



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, February 10, 2021

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  
[21-0163](#) Minutes from Jan 27th, 2021 meeting.

**Attachments:** [S & L Minutes 1-27-21.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

[21-0147](#) Class "A" Beer License application for Kedaar LLC d/b/a Appleton Clark, Lekha Timilsaina, Agent, located at 1200 W Wisconsin Ave, contingent upon approval from all departments.

**Attachments:** [Appleton Clark.pdf](#)

[21-0142](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, for May 5, 2021, contingent upon approval from all departments.

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

[21-0165](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Apollon II LLC d/b/a Apollon, Tara E. Ziebell, New Agent, located at 207 N Appleton St, contingent upon approval from Appleton Police Department.

**Attachments:** [Tara E Ziebell S&L.pdf](#)

[21-0148](#) Cigarette License application for Kedaar LLC d/b/a Appleton Clark, located at 1200 W Wisconsin Ave.

**Attachments:** [Appleton Clark S&L.pdf](#)

[21-0149](#) Cigarette License application for M.D. Tobacco & Snacks LLC d/b/a M.D. Tobacco & Snacks, located at 1415 W Kamps Ave #4.

**Attachments:** [M.D. Tobacco & Snacks S&L.pdf](#)

**6. Information Items**

[21-0164](#)

Director's Reports

-City Clerk

-Fire Chief

Annual Report Review

AFD Response to Fox River Mall Shooting

-Police Chief

APD Response to Fox River Mall Shooting

*Attachments:* [2020 AFD Annual Report.pdf](#)

[21-0124](#)

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.*



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## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, January 27, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Roll call of membership

*Aldersperson Reed arrived at 5:31 p.m.*

**Present:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

3. Approval of minutes from previous meeting

[21-0112](#)

Approval of minutes from previous meeting.

**Attachments:** [S & L Minutes 1-13-21.pdf](#)

**Lobner moved, seconded by Van Zeeland, that the Minutes be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Siebers, Lobner, Schultz and Van Zeeland

**Excused:** 1 - Reed

4. Public Hearings/Appearances

5. Action Items

[21-0116](#)

Recommendation to deny the Operator License for Robert Budrick.

**Attachments:** [RobertBudrickApplication.pdf](#)  
[RobertBudrickDenialLetter.pdf](#)

**Lobner moved, seconded by Reed, that the Recommendation to deny the license be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0123](#)

Reserve "Class B" Liquor and Class "B" Beer License Change of Agent application for Fox River Boat Holding Co. LLC d/b/a River Tyme Bistro, Candice Mortara, New Agent, located at 425 W Water St Unit 100, contingent upon approval from Appleton Police Department.

**Attachments:** [Candice Mortara S&L.pdf](#)

**Lobner moved, seconded by Van Zeeland, that the Change of Agent be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0122](#)

Request to Temporarily Modify the Special Event Policy related to Extending Application Fee Carryover due to COVID-19

**Attachments:** [Memo- Special Event Fee Carryover Extension.pdf](#)

**Schultz moved, seconded by Lobner, that the Temporary Modification to the Policy be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

## 6. Information Items

[21-0117](#)

Correction of Ward Designation for Sequoia Drive Annexation-Ordinance #104-20 to include the portion of the road & right-of-way formerly in the Town of Grand Chute to be in existing Ward 39

**Attachments:** [Sequoia Drive Annex - Ward Split Map.pdf](#)

[21-0113](#)

Directors Reports

1. City Clerk
  - Spring Primary Election Reminders
  - New Deputy Clerk
2. Police Chief
  - Lexipol Policy Management Program Update
3. Fire Chief
  - Covid-19 Vaccinations
  - Hiring Process Updates
  - NIOSH LODD Report (see attached)

**Attachments:** [NIOSH LODD Report.pdf](#)

**These items were presented**

## 7. Adjournment

**Lobner moved, seconded by Schultz, that the meeting be adjourned at 5:58 p.m. Roll Call. Motion carried by the following vote:**



**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06/30/2021  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 28</u>
<b>TOTAL FEE</b>	\$ <u>288</u>

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

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

President / Member Last Name <u>Timilsaina</u>	(First) <u>Lekha</u>	(Middle Name) <u>Nath</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1315 B 22nd Street Two Rivers WI-54241</u>
Vice President / Member Last Name <u>Adhikari</u>	(First) <u>Manav</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2210 meadowland Dr. Sheboygan, WI</u>
Secretary / Member Last Name <u>Thapa</u>	(First) <u>Ganesh</u>	(Middle Name) <u>Bahadur</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2618 Georgia Avenue Apt 115 Sheboygan WI 53081</u>
Treasurer / Member Last Name <u>Joshi</u>	(First) <u>Bashudev</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1418 Wisconsin Ave Sheboygan WI 53081</u>
Agent Last Name <u>Timilsaina</u>	(First) <u>Lekha</u>	(Middle Name) <u>Nath</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1315 B 22nd Street Two Rivers WI-54241</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Appleton Clark Business Phone Number \_\_\_\_\_

