ID Nu	mber		12. Drivers Lice	ense/State ID Stat	e of Issuance	
*						
					,	
Part C: Agent Question	S					
	sponsible beverage server training				[7/Ye	s No
Submit proof of completic	on.					
	m AB-100, Alcohol Beverage Ind	ividual Quest	ionnaire?		🔀 Ý€	s No
Submit a completed Form	n AB-100 with this form.					
Have you been a Wiscon     See instructions for exce	sin resident for at least 90 contin ptions.	nuous days?.			🗷 Ye	es No
					_	
					Co	$ntinued \longrightarrow$

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, corporation, nonprofit organization, or limite beverage activities on such premises. I cer on behalf of the entity. If I am appointing a s I understand that I may be prosecuted for s any person who knowingly provides materia if convicted.	ed liability company with f tify that I am authorized by successor agent, I rescind submitting false statements	ull authority and control of to the above-named entity to all previous agent appointments and affidavits in connection	he premises and of all alcohol authorize this individual to act ents for this premises. Further, with this application, and that
Last Name Schmid t	First Name	- ( )	M.I.
Title	Email		Phone
onnel,			1
Signature		bate   6/7	/24
	To be a second of the second o		
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, to nonprofit organization, or limited liability control on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not more	npany and assume full res ness. I further understand ition, and that any person v ore than \$1,000 if convicted	ponsibility for the conduct of that I may be prosecuted for who knowingly provides mate	all alcohol beverage activities or submitting false statements
Last Name hmid T	FirstWame	XC1	M.I.
Signature Signature	Jank	Date	2-7-24

For Municipal Use Only	_
Municipality Appleton	
License Period	

License(s) Requested: (up to two boxes may	be enecked)			Fees	NAME
☐ Class "A" Beer \$ Ū	Class "B" Beer \$ <u>\</u>	D Lice	nse Fee	es	\$10,600
Glass A" Liquor	☐ "Class B" Liquor \$	Bac	kground	Check Fee	\$ -
☐ "Class A" Liquor (cider only) \$		500 Pub	lication	Fee	\$ 6O
Class C" Liquor (wine only) \$			al Fees		\$10,660
			12.5.5.22.4.4	Paragraphy (1945)	
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole pro	•		And the second		
	prietoisnip)				
Mondo Wine LLC  2. Business Trade Name or DBA					
Mondo on the River					
3. FEIN	4 Wisconsin S	Seller's Permit N	dumher	***************************************	
O. I Eliv		29752052-			
5. Entity Type (cneck one)	430 10.				
Sole Proprietor Partnership	✓ Limited Liability Company	☐ Corpor	ation	□ Nonpro	fit Organization
6. State of Organization	7. Date of Organization			DFI Registration	
WI	07/05/2017		09963		
9. Premises Address	0170372011				
425 W. Water Street, Suite	100				
10. City		11. 8	State	12. Zip Code	
Appleton			WI 54911		
13. County	14. Governing Municipality: 🗸 City	☐ Town ☐	Village	15. Aldermani	c District
Outagamie	of: Appleton			11	
16. Premises Phone	17. Premises Email		18. Web:		
(920) 903-1787	david@mondowinebar.c	om	mondo	winebar	.com
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized al n. Attach a map or diagram and addition	cohol beverage onal sheets if ne	activities ecessary.	and storage o	f records may occur
Premise Description: 425 WI FIRST FLOOR CAFÉ AREA WITH BASEMENT STORAGE. TO COMPLY	A 900 SQ. FT. DECK,	500 SQ.	FT.	PATIO A	REA AND
20. Mailing Address (if different from premises addre	ess)				
21. City		22. 3	State	23. Zip Code	
Part B: Questions	manage of the second				i i i i i i i i i i i i i i i i i i i
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal	ances? Exclude traffic offenses unl				☐ Yes 🗸 No
If yes, list the details of violation below. Atta	ch additional sheets if necessary.				
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed		Was sentenc	e compl	eted?	Yes No
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed		Was sentenc	e compl	eted?	Yes No

	Are charges for any offenses pending a beverages.	gainst the busines	s? Exclude traffic	offenses unle	ess related to alco	ohol 🔲 Y	′es ✓ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.					:		
	Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted	stor with any intere	est in an alcohol b	everage proc	ducer or distribut	related or?	∕es ✓ No
4.	Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business enti ) of the business e	ty?	v. Attach addi	tional sheets as i	needed.	∕es ✓ No
4a	. Name of Business Entity		4b. Busines	ss Entity FEIN			
5.	Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the r	esponsible bevera	age server tra	ining requiremen	t for	Yes No
	Is the applicant business indebted to a	•					Yes ✓ No
	Does the applicant business owe past						Yes ✓ No
P	art C: Individual Information						
Lis	st the name, title, and phone number for each uestion 4: sole proprietor, all officers, director anagers, and agent of a limited liability comp	s, and agent of a cor	poration or nonprofit	organization, a	pplicant business of a par	or businesses tnership, and	listed in Part B, all members,
Inc	clude Form AB-100 for each person listed be	T	nd LLCs must appoir	T	ncluding Form AB-		
La	st Name	First Name		Title		Phone	
0.	liver	David		Preside	nt	 <del> </del>	
0.	liver	Jane		Vie Pre	sident		
	1000000						
- 1	art D: Attestation	to this confication.		A Committee of the Comm	A STATE OF SHARE STATE	44,5550.00000.0550.05	
O	ne of the following must sign and attest <ul><li>sole proprietor</li><li>one genera</li></ul>	to this application: Il partner of a partr		e corporate c	officer • one	e member of	an LLC
rig ac to re un	EAD CAREFULLY BEFORE SIGNING: Uncarred and responsibilities conferred by the lice cording to the law, including but not limited any portion of a licensed premises during ir vocation of this license. I understand that a liderstand that I may be prosecuted for submigly provides materially false information on	ler penalty of law, I husiness and not on bense(s), if granted, wo to, purchasing alcohospection will be deeny license issued contiting false statemen	nave answered each pehalf of any other ir vill not be assigned t not beverages from s med a refusal to allo antrary to Wis. Stat. ts and affidavits in o	of the above on dividual or entito another individual or entito another individual state authorize ow inspection. Chapter 125 sonnection with	questions complete tity seeking the lice vidual or entity. I a id wholesalers. I ur Such refusal is a n hall be void under this application, ar	ense. Further, gree to operate to operate the derstand that nisdemeanor a penalty of stand that any perate tha	I agree that the te this business lack of access and grounds for te law. I further
La	ast Name		First Name				M.I.
0	liver		David				J
Tit		Email				Phone	
	resident			n	<u> </u>		
Si	gnature	1		Date	05/3	24/24	
-	art E. Ean Clauk Has Only				03/2		
_	art E: For Clerk Use Only ate Application Was Filed With Clerk   Licen	se Number	V	Date Lic	cense Granted	Date Licens	se Issued
,,,	are a periodical trace i nod trial cloth						
Si	gnature of Clerk/Deputy Clerk				Date Provisional	License Issued	d (if applicable)



