



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, March 27, 2019

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[19-0403](#) Approval of minutes from previous meeting

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

4. **Public Hearings/Apearances**

5. **Action Items**

[19-0382](#) Class "B" Beer and "Class C" Wine application of Pinot's Palette, Located at 226 E. College Ave, Brianne Getchius, Agent, contingent upon approval from all departments.

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

[19-0385](#) Change of Agent application for Skyline Comedy Club, located at 1004 S. Olde Oneida St Suite 3.

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

[19-0386](#) Change of Agent application for The Viking Room at Lawrence University of Wisconsin, located at 615 E. College Ave, Appleton WI 54911

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

[19-0395](#) Operator's Licenses

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

[19-0401](#) Approval of single source purchase for a new ladder truck in January 2020.

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

[19-0412](#) Resolution #3-R-19 directing that Section 10-42 of the Municipal Code regarding truancy, be repealed

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

[19-0402](#) Special Class "B" License applications filed after the agenda was published.

## 6. Information Items

[19-0361](#) Special Events:  
Appleton Area Jaycees Easter Egg Hunt, Appleton Memorial Park, April 13, 2019  
American Cancer Society, Sole Burner 5k run/walk, City Park, May 11, 2019  
African Heritage Inc, Back to School Family Event, Telulah Park, August 17, 2019

[19-0400](#) Director's Report  
-City Clerk  
-Fire Chief  
-Police Chief

[19-0399](#) Police Department information on liquor law violation convictions.

## 7. Adjournment

*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, March 13, 2019

5:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

*The meeting was called to order by Alderperson Konetzke at 5:31 p.m.*

2. Roll call of membership

**Present:** 4 - Konetzke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

3. **Approval of minutes from previous meeting**

[19-0348](#)

Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 3-6-19.pdf](#)

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

**Aye:** 4 - Konetzke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

4. **Public Hearings/Appearances**

5. **Action Items**

[19-0357](#)

Class "B" Beer and Reserve "Class B" Liquor application of Christianos Pizza, Located at 2400 Kensington Dr, Paul Wise, Agent, contingent upon approval from all departments.

**Attachments:** [Liquor License-Christianos Pizza.pdf](#)

**Siebers moved, seconded by Reed, that the Liquor License be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

[19-0339](#)

Special Class "B" Beer/Wine License application for Appleton Downtown Inc Summer Music Concert Series, Jennifer L. Stephany, Person in Charge, Thursdays from May 30, 2019 through August 29, 2019, contingent upon approval from all departments

**Attachments:** [Summer music concert series S&L 3-13-19.pdf](#)

**Siebers moved, seconded by Reed, that the Special Class "B" License be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konezke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

[19-0343](#)

Operator's Licenses

**Attachments:** [Operator's Licenses for 3-13-19 S & L.pdf](#)

**Siebers moved, seconded by Williams, that the Operator Licenses be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konezke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

[19-0359](#)

Cigarette and Tobacco License application for The Factory, Eugene Rice, Agent, 508 W. College Ave.

**Attachments:** [The Factory S&I.pdf](#)

**Siebers moved, seconded by Konezke, that the Cigarette/Tobacco License be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konezke, Williams, Reed and Siebers

**Excused:** 1 - Lobner

[19-0356](#)

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

*No applications were filed.*

## 6. Information Items

[19-0322](#)

Special Events:  
Appleton Downtown, Inc., Mini Golf on the Town, Downtown participating establishments, April 6, 2019  
Snowdrop Foundation Wisconsin, Apple Creek 50k, Apple Creek Road and approved route, April 27, 2019  
Edison Elementary PTA, Edison Family Fun Run, Edison Elementary School, May 18, 2019

[19-0345](#)

Director's Reports:  
City Clerk  
-Staffing Update  
-Granicus Ipad Transition  
-Spring Election Reminders  
Fire Chief  
-Sole Source Request to Purchase New Ladder Truck in January 2020  
Police Chief  
-Staffing Update  
-Preliminary 2018 Crime Numbers  
-Update on Behavioral Health Officer position

**Attachments:**     [Memorandum 3-13-19.pdf](#)

[19-0355](#)

Police Department information on liquor law violation convictions.