2. Address of Premises 1200 W. Wisconsin Ave Post Office & Zip Code 54914

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

Convenience store and walk in cooler

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

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

(b) If yes, under what name was license issued? Kedar LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 have recent expired alcohol licenses

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

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Krishna Food Mart LLC  
 3337 Mishicot Rd. Two Rivers WI 54241

9. (a) Corporate/limited liability company applicants only: Insert state WI and date Jan 2021 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Krishna Food Mart LLC  
 3337 Mishicot Rd. Two Rivers WI 54241

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No  
 11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No  
 12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>Timilsaina Lekha N.</u>	Title/Member <u>Manager</u>	Date <u>02/02/21</u>
Signature 	Phone Number 	Email Address 

**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	



# City of Appleton Liquor License Questionnaire

1. Name of Applicant: Lekha nath Timilsaina

2. Name of Business: Kedgar LLC

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

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

3. Address of Business: 1200 W Wisconsin Ave Appleton, WI 54914

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

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

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

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

First name	M.I.	Last name	Date of Birth
<u>Manav</u>		<u>Adhikari</u>	● / ● / ●●●●
<u>Lekha</u>	<u>Nath</u>	<u>Timilsaina</u>	● / ● / ●●●●
<u>Bashudev</u>		<u>Joshi</u>	● / ● / ●●●●
<u>Ganesh</u>	<u>Bahadur</u>	<u>Thapa</u>	● / ● / ●●●●

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

Name: Hardeep Auxora  
First name Middle Initial Last name

Address: 1200 W Wisconsin Ave Appleton WI 54911  
City State ZIP

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

Name: Appleton BP (Gas Station)

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside line Outside —

11. Operating hours (Inside the building): 6 AM to 10 PM  
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 2 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: 28/28 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: — square feet.
- c. Below, identify the operational details of the proposed establishment:

convenience store and walk in cooler

[Signature]  
Signature

02/02/2024  
Date



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

**FEES ARE NON-REFUNDABLE**

Date Recv'd \_\_\_/\_\_\_/\_\_\_

License Fee \$10.00/event

Acct: CLCAGP

Receipt \_\_\_\_\_

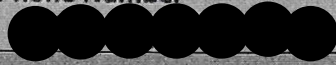
# REQUEST for Beer/Liquor License Premise Amendment

## SECTION 1 - LICENSE INFORMATION

Name of Establishment Sangria's Mexican Grill

Address of Establishment 215 S Memorial Appleton, WI 54911

Name of Agent Sarah Gregory

Phone Number  


## SECTION 2 - PREMISE AMENDMENT

Please describe the change in premises:

\*A drawing/diagram of the proposed area must also be submitted with this application\*

We close off part of the parking lot & throw an outdoor party with outdoor taqueria.

Is this change Permanent?

YES

NO

If this is temporary please specify the reason for the amendment:

annual May 5th (cinco de mayo) celebration.

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

May 5, 2021 10am-10pm

## SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Sarah Gregory

## FOR OFFICE USE ONLY

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





Feet

0

10

20

30

40

10

20

10

Total Area of Alcohol Consumption 1026 sq. ft.

ADA Parking

NORTH



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Ziebell		Tara		Elizabeth	
Home Address (street/route)		Post Office	City	State	Zip Code
609 N. Drew St			Appleton	WI	54911
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]		

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.
- Agent of Apollon II LLC.  
(Office / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

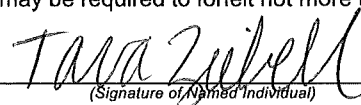
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 4 yrs.
- 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 <u>Apollon</u>	Employer's Address <u>207 N. Appleton St</u>	Employed From <u>6/19</u>	To <u>Now</u>
Employer's Name <u>Houdini's</u>	Employer's Address <u>1216 S. Onieda</u>	Employed From <u>1/18</u>	To <u>6/19</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)



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Apollon 11 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 \_\_\_\_\_  
(Trade Name)  
located at 207 N. Appleton St. Appleton, WI 54911

appoints Tara Ziebell  
(Name of Appointed Agent)  
609 N. Drew St. Appleton, WI 54911  
(Home Address of Appointed Agent)

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

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

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

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

Place of residence last year 609 N. Drew St Appleton, WI 54911

For: Apollon  
(Name of Corporation / Organization / Limited Liability Company)

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

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

### ACCEPTANCE BY AGENT

I, Tara Ziebell, 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.