# **City of Appleton**

# **Alcohol License Questionnaire**

1. Name of Ap	plicant: David	Oliver		
) Nama of Du	ainoss. Mond	o Wine LLC (DBA: Mondo	on the River)	
`	` '	identify primary busine	ess activity)	
X Restaura				
	Night Club/Wir			
Microbr	ewery/Brewpul	)		
Painting	/Craft Studio			
Other (d	lescribe)			
3. Address of ]	Business: 42	5 W. Water Street, Suite 10	0, Appleton, WI 54911	
4 Have vou or	r anv memher	of your organization e	ver heen convicted	of a misdemeanor or
ordinance viol	<del>-</del>	No X		
			N <sub>o</sub>	
		felony? Yes	No <u>X</u>	_
if yes to either	question, piea	se explain in detail be	iow:	
-	•	ders or investors of youse use additional shee		,
First name	M.I.	Last name		Date of Birth
Jane E. Oliver				
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 per	rson/corporati	on you are buying the	premise and equip	ment from?
Name: Rand	dall Stadtmueller /	Atlas Mill LLC		
First nam	e	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 ope	erating at this
location?	
Name: Wild River Cafe	
(Check Applicable Box(s) to identify primary business activity)	
X Restaurant	
Tavern/Night Club/Wine Bar	
Microbrewery/Brewpub	
Painting/Craft Studio	
Other (describe)	
8. Was this premise licensed for alcohol sales/consumption during the	
Yes X If yes, please contact the Community and Economic Developmen. 6468 about obtaining a copy of an existing Special Use Permit and related is may run with property.	_
No If no, please contact the Community and Economic Development of 468 about obtaining a Special Use Permit. A Special Use Permit may be a business activity prior to the issuance of a Liquor License, pursuant to the Community and Economic Development of 2000 and 2000	equired for your
9. If alcohol sales were a previous use in this building, when did the opeongoing months ago.	eration cease?
10. Seating capacity: Inside 202 Outside 52	
11. Operating hours (Inside the building): 3-8pm Tuesday, Wednesday, 3-9pm Thursd Operating hours (Outdoor seating areas): Some as above	ay, Saturday, 3-10pm Friday
12. Employees/Staff	
Number of floor personnel 3 Number of door checkers	
13. In general, state the size and operational details of the proposed est	ablishment:
a. Gross <u>floor building area</u> 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 establishmen	t:
Combination cafe, wine bar and retail wine shop.	
	- All All All All All All All All All Al
	5/24/2024
Signature	<b>Date</b>

e V f

## Alcohol Beverage Appointment of Agent

Date	
	]

Agent Type (check one)				
✓ Original (no fee) Successor (\$10 fee for mu	ınicipal licens	ees only)		
Part A: Business Information				. \
Legal Business Name (individual name if sole proprietor)				
Mondo Wine LLC				
2. Business Trade Name or DBA  Mondo on the River				
3. Entity Type (check one)				
✓ Limited Liability Company		Corporation	☐ Nonprofit Organiz	ation
4. Alcohol Beverage Business Authorization (check one)	5. If successo	agent, provide State	Permit or Municipal Retail L	icense Number
☑ Municipal Retail License ☐ State Permit				
6. Describe the reason for appointing a successor agent, if successor	is checked ab	ove.		
Part B: Agent Information				
	2. First Name			3. M.I.
Oliver	David			J
4. Email			5. Phone	
6. Home Address				
833 E. Franklin Street		0 7: 0 1		
7. City	8. State	9. Zip Code 54911	10. Age	
Appleton  11. Drivers License/State ID Number	WI		se/State ID State of Issuanc	
11. Divers License/Otate iD Number		12. Divers Licen	scrotate is otate of location	
Part C: Agent Questions				
			The state of the s	[]
Have you satisfied the responsible beverage server trainin Submit proof of completion.	g requireme	nt?	· · · · · · · · · · · · · · · · · · ·	Yes No
Have you completed Form AB-100, <i>Alcohol Beverage Indi</i> Submit a completed Form AB-100 with this form.	vidual Quest	ionnaire?	· · · · · · · · · · · · · · · · · · ·	Yes No
Have you been a Wisconsin resident for at least 90 continu	10			
See instructions for exceptions.	uous days?.		· · · · · · · · · · · · · · · · · · ·	Yes No