7.     Adjournment

**Williams moved, seconded by Siebers, that the meeting be adjourned at 6:13 p.m. Roll Call. Motion carried by the following vote:**

**Aye:**    4 -    Konezke, Williams, Reed and Siebers

**Excused:**    1 -    Lobner

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 19 ;  
 ending JUNE 30 20 \_\_\_\_\_

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

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

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

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

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

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

| Title                 | Name (Last, First, M.I.) | Home Address                    | Post Office & Zip Code |
|-----------------------|--------------------------|---------------------------------|------------------------|
| President/Member      | GETCHIUS, BRIANNE M      | 208 E CIRCLE STREET APPLETON WI | 54911                  |
| Vice President/Member |                          |                                 |                        |
| Secretary/Member      |                          |                                 |                        |
| Treasurer/Member      |                          |                                 |                        |
| Agent                 | <u>Brianne Getchius</u>  |                                 |                        |
| Directors/Managers    |                          |                                 |                        |

3. Trade Name PINOT'S PALETTE Business Phone Number \_\_\_\_\_

4. Address of Premises 226 E COLLEGE AVE Post Office & Zip Code APPLETON 54911

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2800 sq ft 2 room art studio

10. Legal description (omit if street address is given above): \_\_\_\_\_

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

(b) If yes, under what name was license issued? AMY DUFFEY / ARTFUL EXPRESSIONS LLC

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

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

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

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

Brianne Getchius  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

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

| Applicant's WI Seller's Permit No.:   FEIN Number: _____ |                       |
|--|-----------------------|
| LICENSE REQUESTED  |                       |
| TYPE   | FEE                   |
| <input type="checkbox"/> Class A beer                    | \$ _____              |
| <input checked="" type="checkbox"/> Class B beer         | \$ <u>100-</u>        |
| <input checked="" type="checkbox"/> Class C wine         | \$ <u>100-</u>        |
| <input type="checkbox"/> Class A liquor                  | \$ _____              |
| <input type="checkbox"/> Class A liquor (cider only)     | \$ N/A                |
| <input type="checkbox"/> Class B liquor                  | \$ _____              |
| <input type="checkbox"/> Reserve Class B liquor          | \$ _____              |
| <input type="checkbox"/> Class B (wine only) winery      | \$ _____              |
| Publication fee  | \$ <u>27</u>          |
| <b>TOTAL FEE</b>   | <b>\$ <u>227-</u></b> |



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: Brianne  
Getchius

2. Name of Business: Pinot's Palette

3. Address of Business: 226 E College Ave Appleton WI  
54911

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes \_\_\_\_\_ No X  
 AND/OR been convicted of a felony? Yes \_\_\_\_\_ No X  
 If yes to either question, please explain in detail: \_\_\_\_\_

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

|                                     |          |                 |               |
|-------------------------------------|----------|-----------------|---------------|
| <u>Brianne</u>                      | <u>M</u> | <u>Getchius</u> |               |
| <u>10</u> / <u>04</u> / <u>1984</u> |          |                 |               |
| First name                          | Initial  | Last name       | Date of Birth |

|                                   |         |           |               |
|-----------------------------------|---------|-----------|---------------|
| <u>  </u> / <u>  </u> / <u>  </u> |         | <u>  </u> |               |
| First name                        | Initial | Last name | Date of Birth |

|                                   |         |           |               |
|-----------------------------------|---------|-----------|---------------|
| <u>  </u> / <u>  </u> / <u>  </u> |         | <u>  </u> |               |
| First name                        | Initial | Last name | Date of Birth |

|                                   |         |           |               |
|-----------------------------------|---------|-----------|---------------|
| <u>  </u> / <u>  </u> / <u>  </u> |         | <u>  </u> |               |
| First name                        | Initial | Last name | Date of Birth |

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

Name: Amy L Duffey

Address: W 6310 Rocky Mountain Drive

City, State, Zip: Greenville WI 54942

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

Same name, and same nature of business as current

8. Are alcohol sales an existing use in this building? Yes X No \_\_\_\_\_  
If no, When did the operation cease? \_\_\_\_\_ months ago.

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_ No X \_\_\_\_\_  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes \_\_\_\_\_ No X \_\_\_\_\_

11. Seating capacity: Inside 64  
Outside \_\_\_\_\_

12. Operating hours: Varies based on class schedule

13. Number of floor personnel 1 Number of door checkers \_\_\_\_\_

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

2800 square feet, 2 room art studio offering

art education classes to the public and for private events.

Offering wine and beer sales on premises only.