Tara Ziebell  
(Signature of Agent)  
609 N. Drew St. Appleton, WI 54911  
(Home Address of Agent)

Agent's age 22  
Date of birth 08/15/94

### 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)

rec 1754-001  
2-2-21

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Kedar LLC</b>		Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name) <b>Appleton Clark</b>		Telephone Number 	
Business Address (License Location) <b>1200 W Wisconsin Ave</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone ( )
Municipality	State <b>WI</b>	Zip Code <b>54914</b>	County <b>of: Appleton</b>
Mailing Address (if different than Business Address)		Municipality	State <b>WI</b> Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe)    LLC

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**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 applicant. Applicant agrees 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.

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

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) M.D Tobacco & Snacks, LLC		Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name) M.D Tobacco & Snacks		Telephone Number 	
Business Address (License Location) 1415 West Kamps Ave #4		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Business Telephone (920) 381-5997
Municipality	State WI	Zip Code 54914	County outagamie
Mailing Address (if different than Business Address) 331 N pine st Kimbely		Municipality	State WI
			Zip Code 54136

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) \_\_\_\_\_
- Wisconsin Corporation – Enter date incorporated: 1/24/21
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**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 applicant. Applicant agrees 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.

\_\_\_\_\_  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Appleton Fire Department



Annual Report

# Welcome

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It is my pleasure to present the 2020 Appleton Fire Department Annual Report. We are honored to welcome and serve each citizen and visitor in our community. We are extremely proud to provide the highest level of fire, emergency medical, hazardous materials and technical rescue emergency response. Coupled with our robust fire inspection and prevention programming, the Appleton Fire Department lives out our mission of protecting the community with exceptional service. As our community continues to grow and our environment changes, our responsibility to provide the highest level of service is unyielding. The Appleton Fire Department, and the services we provide, will continue to adapt to effectively meet the challenges found within our community.

A handwritten signature in black ink, appearing to read 'J Hansen'.

Jeremy J Hansen  
Fire Chief

## Mission:

With our partners, the Appleton Fire Department protects the community with exceptional service.

## Vision:

Pursuing excellence and enhancing the quality of life in Appleton and our regional community.

## Core Values:

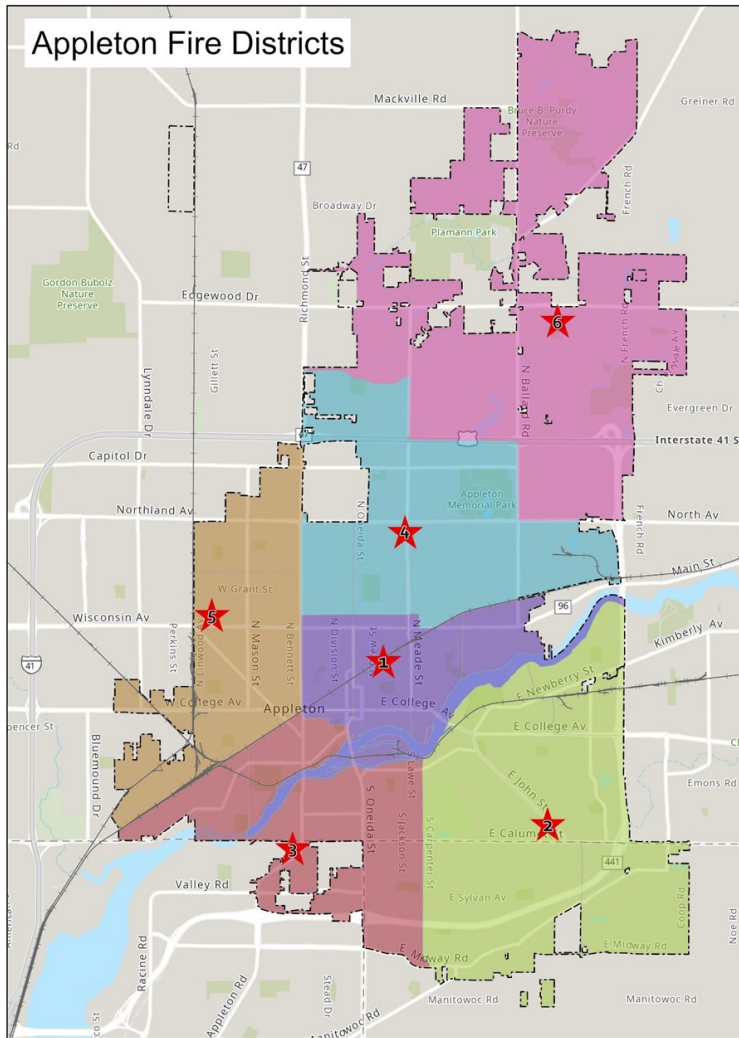
- P** Partnership
- R** Respect
- I** Integrity
- D** Diversity
- E** Excellence



In 2020 AFD took delivery of a 2020 Pierce Aerial Truck (pictured) at a total cost of \$1,065,750.