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the <b>Under</b> corporation, nonprofit organization, or limited liability beverage activities on such premises. I certify that I are on behalf of the entity. If I am appointing a successor I understand that I may be prosecuted for submitting any person who knowingly provides materially false in if convicted.	company with full author am authorized by the abo agent, I rescind all previon false statements and affir	rity and control of the pove-named entity to authous agent appointments davits in connection with	remises and o norize this indiv for this premis h this application	f all alcohol vidual to act ses. Further, on, and that than \$1,000
Last Name	First Name			M.I.
Oliver	David			J
Title Email			Phone	
President		•		
Signature		Date	05/24/24	
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> nonprofit organization, or limited liability company and on the premises for the above-named business. I full and affidavits in connection with this application, and application may be required to forfeit not more than \$	d assume full responsibili rther understand that I m that any person who kno	ty for the conduct of all nay be prosecuted for s	alcohol bevera ubmitting false	ge activities statements
Last Name	First Name			M.I.
Oliver	David			J
Signature		Date	05/24/24	L

For Municipal Use Only	
Municipality Apputon	
License Period	

License(s) Requested: (up to two boxes may	y be checked)			Fees	
☐ Class "A" Beer \$	☐ Class "B" Beer \$	Lic	ense Fe	es	\$ 100 00
Glass A" Liquor \$	☐ "Class B" Liquor \$	Ва	ckground	d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Pu	blication	Fee	\$ 6000
"Class C" Liquor (wine only) \$ 100 00		То	tal Fees		\$ 160
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole pro	AND	. 3. 2		gg produce Destroy to Produce	The second party between the second
2. Business Trade Name or DBA			<del></del>		
Ukiyo	1				
3. FEIN		Seller's Permit 6 - 10311		17-04	
5. Entity Type (check one)	1 /3	0 10311	1 / /	<i>// U1</i>	
Sole Proprietor Partnership	Limited Liability Company	☐ Corpo	ration	☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization	8. \	Misconsin	DFI Registration	on Number
9. Premises Address	12/1/22				
207 W. College Ave					
10. City  13. County  13. County		11.	State	12. Zip Code	′/
13. County	14. Governing Municipality: City	/ Town	Village	15. Aldermani	c District
16. Premises Phone	of: <u>Apple 4-3in</u> 17. Premises Email			14	
(930) 903 - 4 <b>959</b>	17. Premises Email		18. Web		
19. Premises Description - Describe the building of	r buildings where alcohol beverages a	re produced, so	<del></del>		and related records
are kept. Describe all rooms within the building only on the premises described in this applicati	on. Attach a map or diagram and addition	tional sheets if n	ecessary		•
All alcohol would be s	erved, sold, and stom	es which in	, the	Front po	refou
of the building only to	r this business for	private	e we i	75.	
20. Malling Address (if different from premises addr	ess)				, , , , , , , , , , , , , , , , , , ,
21. City		22.	State	23. Zip Code	
Part B: Questions					
Has the business (sole proprietorship, parti- violating federal or state laws or local ordin					Yes H No
If yes, list the details of violation below. Atta				•	
Law/Ordinance Violated	Location		Tri	al Date	
Penalty Imposed		Was sentend	ce compl	eted?	Yes No
Law/Ordinance Violated	Location	L	Tri	al Date	
Penalty Imposed		Was sentend	ce compl	eted?	☐ Yes ☐ No

Are charges for any offenses per beverages.	nding against the b	ousines	s? Exclude traffic	offens	es unl	ess related to ald	cohol 🔲	Yes A	-No
If yes, describe the nature and st	tatus of pending cl	narges	using the space b	elow. A	Attach	additional sheets	s as needed	,	
3. Is the applicant business or any	of its officers, dire	ectors, r	nembers, agent,	emplo	yees,	owners, or other	related		
individuals or entities a restricted lf yes, provide the name of the r	estricted investor	and de	scribe the nature	of the	intere	est.	ш	res 🖊	INO
							· · · · · · · · · · · · · · · · · · ·		
Is the applicant business owned If yes, provide the name(s) and F								Yes A	No
4a. Name of Business Entity			4b. Busines	s Entity	FEIN				
5. Have the partners, agent, or sole	nronrietor estiefic	d the re	enoneible bevera	200 001	n (or tr	nining requiremen	nt for	<del></del>	
this license period? Submit proof	of completion							Yes 🗌	No
6. Is the applicant business indebte	•	-	-		-	•		Yes 📉	No
7. Does the applicant business owe	past due municip	al prop	erty taxes, assess	ments	s, or ot	her fees?	····· <u> </u>	Yes 📈	No
Part C: Individual Information								1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	*
List the name, title, and phone number f Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	directors, and agent	of a corp	oration or nonprofit	organiz					
Include Form AB-100 for each person lis	sted below. Corpora	tions and	d LLCs must appoin	t an ag	ent by	including Form AB-	-101.		
Last Name	First Name			Title			Phone		
Schiedermajer	Calbin	1		OUR	41/	operator			
· ·									
Port D. Attoctation	31. 31. 31.	5 (0) (0)						a a ang gia	i.
Part D: Attestation One of the following must sign and	attest to this applie	eation:				and the second s		4. 1	
1	general partner of		ership • one	e corpo	orate d	officer • one	e member of	an LLC	
READ CAREFULLY BEFORE SIGNING									
I am acting solely on behalf of the appli rights and responsibilities conferred by									
according to the law, including but not I to any portion of a licensed premises du									
revocation of this license. I understand	that any license iss	ued con	trary to Wis. Stat. 0	Chapter	r 125 s	hall be void under	penalty of sta	ate law. I fu	urther
understand that I may be prosecuted for ingly provides materially false information								rson who r	KNOW-
Last Name			First Name					M.I.	
JChiedermayer		FII	Cothin				I Dhana		
Schiedermayer Title Owner		Email					Phone		
Signature /	and the second control of the second control			y Da	ate			-	<u> </u>
A	22004-0-				6/	9/24			
Part E: For Clerk Use Only		· ···					15		. See See
Date Application Was Filed With Clerk	License Number				Jate Lic	cense Granted	Date Licen	se issued	
Signature of Clerk/Deputy Clerk	<b></b>			······ • • · · · · · · · · · · · · · ·		Date Provisional	License Issue	d (if applica	able)