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Date 3/13/19

Signature 

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

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Bark Entertainment LLC  
*(registered name of corporation/organization or limited liability company)*

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Skyline Comedy Club  
*(trade name)*

located at 1004 S. Olde Oneida St Suite Three

appoints Bridget Friel  
*(name of appointed agent)*  
2211 N. Appleton St Appleton, WI 54915  
*(home address of appointed agent)*

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2 Years

Place of residence last year Appleton, WI

For: BARK Entertainment LLC  
*(name of corporation/organization/limited liability company)*

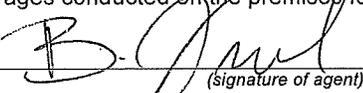
By:   
*(signature of Officer/Member/Manager)*

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

**ACCEPTANCE BY AGENT**

I, Bridget Friel, hereby accept this appointment as agent for the  
*(print/type agent's name)*

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 3/12/19 Agent's age \_\_\_\_\_  
*(signature of agent)* *(date)*  
2211 N. Appleton St Appleton, WI 54915 Date of birth \_\_\_\_\_  
*(home address of agent)*

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

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|  |  |                             |                              |                                   |                       |
|--|--|-----------------------------|------------------------------|-----------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Friel</u> |  | (first name) <u>Bricket</u> |                              | (middle name) <u>L</u>            |                       |
| Home Address (street/route) <u>2211 N. Appleton St</u>         |  | Post Office                 | City <u>Appleton</u>         | State <u>WI</u>                   | Zip Code <u>54911</u> |
| Home Phone Number <u>(406) 370-6311</u>                        |  | Age <u>24</u>               | Date of Birth <u>8/14/94</u> | Place of Birth <u>Hancock, MI</u> |                       |

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

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

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

- How long have you continuously resided in Wisconsin prior to this date? 1.5 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

|  |  |                                   |                        |
|--|--|-----------------------------------|------------------------|
| Employer's Name<br><u>Skyline Comedy Club</u>    | Employer's Address<br><u>1004 S Old Oneida St.</u> | Employed From<br><u>Oct. 2017</u> | To<br><u>current</u>   |
| Employer's Name<br><u>Elass Nickel Pizza Co.</u> | Employer's Address<br><u>2120 W. College Ave</u>   | Employed From<br><u>Aug 2017</u>  | To<br><u>Nov. 2018</u> |

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

B. Friel  
(Signature of Named Individual)

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as THE VIKING ROOM  
(trade name)

located at 615 E. College Ave Appleton, WI 54911

appoints GREGORY L. GRIFFIN  
(name of appointed agent)

522 N. Union St. Appleton, WI 54911  
(home address of appointed agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No but has completed  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 10.5 years

Place of residence last year 522 N. Union St. Appleton, WI 54911

For: Lawrence University of Wisconsin  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, GREGORY L. GRIFFIN  
(print/type agent's name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 3/6/19  
(signature of agent) (date)  
522 N. Union St. Appleton, WI 54911  
(home address of agent)

Agent's age       
Date of birth     

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

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|  |  |                             |                               |                                 |                       |
|--|--|-----------------------------|-------------------------------|---------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Griffin</u> |  | (first name) <u>Gregory</u> |                               | (middle name) <u>Laird</u>      |                       |
| Home Address (street/route) <u>522 N. Union St.</u>              |  | Post Office                 | City <u>Appleton</u>          | State <u>WI</u>                 | Zip Code <u>54911</u> |
| Home Phone Number <u>319 389 1705</u>                            |  | Age <u>61</u>               | Date of Birth <u>02/24/58</u> | Place of Birth <u>ELGIN, IL</u> |                       |

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

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

Gregory L. Griffin of Lawrence University of WI  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

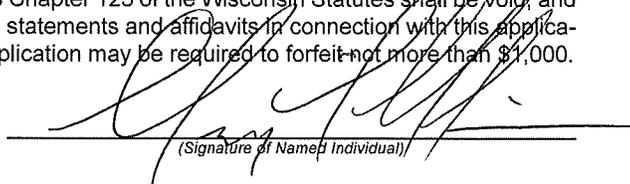
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 10.5 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

|   |   |                              |                   |
|---|---|------------------------------|-------------------|
| Employer's Name<br><u>Coe College</u>           | Employer's Address<br><u>1st Ave Cedar Rapids, IA</u> | Employed From<br><u>1999</u> | To<br><u>2008</u> |
| Employer's Name<br><u>Mount Senario College</u> | Employer's Address<br><u>Lady Smith, WI</u>           | Employed From<br><u>1998</u> | To<br><u>1999</u> |

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

  
(Signature of Named Individual)