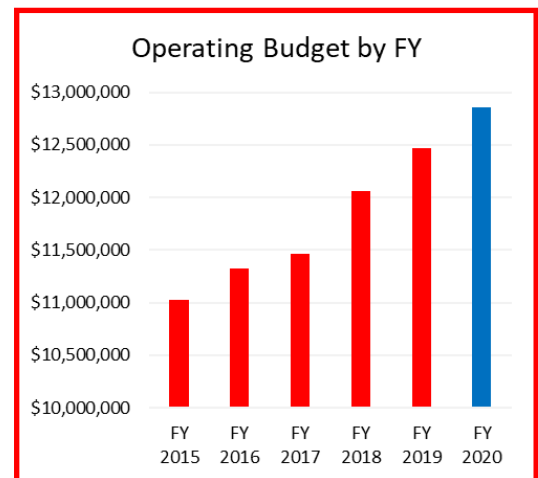


# Fire Department Information

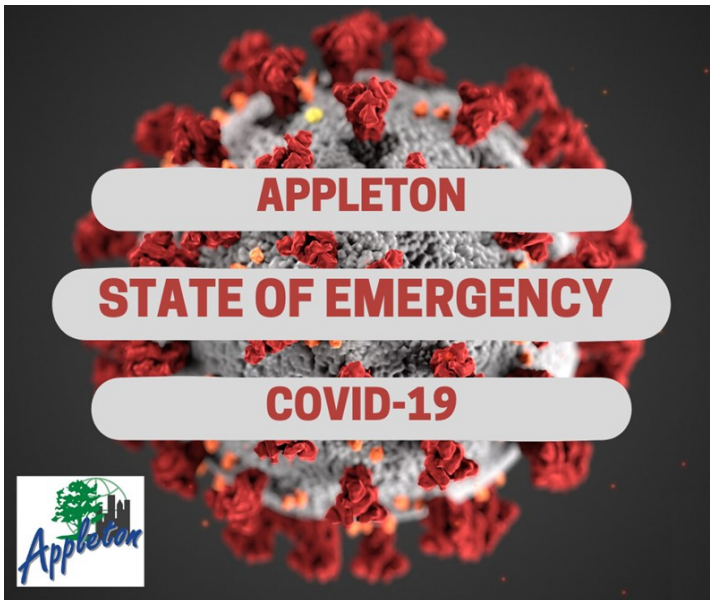


<b>Total Calls</b>	<b>5,909</b>
<b>Total Fires</b>	<b>135</b>
Structure Fires	57
Vehicle Fires	10
Brush/Grass Fires	6
Other Fires	62
<b>Overpressure/Overheat</b>	<b>50</b>
<b>Total EMS and Rescue Calls</b>	<b>4,320</b>
EMS Calls	4,099
Vehicle Accidents with Injuries	93
Other Medical Incidents	128
<b>Total Hazardous Conditions</b>	<b>276</b>
<b>Total Service Calls</b>	<b>283</b>
<b>Total Good Intent Calls</b>	<b>348</b>
<b>Total False Alarms</b>	<b>490</b>
Malicious False Alarms	14
System Malfunction	156
Unintentional False Alarms	263
Other False Alarms	57
<b>Total Severe Weather/ Natural Disaster</b>	<b>2</b>
<b>Total Special Incident Type</b>	<b>5</b>

Operating Budget FY 2020		
Program Area	Cost (\$)	% of Budget
Fire Suppression	\$9,461,388	73.59%
Fire Prevention	\$1,307,288	10.17%
Emergency Medical Services	\$686,893	5.34%
Administration	\$554,902	4.32%
Technical Services	\$419,967	3.27%
Resource Development	\$260,653	2.03%
Special Operations	\$165,418	1.29%
<b>Total</b>	<b>\$12,856,509</b>	<b>100%</b>