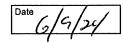


# City of Appleton Alcohol License Questionnaire

	//	$11 \leq 111$	
l. Name of Ap	plicant:	Abin Schied evans	<i>Jei</i>
	siness: UK		
		ntify primary business activ	ity)
Restaura	• •	initing printing outsides were	
/==	Night Club/Wine E	Bar	
	ewery/Brewpub	•	
	/Craft Studio		,
Other (d			
,			<del>_</del> ,
3. Address of	Business: <u>907</u>	W. Colley Are	Appleton, wit 5474
4. Have von o	r any member of v	your organization ever bee	en convicted of a misdemeanor or
	ation? Yes	*	
	convicted of a fel		
		explain in detail below:	
if yes to either	question, preuse v	pian in detail 2010 (1.	
		- Lucia Carlo - La Car	
		ı	
5. List all part	tners, shareholder	s or investors of your busi	iness. Include full name, middle
initial and date	e of birth. Please	use additional sheets if ne	cessary.
Corbin		Schiederen	ayel _
First name	M.I.	Last name	Date of Birth
	1 :		//
First name	M.I.	Last name	Date of Birth
-•	N.C.T.	<b>T</b>	/ / Date of Birth
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth
riist name	171.1.	East name	David of Balan
6. Name of pe	rson/corporation	you are buying the premis	e and equipment from?
F	<b>.</b>		
Name: Ko	n	T55/2	
First nam	ne	Middle Initial La	ast name
Address: 20	7 W. Calley	e Ar An	pleton WI 545
	<del>-</del>		C': C': ZTD

7. What was the previous name and primary nature of the business operating at this
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 NA
10. Seating capacity: Inside 25 Outside NA  11. Operating hours (Inside the building): By appoint went only Operating hours (Outdoor seating areas):
12. Employees/Staff Number of floor personnel / 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: square feet.
b. Gross outdoor seating areas of the premises to be licensed: U/A square feet.
c. Below, identify the operational details of the proposed establishment:
Business is only open for private exects  Seating up to 20 people maximum.
Seating if to de people maximum.
6/10/24
Signature Date

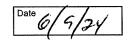
### Alcohol Beverage Appointment of Agent



Original (no fee)	Successor (\$10 fee for m	unicipal licensees only)	
Part A: Business Informa	ation		
1. Legal Business Name (Individue R) wine tov			
2. Business Trade Name or DBA			
Ukiyo			
3. Entity Type (check one)	Limited Liability Company	✓ Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Au Municipal Retail Lice		5. If successor agent, provide State F	ermit or Municipal Retail License Number
•	nting a successor agent, if successor	is checked above.	
r I			
Part B: Agent Informatio			
1. Last Name		2. First Name	3. M.I.
Schieder	~cyll	Corbin	
4. Email			5. Phone
6. Home Address			
ALLEGUE COURTS	,		<del></del>
928 W. F.	lives Are		-
7. City	laves Are	8. State 9. Zip Code	10. Age
7. City  Appleton	Lames Are	WI 54914	
928 W. +	lanes fre	WI 54914	10. Age s/State ID State of Issuance
7. City  Appleton	leves Are	WI 54914	
7. City  Appleton	her	WI 54914	
7. City  Appleton		WI 54914	
7. City Apple Fon 11. Drivers License/State ID Num Part C: Agent Questions	ponsible beverage server trainir	12. Drivers License	
7. City  Apple For  11. Drivers License/State ID Num  Part C: Agent Questions  1. Have you satisfied the responsit proof of completion	ponsible beverage server trainir n. n AB-100, <i>Alcohol Beverage Indi</i>	12. Drivers License	e/State ID State of Issuance

Part D: Business Attestation		and the second s
corporation, nonprofit organization, or lingular beverage activities on such premises. I on behalf of the entity. If I am appointing I understand that I may be prosecuted for	: I, the <b>Undersigned</b> , authorize the above-narmited liability company with full authority and certify that I am authorized by the above-nam a successor agent, I rescind all previous agenor submitting false statements and affidavits in a crially false information on this application may	control of the premises and of all alcohed entity to authorize this individual to an appointments for this premises. Further connection with this application, and the
Last Name	First Name	M.I.
Schiedernager	Corbin	
Schiedernager Title Owner	Email ,	Ph਼ਤ੍ਰਾe
Signature		Date 6/9/24
Part E: Agent Attestation		en e
nonprofit organization, or limited liability on the premises for the above-named b	I, the <b>Agent</b> , herby accept this appointment a company and assume full responsibility for the business. I further understand that I may be pulication, and that any person who knowingly promote than \$1,000 if convicted.	e conduct of all alcohol beverage activitien rosecuted for submitting false statemen
Last Name	First Name	M.I.
Schiederwager	Coibin	
Signature	and the second s	Date 6/9/24
- Contraction and Contraction of the Contraction of		