Operator's Licenses for 3/27/19 S & L

Approved

- |                           |  |
|---------------------------|--|
| 1. Christopher M. Carlson | 305 S Midpark Dr Appleton, WI 54915          |
| 2. Enya L. Carter         | 105 W 6 <sup>th</sup> St Kaukauna, WI 54130  |
| 3. Brandon A. Conn        | 2821 S Wheatfield Dr Appleton, WI 54915      |
| 4. Trevor W. Griesbach    | 707 Roosevelt St Kaukauna, WI 54130          |
| 5. Elena Hernandez        | 62 Five Oaks Dr Menasha, WI 54952            |
| 6. Sara V. Koopman        | 622 S Commercial St Neenah, WI 54956         |
| 7. Michelle M. Lieber     | 431 E Summer St Appleton, WI 54911           |
| 8. Lisa J. Lux            | 420 W Northland Ave #104 Appleton 54911      |
| 9. Jailene Rodriguez      | 711 E Boldt Way SPC1302 Appleton 54911       |
| 10. Joseph D. Roffey      | 1626 E Schaefer Cir Apt 4 Appleton 54915     |
| 11. Codie M. Schachner    | 1357 W 4 <sup>th</sup> St Kimberly, WI 54136 |
| 12. Sharma Saraswati      | 606 W Main St Hilbert, WI 54129              |
| 13. Natalie A. Tiede      | 56 De Pere St Menasha, WI 54952              |



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

**APPLETON FIRE DEPARTMENT  
700 N. DREW STREET  
APPLETON, WI 54911**

## **MEMORANDUM**

**To:** Alderperson Kathy Plank, Finance Committee  
Alderperson Kyle Lobner, Safety and Licensing Committee  
Members of the Common Council

**From:** Jeremy J. Hansen, Fire Chief

**Date:** March 6, 2019

**Re:** Authorization to Purchase an Aerial Ladder – Single Source

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The Appleton Fire Department (AFD) is requesting to purchase an aerial ladder from Fire Apparatus and Equipment (FAE), which is the local vendor for Pierce Manufacturing. The purchase would take place in January 2020 through the Central Equipment Agency's (CEA) replacement funding and it may take 6-9 months to construct the vehicle. Apparatus specifications are being developed by an internal committee comprised of fire department members of various ranks and a CEA mechanic. This process can take several months. This work is technical in nature and a single source vendor will have the knowledge and ability to customize the aerial ladder to meet the specific needs of the AFD.

Experience has proven purchasing fire trucks from Pierce Manufacturing has provided exceptional pricing. The AFD has garnished better pricing by single sourcing the vendor for multiple vehicle purchases. In addition to this request, the AFD will be purchasing an engine in 2020 which is the last vehicle in a four fire truck single source agreement. Additionally, we have another fire truck in the capital improvement plan in 2021.

The department has identified that standardizing our fleet will improve maintenance and consistency for personnel moving from station to station. While the fire department seeks to single source this purchase and potential future purchases, the final purchase recommendation will still come before the Safety and Licensing Committee and the Common Council for approval.

The AFD has a long-standing relationship with Pierce Manufacturing and has seen the innovation, cooperation, improved pricing and their direct involvement in the growth of our City. When the department encounters issues with a fire truck, Pierce Manufacturing is extremely responsive to our needs, including taking parts off the assembly line to assist us with keeping our trucks in service. Historically, Pierce Manufacturing has supported many community-wide initiatives, including the City of Appleton Flag Day parade. Hundreds of employees working for Pierce Manufacturing live in the City of Appleton and our surrounding communities. For all these reasons, the AFD seeks authorization to single source the future purchase of our aerial ladder with FAE, our local Pierce Manufacturing vendor.

Please feel free to contact me with any questions.

*"Appleton Fire Department....serving with P.R.I.D.E."*

**#3-R-19**  
**Repealing the Truancy Ordinance**

March 20, 2019

Submitted By: Alderperson William J. Siebers, District 1

Referred To: Safety & Licensing Committee

Whereas, the City of Appleton has through the City Attorney's office and the Appleton Police Department, been a partner with the school district in addressing truancy issues and,

Whereas, the City's authority to deal with truancy issues is outlined in Section 10-42 of the City Code and is referenced by Wisconsin State Statute chapter 118, and at times is done by punitive means,

Whereas, the Honorable James Morrison – Chief Judge of the 8<sup>th</sup> Judicial District – in his letter dated January 3, 2019 to the Appleton Area School District administration, announcing that judges in the 8<sup>th</sup> Judicial District would no longer be a part of the truancy court, stated that preventing truancy is fundamentally the responsibility of educational officers and best handled by the school district and,

Whereas, the Appleton Area School District would retain the ability to issue truancy citations under state law where city ordinance Section 10-42 is repealed and,

Whereas, truants in a national student truancy survey cited boredom, loss of interest in school, irrelevant courses, suspensions, bad relationships with teachers, struggles academically, not having friends who are attending school regularly, seeing no reason for attending school, and feeling socially isolated in school for not attending classes and most educators believing that family problems cause chronic truancy and,

Whereas, the fact that the School District and Human Social Services can deal with these issues without punitive measures, which are asked to be carried out by the Police Department and City Attorney's office,

Therefore Be It Resolved, that City Ordinance Section 10-42, dealing with truancy be repealed.