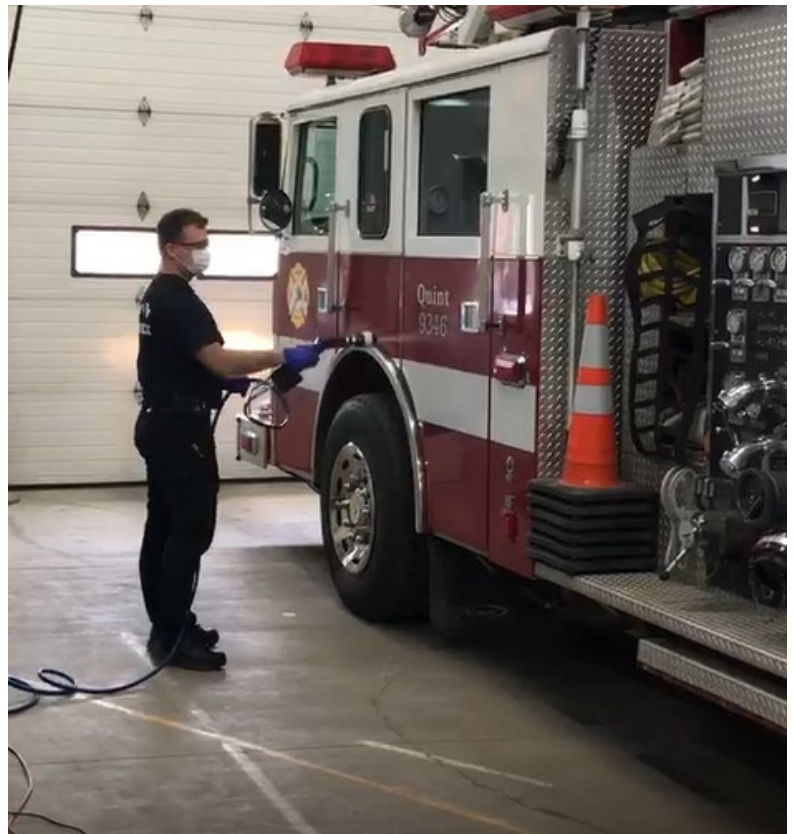
# COVID-19



COVID-19 brought significant challenges to the Appleton Fire Department. It significantly changed operations in emergency response and fire prevention. Despite the added safety measures, including decontaminating all equipment after each response, there was not a significant increase in time dedicated to each response. Compared to 2019 data, average on scene times were reduced by over nine minutes in 2020; however, the increased disinfection of equipment left overall call times similar.

Fire prevention saw a reduction in inspections and every public education event after February cancelled. Prevention methods then focused on social media and other safe ways to educate the public on fire and life safety.

Several members of the department, including administrative and civilian prevention staff, worked from home for a significant portion of the year.





# Significant Events

- ◆ 1/13 N. Richmond Sprinkler Save Fire
- ◆ 2/13 W. Pine St. Fire
- ◆ 2/22 W. Wisconsin Fire
- ◆ 6/20 W. Eighth St. Fire
- ◆ 8/18 Hancock St. Fire
- ◆ September Fox River Victim Recovery
- ◆ 9/26 W South St. Arson Fire
- ◆ 9/27 - 10/4 Light the Night
- ◆ 10/22 Fuji Ct. Gas Leak Fire
- ◆ 11/6 Fox River Water Rescue
- ◆ 11/28 Clark Street Fatal Fire