#### **Alcohol Beverage** Individual Questionnaire



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

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

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)  Byvingtor LLC				
2. Business Trade Name or DBA				
Ukiyo				
3. Entity Type (check one)			_	
☐ Sole Proprietor ☐ Partnership ☐ Limited L	iability Com	pany 🗌 Cor	poration 🗌	Nonprofit Organization
·				
Part B: Individual Information				
1. Last Name	2. First Nam			3. M.I.
4. Relationship to Business (Title) 5. Email	Cort	in		
4. Relationship to Business (Title) 5. Email				6. Phone
Owner				,
7. Home Address				
8. City Apploton				
8. City	9. Stat	_		11. Date of Birth
	\\ \sqrt{1}	540	cense/State ID State	
12. Driver's License/State ID Number		13. Drivers Lie	cense/State ID State	3 01 issuarice
Part C: Address History				
1. Do you currently reside in Wisconsin?				¥Yes □ No
If yes to 1 above, how long have you continuously lived in	Wisconsin <sub>I</sub>	orior to the date of	application?	Years Months
2. List in chronological order all of your addresses within the	last 5 years	. Attach additional	sheets if necessa	ıry.
Previous Address 1	City	_	State	Zip Code
928 W. Haves Ane	Apple	ten	WI	54914
Previous Address 2	City		State	Zip Code
Previous Address 3	City		State	Zip Code
Desire Address (	City		Chair	7in Codo
Previous Address 4	City		State	Zip Code
Previous Address 5	City		State	Zip Code
Previous Address 5	City		Otate	Zip Code
3. List all states and counties you have lived in as an adult. A	Attach additi	onal sheets if nece	ssary.	
State County   County	State	County	State	County
louis louis	Ctete	County	Cinia	County
State County State County	State	County	State	County
	L			

Continued  $\rightarrow$ 

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ling traffic offenses un e's laws or of any cour	less related to alcohol beverage atty or municipal ordinances?	es) 
If yes to question 1, please list details of each conviction	on below. Attach addit	ional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	-	Conviction Date
Penalty Imposed	-	Was sentence completed?	Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	Yes No
Part F: Attactation			
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.  Signature	ating in this business of that any license issumed that any license issumed that any license is the state of the sume is the sum is the	due to any involvement in anot ued contrary to Wis. Stat. Char bmitting false statements and a	her tier of the alcohol oter 125 shall be void ffidavits in connection
, ,			7

#### **Application for Mobile Home Park License**

CASH OR CHECK ONLY!



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

SCOTT R MOORE

#### **LICENSE PERIOD IS FROM** JULY 1st - JUNE 30TH

Note: Please allow approximately 3 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd ( 7 24

Mobile Home Park

Total \$ 132.00

(CLMOBL) \$132.00

Receipt #: 645 U-4

Date of Birth

SECTION 1 - COMPANY INFORMATION - Answer all questions completely. Please PRINT clearly. Name of Company Holding License FOX VALLEY ESTATES City State Zip 330 & JUNIPER LN Company Telephone Number In addition, no person shall conduct a business or operate a 218-310-2979
pany Email Address 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 FOXVALLEY ESTATES @BMAIL. COM Code Chapter 177. SECTION 2 - CONTACT INFORMATION

Contact nome Street Address		City	State	~.iP
4349 TARNOWSKI RD		DULUTH	MN	55803
Contact Phone Number [REQUIRED]		Contact Email Address [f	REQUIRED]	
• 0.00 • • • 0.00 •	į			<b>^</b>
SECTION 3 -LOCATION				
Location of Mobile Home Park:				
106 E PRIMROSE LN,	APPLBTON			
Total Number of Units:	Number of Units Occupied	l: Num	ber of Units	Unoccupied:
78	77		/	
SECTION 4 - PENALTY NOTICE				
I hereby certify that I/we have familiarized myself/ours	selves with Chapter 11 of	f the City of Appleton M	lunicipal Co	ode as it relates to
Mobile Home Parks and that I/we Will comply with said	d code.	, ,,	•	
Signature of Applicant:	gu	Date:	6	7,2024

Signature of Applicant: 100   100					oate:	1 1007
FOR OFFICE USE ONL	Y					
Department	Approve	Deny	Staff Member		Reasoning	
Police	مز		B. Loodin		6-11-2	way
Fire	مر		B. Loodin D. Herson P. Musayer		( = 10 -	2024
Public Works	X		P. Musager		JUN 1	3 2024
Inspections			, 0			
Community Development	K		D, Harry		JUN 1	0 20024
Finance						
Health	1 x		s, kini		JUN 1	9 2024
Safety and Licensing			6-26-2024			
Common Council			7-17-2024	i	-	٠(
Date sent for approval  NN 0.7 2024	Approved date	/	Issued Date	Expiration Da	ate 	License Number

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

TRADE NAME	BUSINESS NAME	ADDRESS
APPLETON HILTON	DRIFTWOOD SPECIAL	333 W COLLEGE AVE
	SERVICING, LLC	
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