# Fire Suppression Division

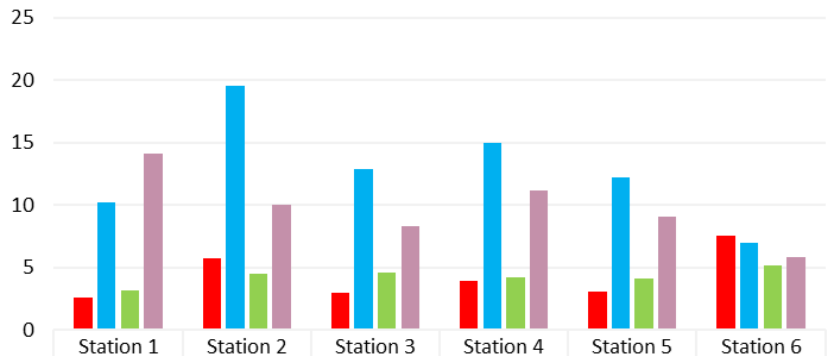


Ryan Weyers  
Deputy Chief

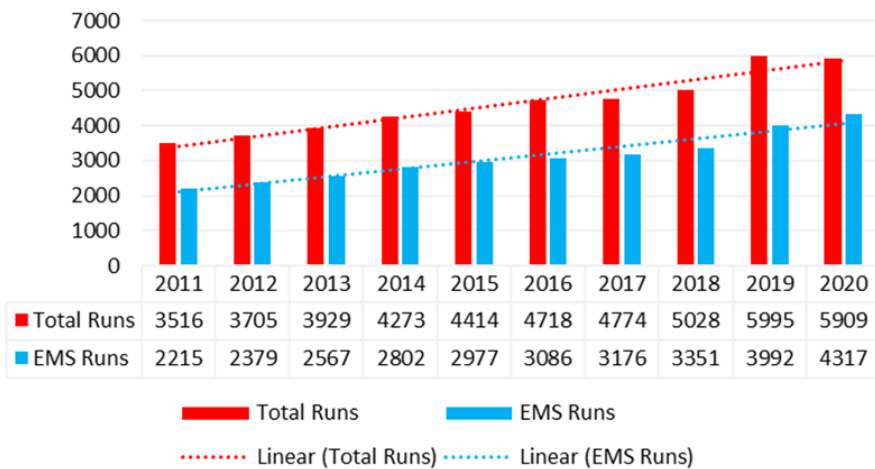
The Appleton Fire Department Suppression Division provides 24/7/365 emergency service to the City of Appleton residents along with regional partnerships for automatic aid for fire response with Grand Chute and mutual aid with agencies in Outagamie, Winnebago, and Calumet Counties. The Fire Suppression Division of the Appleton Fire Department is the largest division of the department and is under the direct supervision of Deputy Fire Chief Ryan Weyers. This division is charged with enhancing the quality of life to our community by providing a safe and healthy environment through our response. The Appleton Fire Department operates out of six strategically located fire stations throughout the city. Each of these stations has a designated fire district. The department is organized into five Engine companies, one Ladder company, one Quint company, and one Command vehicle. Trained personnel also cross-staff a technical rescue unit, two water rescue boats, a rapid response light rescue unit, and a regional hazardous materials unit. The Appleton Fire Department also utilizes management staff to serve additional command roles during emergency incidents.



Fire District Information



10 Year Call Volume



# Special Operations



Doug Vrechek  
Battalion Chief

Hazardous materials training has migrated to more tabletop exercises, and the team continues to respond to the general incidents. The “protect yourselves from the environment” mentality has suited the Haz Mat team well this year. The experience in personal protective equipment (PPE) has benefited many.

Technical rescue calls include a confined space rescue in the Village of Freedom, and the structural shoring of several buildings damaged by fire or vehicle accidents. Water rescues continue to represent many of these types of calls, and this year was no exception.

Training in all the technical rescue disciplines has progressed well. The Appleton Fire Department is adding personnel to these special assignments as outside training opportunities open up. The firefighter numbers are sufficient in these specialties, and those tasked with this responsibility continue to take a leadership role in these events.





# Resource Development



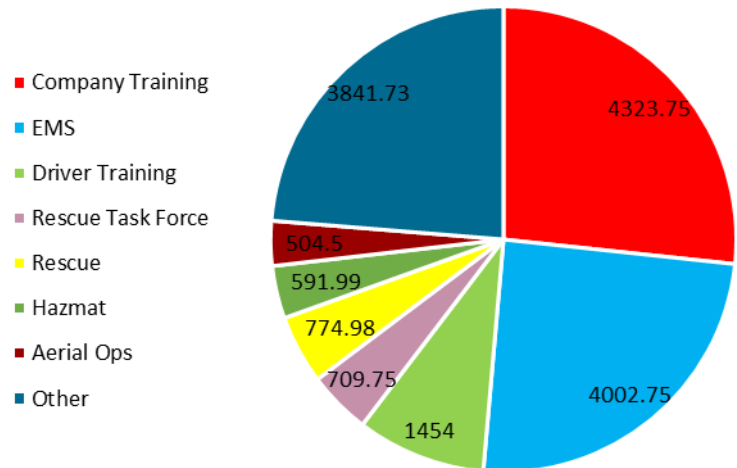
Doug Vrechek  
Battalion Chief

In 2020, the Appleton Fire Department added five new members, pushing them through a rigorous six-week recruit academy. Their training continues on the job, as the last group of four recruits, hired in 2019, finish up their probationary period.

The department has learned to train in smaller groups and have focused on training that is more isolation friendly, rather than decrease the amount of training. The Appleton Fire Department has taken advantage of resources like Target Solutions, a web-based training platform, as well as many online opportunities. As we have pushed our crews onto distance learning venues, we've been able to take advantage of staying closer to our assigned fire districts, a new practice that will continue after the pandemic, to help with our response times.

- ◆ Total Training Hours: 16,203.45
- ◆ Average Hours per Person: 180.03
- ◆ Total Categories: 135
- ◆ Total Training Entries: 9,616
- ◆ Average Time per Training: 1hr 41min

Training Hours by Category



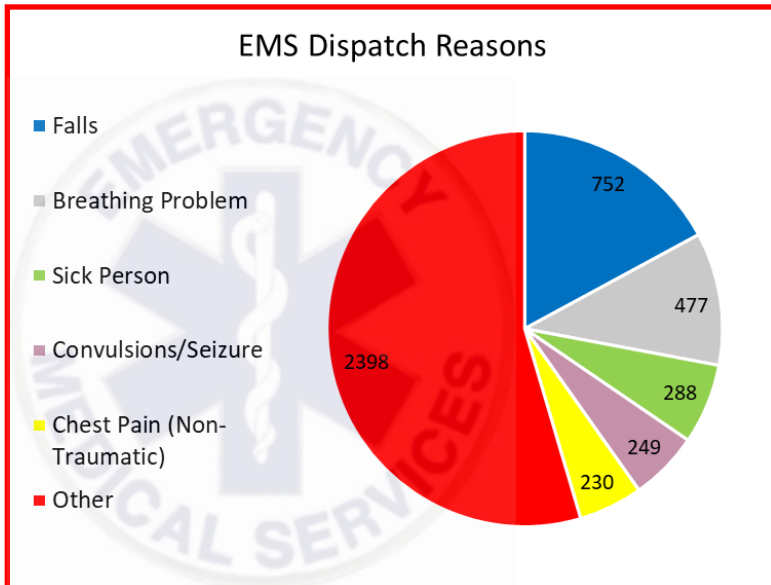
# Emergency Medical Service



Doug Vrechek  
Battalion Chief

This year, the department continues to commit to enhanced Emergency Medical Service (EMS) delivery. The Appleton Fire Department finished our second class of current firefighters, advancing their skills from Emergency Medical Responder (EMR) to Emergency Medical Technician (EMT), allowing additional skills and procedures to be provided to patients. The application to advance the current scope of practice was also approved, now the department will provide EMT service to our community starting January 1, 2021. The Fire Department staff has also been bolstered with additional paramedics.

The Tactical EMS (TEMS), also known as SWAT personnel recently received a letter of appreciation from the Aurora, IL Police Department, for their direct involvement in the apprehension of two attempted murder suspects in our community. The department's TEMS template is regarded as a model for other teams to emulate. This partnership with Appleton Police Department flourishes.



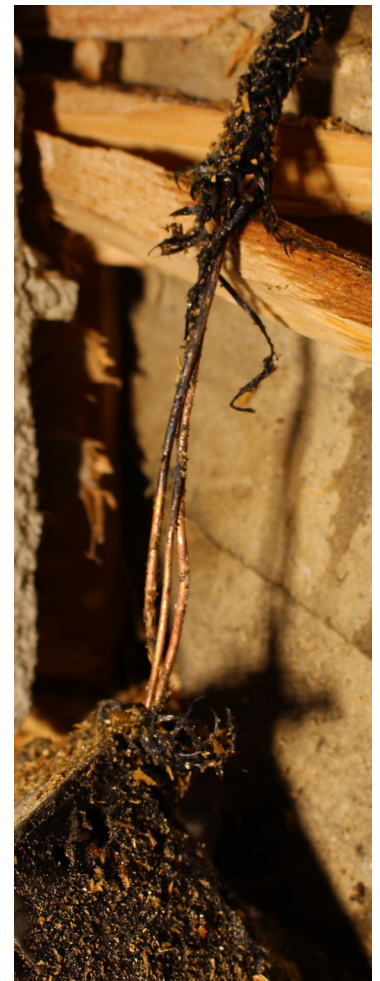


# Prevention & Public Education

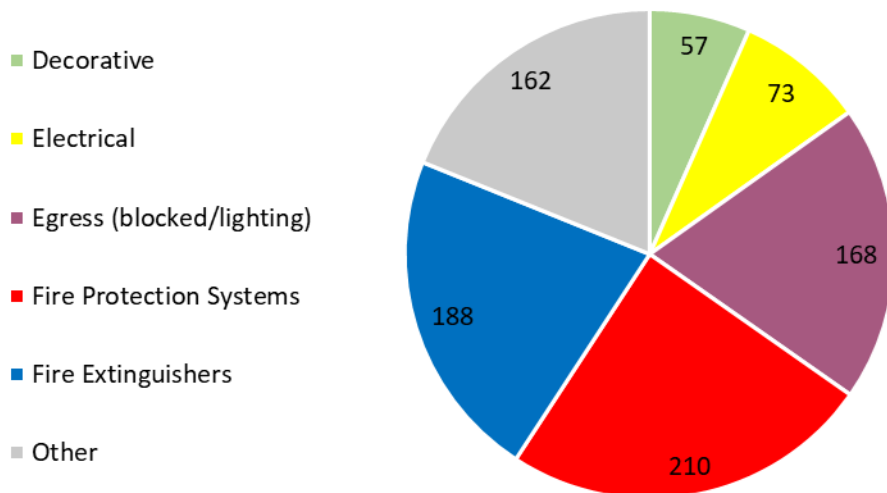


Derek Henson  
Battalion Chief

The Fire Prevention Division had a difficult year in 2020. Due to COVID-19, public education events were mostly cancelled and inspections were postponed. Fire Prevention personnel needed to find ways to be productive elsewhere. Work began on a community based risk assessment. This will be a cornerstone for risk reduction decisions going forward. This assessment will also be a key component of the department's Standard of Cover, which will describe the level of performance the department delivers to the community. Public education was focused on social media and other safe events. In coordination with the National Fallen Firefighters Foundation, a Light the Night to Honor Fallen Heroes was held to honor Fallen D/E Mitch Lundgaard. The annual Keep the Wreath Green campaign was also held, resulting in three red bulbs, one for each structure fire during the holiday season. Even with COVID-19, there were still fires to investigate. In 2020, Firefighter/Inspectors began the process of becoming certified as fire investigators, with a goal of completing the process by the end of 2021.