-
_

Part A: Premises/Business Informati	on			
1. Legal Business Name (individual name if sole p				
1619 College A				
2. Business Trade Name or DBA  NANGLO MOMUS	AND CUE	2 RX		
3. FEIN		4. Wisconsin Se	ller's Permit	Number
O. I LIN				6751-04
5. Entity Type (check one)		7/20 (	27,40	6 1 7 1 2 5 7
☐ Sole Proprietor ☐ P	artnership	🔀 Lim	ited Liability	y Company 🔲 Corporation
6. State of Organization	7. Date of Organizat	tion		8. Wisconsin DFI Registration Number
WISCONSEN	08   031	2023		0043347
9. Premises Address (do not use PO Box)	<b>^</b> -			
1619 W (ollege	AUC		11. State	12. Zip Code
Appleton			WI	34914
13. County 14. Governing	Municipality: 🔀 City	/ Town	Village	15. Aldermanic District
Outagamle of: Af  16. Mailing Address (if different from premises address)	pole to			
16. Mailing Address (if different from premises ad	dress)			
17. City			18. State	19. Zip Code
20. Premises Phone	21. Premises Email			20 Mahaila
20. Fremises Frione	21. Piemises Email			22. Website
Describe all rooms including living quarters, it records. Cigarettes, tobacco products, and el	used, for the sales an ectronic vaping devic	nd/or storage of o es may be sold a	cigarettes, to and stored O	electronic vaping devices are to be sold and stored. bacco products, and electronic vaping devices and NLY on the premises described in this application.  S vacks, over head
Part B: Questions				
What products will be sold at this busines     Gigarettes	s location? (check a Tobacco			∑ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electr	onic vaping device	s be sold? (che	ck all that a	apply)
Ŋ Over the counter	☐ Vending	machine		
3. Is the applicant business owned by anoth	er business entity?			Yes 🔀 No
If yes, provide the name and FEIN of the CTV-101 for all of the parent company's n			rent compa	nny members in Part C, and attach Form
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 member GURUNG GAGAN K. BHANDARI SANDIP member Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC sole proprietor · one general partner of a partnership · one corporate officer **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 Gandif. 06/23/2024 Name (Last, First, M.I.) BHANDARI, SANDIP Title Email Phone Member 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

Form CTV-102	Cigarette, To	•	Electronic \ ent of Agent		Device	Date	
Agent Type (check	one): 🗸 Original	☐ Change		······································	<del> </del>	<del> </del>	
Part A: Agent In	nformation						
1. Last Name BHAN	UDARI		2. First Name SAN	OIP			3. M.I.
4. Email					5. Phone		
6. Home Address	INDIANA A	VENUE					
7. City SHE	BOYLAN				8. State	9. Zip Code	1
10. Date of Birth	11. Drivers License/	/State ID Number		12, D	rivers Licens	e/State ID State	e of Issuance
Part B: Questio	ns						
	leted Form CTV-101, <i>Ciga</i> Submit a completed Form						Yes □ No
Part C: Busines	ss Information						
	ame (individual name if sole pr 619 College		LLC				
2. Business Trade Na	ame or DBA	OS AND	CURRY				
3. Entity Type (check							
4.8	☐ Limited Liability	y Company	Co	orporation	· · · · · · · · · · · · · · · · · · ·		
4. Premises Address	1619W colleg	e Ave					
5. City	ictor				6. State	7. Zip Code	
, , , , ,					WI	54912	+
Part D: Attestat	ions						
liability company wi devices conducted successor agent, I statements and aff	Y BEFORE SIGNING: I, the L ith full authority and control of therein. I certify that I am aut rescind all previous agent ap īdavits in connection with this required to forfeit not more th	the premises and of a thorized by the entity pointments for this pr s application, and tha	all business relative to o to authorize this individe emises. Further, I undo at any person who kno	cigarettes, to dual to act o erstand that	obacco produ n behalf of th I may be pro	icts, and/or election ne entity. If I am osecuted for su	etronic vaping appointing a bmitting false
Signature of License	e (officer, member, or authoriz	ed signatory)	Zendiq.		Date Od	123/20	24
Name of Person Sign	ning for Licensee	IP BHAN	DARI		Title ►∕\	123/20 ember	
company and assu devices conducted and affidavits in cor	Y BEFORE SIGNING: I, the A me full responsibility for the conthe premises for the abovennection with this form, and than \$1,000 if convicted.	conduct of all busines e-named business. I	s relative to sales of c further understand that	igarettes, to t I may be p	bacco produ rosecuted foi	cts, and/or elections submitting fals	tronic vaping e statements

Signature of Agent

Bandip!