### Violations by Category



# Awards & Personnel Updates

**Ed King**

**2020 Employee of the Year**



## **EMS Lifesaving Award**

Doug Vrechek	Cody Peabody
Brian Cook	Adam Hansen
Tyler Zunker	Andrew Lane
Mike Becker	Jordan Ross
Adam Hansen	Scott Pelkin
Alex Smith	Jay Kjorlien
Bill Calaway	Tyler Mickelson
Dave Reigles	Travis Nate
Chris Britzke	Gerald Borski
Todd Bean	Scott Karpinski
Andy Dobbe	Mike Wiese
Steve Jahr	Cody Walesh

## **Recognition Award**

Ethan Kroll  
Derek Henson  
Jake Kirchner

## **Retirements**

Deputy Chief Darrel Baker  
Driver/Engineer Jeff Maloney  
Driver/Engineer Todd Daanen  
Civ. Fire Inspector Dave Kempen

## **Promotions**

Deputy Chief Ryan Weyers  
Battalion Chief Doug Vrechek  
Lieutenant Justin Brown  
Driver/Engineer Kelly Lynch  
Driver/Engineer Adam Hansen  
Driver/Engineer Mark Deslauriers

## **New Hires**

Civ. Fire Inspector Jose Saldivar  
Firefighter Tyler Rusch  
Firefighter Ryan Monaghan  
Firefighter Sam Felauer  
Firefighter Lukas Syrjamaki  
Firefighter Jake Laack

# Fire Department Staff

**Fire Chief:** Jeremy Hansen

**Deputy Chief:** Ryan Weyers

**Assistant to the Fire Chief:** Sharon Brochtrup

**Battalion Chiefs:**

Shannon Young	Jeff Felauer	Derek Henson
Ethan Kroll	Doug Vrechek	

**Captains:**

Mike Woodzicka	Joe Scott	Jason Lee
Mike Mueller	Rick James	Scott Pelkin

**Lieutenants:**

Chad Rucynski	Todd Bean	Jake Kirchner
Jeff Nelessen	Greg Cullen	Steve Unruh
Jeremy Hotynski	Jerry Borski	Michael Becker
Michelle Bialas	Corby Henkel	Adam Galica
Bill Calaway	Tim Meyer	Justin Brown

**Driver Engineers:**

Steve Kulas	Scott Karpinski	Andy Patz	Ryan Lee
Jay Kjorlien	Michelle Neeck-Lappen	Matt Gerrits	Tim Blob
Todd Daanen	Kraig Kasten	Mike Hietpas	Tyler Zunker
Darrin Butry	Gary Awe	Mark Delauriers	Kelly Lynch
Bryan Knauer	Ben Lee	Brad Brautigam	
Brian Cook	Dave Reigles	Adam Hansen	

**Firefighter/Inspectors:**

Jeremiah Detert	Tim Damrow	Bart Rakun
Nate Milhans	Keegan Murphy	Eric Winger

**Firefighters:**

Tim Lutz	Joe Kozikowski	Travis Nate	Cole Nelson
Chad Johnson	Chris Britzke	Matt Gloudemans	Tyler Rusch
Todd Hendricks	Casey Kostechka	Cody Walesh	Lukas Syrjamaki
Andy Dobbe	Michael Wirtz	Bryce Sternhagen	Jake Laack
Mike Wiese	Tyler Mickelson	Kyle Zuleger	Ryan Monaghan
Andy Lane	Riley Kubisiak	Casey Balczewski	Sam Felauer
Andy Webb	Steve Jahr	Cody Peabody	
Troy Kinley	Jordan Ross	Alex Smith	
Matt Dercks	David Hammer	Tim Verstegen	
Adam Paiser	Chad Donnay	Tyler Linehan	

**Support Staff:**

Training & Resource Development Specialist	Ed King
Fire Protection Engineer	Steve Patterson
Fire Inspector	Jose Saldivar
Administrative Assistant	Nancy Wilcox
Clerical Assistant	Sally Dickinson
Central Equipment Agency Mechanic	Paul Rynish