# Form CTV-100

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

FOR CLERKS ONLY	
Municipality Appleto'N	
License Parlod	
みせてみら	

Part A: Premises/Busines					
1. Legal Business Name (Individual		_			
2. Business Trade Name or DBA	Smoke us Top	BACCO 11	راک	·	
z. Sacilloop Hade Haille of SSA		•			
3. FEIN		4. Wisconsin Sel	ler's Permit I	Number	•
		456	- 1031	774002	04
5. Entity Type (check one)  Sole Proprietor	☐ Partnership	☐ Limi	ted Liability	Company	Corporation
6. State of Organization	7. Date of Organiza	ation		8. Wisconsin DFI Re	gistration Number
MISCONSIN	5/21/	2024		R090	2319
9. Premises Address (do not use Pr 2828 N KI	·		1		
10, City	CHMUND ST I	UNIT?	11. State	12. Zip Code	
APPLETON			Wi	54911	
13. County	14. Governing Municipality: K Cit	ty 🗌 Town [	Village	15. Aldermanic Distr	lct
OUTAGAMIE	of: APPLETON				
16. Mailing Address (if different from					
2716 103KD C	7 NE		18, State	19, Zip Code	
BLANE			MN	55444	
20. Premises Phone	21, Premises Emal	ll .		22. Website	
612-735-935	59 husseinal	obaidi 199	10 vah	00.COM	
Describe all rooms including liv records. Cigarettes, tobacco pr	e the building or buildings where cig ving quarters, if used, for the sales a roducts, and electronic vaping devi	and/or storage of c	igarettes, to and stored O	bacco products, and e NLY on the premises	lectronic vaping devices and described in this application.
Attach a floor plan if possible,	Vage	106 by	A	liplay care	
* -		hay Im	4-	Sterero	7
Displays	Keeistan	DATHUE	<u> </u>	- Tage	
	942	945	H _	1	^
ı	= 812	te U	* Co	- Sales f	100/
		Displan	K-III.	J. Great	
Part B: Questions	·特殊 2000年2006年	Carer			eren var i Stelle Linn
1. What products will be sold at	t this business location? (check	all that apply)		•	
Cigarettes	🔀 Tobacco	Products		<b>⊠</b> Electro	nic Vaping Devices
2. How will cigarettes, tobacco,	, and/or electronic vaping device	es be sold? (che	ck all that a	apply)	
Over the counter	☐ Vending	machine			
3. Is the applicant business ow	ned by another business entity	?			Yes 🗷 No
if yes, provide the name and CTV-101 for all of the parent	FEIN of the parent company be company's members, partners	elow, identify pa , or officers.	rent compa	ny members in Par	t C, and attach Form
3a. Name of Parent Compan	ny:				
	r				

Part C: Individual Information				
An Individual Questionnaire, Form CT any parent company indicated in Part all members and agents of a limited li	B. Such persons include: sol	e proprietor, all officers and agents o	ch person involved in the applicant business and of a corporation, all partners of a partnership, and	
List the full name, title, and phone	number for each person	below. Attach additional sheets	if necessary.	
Last Name	First Name	Title	Phone	
ALOBAIDI	HUSSEIN	PRESIDEA	JT	
-05(16)	11433470			
·	-1			
Part D: Attestation				
One of the following must sign ar	nd attest to this application	1:		
	eral partner of a partners		r • one managing member of an LLC	
READ CAREFULLY BEFORE SIG	NING:			
I understand and agree to the fo	ollowing:			
<u> </u>	<del>-</del>	ducts from distributors, jobbers,	, or subjobbers permitted by the Wisconsin	
		distributor's permit and pay all		
<ul> <li>I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.</li> </ul>				
	I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees.  (https://withbooseahosly.grp)			
(https://witobaccocheck.org).				
I will not sell single cigarettes		1 4		
I will not sell, give, or otherwi	•	· ·		
enforcement. Failure to comp	bly with this will result in o	criminal penalties, including los		
I will not sell cigarettes or roll- of certified tobacco manufact		products unless listed on the V	Visconsin Department of Justice's directory	
Further, under penalty provided	by law, I state that this ap	plication has been truthfully ans	swered to the best of my knowledge. I agree	
to operate this business accord	ling to law and that the right	ghts and responsibilities confer	red by the license(s), if granted, cannot be spection will be deemed a refusal to permit	
inspection. Such refusal is a mis	demeanor and grounds f	or revocation of this license. Any	y person who knowingly provides materially	
false information on this applica	ation may be required to	forfeit not more than \$1,000.		
Signature  Name (Last, First, M.I.)  Alobaid: Harding President	<u> </u>	Date	31/2024	
Name (Last, First, M.I.)		•		
Title	Ema	il	Phone	
President	_		]	
Part E: For Clerk Use Only				
Date application was filed with clerk	Date license issued	Date license expires	License number	
6/11/24				
License fees	Signature of Clerk/Deputy (	Clerk		
107				

# Form CTV-102

## Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

D	
Date	
1	
1	
1	
1	

Agent Type (check one):	hange		
Part A: Agent Information			
1. Last Name	2. First Name		3. M.I.
Alobaidi	Hussein		
4. Email	•••	5. Phone	
6. Home Address			
2716 LUBRO CTNE		To 01 4	10.7h. O-d-
7. City BLAINE		8. State	9. Zip Code 55449
10. Date of Birth 11, Drivers License/State ID No	umber	12. Drivers Licens	se/State ID State of Issuance
<u> </u>			
Part B: Questions			
Have you completed Form CTV-101, Cigarette, Tob.     Questionnaire? Submit a completed Form CTV-101	I with this form		X Yes No
2. If this is a change of agent, please describe the rea	ason for the agent change. At	tach additional sheets	if necessary.
Part C: Business Information			
Legal Business Name (individual name if sole proprietor)			
RICHMOND SMOKEYS TO	BACON INCO		
2. Business Trade Name or DBA	UNITED (IV)		
3. Entity Type (check one)			
☐ Limited Liability Compar	ny 🔀 C	orporation	
4. Premises Address			
2828 N RICHMOND ST U	INIT 2		
5. City		6. State	7. Zip Code
APPLETON		Wi	54911
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, a	authorize the above-named indivi	idual to act for the above	-named corporation or limited
liability company with full authority and control of the premis devices conducted therein. I certify that I am authorized by	ses and of all business relative to the entity to authorize this indivi	cigarettes, tobacco prod idual to act on behalf of t	he entity. If I am appointing a
successor agent. I rescind all previous agent appointments	s for this premises. Further, I und	derstand that I may be pi	osecuted for submitting false
statements and affidavits in connection with this application	ion, and that any person who kn	nowingly provides mater	ially false information on this
application may be required to forfeit not more than \$1,000			a manua.
Signature of Licensee officer, member, or authorized signato	ory)	Date	
Name of Payets Signing for Danger		Title	117024
Name of Person Signing for Licensee  Hussein Alabaidi		Pre	sident
READ CAREFULLY BEFORE SIGNING: I, the Agent, her	by accept this appointment as ag	ent for the above-named	corporation or limited liability
READ CAREFULLY BEFORE SIGNING: I, the Agent, herl company and assume full responsibility for the conduct of	all business relative to sales of o	ent for the above-named	corporation or limited liability ucts, and/or electronic vaping
READ CAREFULLY BEFORE SIGNING: I, the Agent, herl company and assume full responsibility for the conduct of devices conducted on the premises for the above-named by	all business relative to sales of cousiness. I further understand that	ent for the above-named cigarettes, tobacco produ at I may be prosecuted fo	corporation or limited liability ucts, and/or electronic vaping or submitting false statements
READ CAREFULLY BEFORE SIGNING: I, the Agent, herl company and assume full responsibility for the conduct of	all business relative to sales of cousiness. I further understand that	ent for the above-named cigarettes, tobacco produ at I may be prosecuted fo	corporation or limited liability ucts, and/or electronic vaping or submitting false statements
READ CAREFULLY BEFORE SIGNING: I, the Agent, her company and assume full responsibility for the conduct of devices conducted on the premises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form, and that any permises for the above-named be and affidavits in connection with this form.	all business relative to sales of cousiness. I further understand that	ent for the above-named cigarettes, tobacco produ at I may be prosecuted fo	corporation or limited liability ucts, and/or electronic vaping or submitting false statements

#### 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 X 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  A Temporary "Class B" license to sell wine at picnics or similar at the premises described below during a special event beginning	gatherings under s. 125.51(10), Wis. Stats. 08/23/2024 and ending 08/25/2024 and agrees
to comply with all laws, resolutions, ordinances and regulations (sta and/or wine if the license is granted.	te, federal or local) aπecting the sale of fermented mait beverages
1. Organization (check appropriate box) → ☐ Bona fide Club ☐ Veteran's Orgal ☐ Chamber of Coch. 181, Wis. St	ommerce or similar Civic or Trade Organization organized under
(b) Address 500 W. Marquette St. Appleton, WI 54911	
(c) Date organized 1958 (d) If corporation, give date of incorporation	☐ Town ☐ Village ☑ City  n seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this
(f) Names and addresses of all officers: President	
Vice President	
Secretary TEFF BUCK SUN Treasurer " KATHIE	0.001
Treasurer " " KATHIE	REES
(g) Name and address of manager or person in charge of affair	· Andrew J. Miles
(g) //amio ama addition of manager of person in ordings of amain	- Allatow o. ramoo
(g)1. Date of Birth: (g)2. Drivers License #	(g)3. Email Pho
	(g)3. Email Phor . d, Served, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:	(g)3. Email Phor . d, Served, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 5491	(g)3. Email Phor . d, Served, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54911  (b) Lot	(g)3. Email Phor . d, Served, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under to cover:	(g)3. Email Phor  d, Served, Consumed, or Stored, and Areas Where Alcohol  Block this application, which floor or floors, or room or rooms, license is
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under to cover:	(g)3. Email Phor  d, Served, Consumed, or Stored, and Areas Where Alcohol  Block this application, which floor or floors, or room or rooms, license is
(g)1. Date of Birth: (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under to cover:	(g)3. Email Phor  d, Served, Consumed, or Stored, and Areas Where Alcohol  Block this application, which floor or floors, or room or rooms, license is
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(g)1. Date of Birth:  (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under 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 / - // PM SAM - / PM  DECLAR  An officer of the organization, declares under penalties of law that the best of his/her knowledge and belief. Any person who knowingly p	(g)3. Email Phor  d, Served, Consumed, or Stored, and Areas Where Alcohol  Block  this application, which floor or floors, or room or rooms, license is  RATION  ne information provided in this application is true and correct to the
(g)1. Date of Birth:  (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under 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	d, Served, Consumed, or Stored, and Areas Where Alcohol Block this application, which floor or floors, or room or rooms, license is en information provided in this application is true and correct to the rovides materially false information in an application for a license  St. Pius X Parish  (Name of Organization)
(g)1. Date of Birth:  (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under 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 event4 - 11pm, /-//PM, &AM - /PM  DECLAR  An officer of the organization, declares under penalties of law that the best of his/her knowledge and belief. Any person who knowingly person who knowingly person be required to forfeit not more than \$1,000.  Officer  (Signature / Date)	(g)3. Email Phor  d, Served, Consumed, or Stored, and Areas Where Alcohol  Block  this application, which floor or floors, or room or rooms, license is  RATION  ne information provided in this application is true and correct to the rovides materially false information in an application for a license  St. Pius X Parish
(g)1. Date of Birth:  (g)2. Drivers License #  2. Location of Premises Where Beer and/or Wine Will Be Sol Beverage Records Will be Stored:  (a) Street number 500 W. Marquette St., Appleton WI 54917  (b) Lot  (c) Do premises occupy all or part of building? All  (d) If part of building, describe fully all premises covered under 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	d, Served, Consumed, or Stored, and Areas Where Alcohol Block this application, which floor or floors, or room or rooms, license is en information provided in this application is true and correct to the rovides materially false information in an application for a license  St. Pius X Parish  (Name of Organization)

License Type	# Available	# Issued	# Pending New Applications
Class "B" Fermented Malt Beverage / "Class B" Liquor License (Quota = 98)	9	89	
Class "B" Fermented Malt Beverage / RESERVE "Class B" Liquor License	34	28	9
"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.