

City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, November 18, 2020

6:30 PM

Council Chambers, 6th Floor

SPECIAL

- 1. Call meeting to order
- 2. Roll call of membership
- Approval of minutes from previous meeting

<u>20-1521</u> Approval of minutes from previous meeting

Attachments: S&L Minutes 10-28-20.pdf

4. Public Hearings/Appearances

5. Action Items

"Class B" Liquor and Class "B" Beer License application for Poonsiri Parncharn d/b/a Jai Sung Mah, located at 122 W Wisconsin Ave,

contingent upon approvals from all departments.

Attachments: Jai Sung Mah - Poonsiri Parncharn.pdf

20-1510 Class "B" Beer and "Class B" Liquor License application for Lou's Brew

Cafe & Lounge Inc d/b/a Lou's Brew Cafe, Laura Loukidis, Agent, located at 233 E College Ave, contingent upon approval from all departments.

Attachments: Lou's Brew Cafe.pdf

<u>20-1513</u> "Class B" Liquor and Class "B" Beer License application for Driftwood

Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Banquet Services, Linda M Garvey, Agent, located at 333 W. College Ave,

contingent upon approval from all departments.

Attachments: Red Lion - Banquet Services.pdf

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Lombardi Bar, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

Attachments: Red Lion - Lombardi Bar.pdf

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Blaze, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

Attachments: Red Lion- Blaze.pdf

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Clubhouse, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

Attachments: Red Lion - Clubhouse.pdf

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Fox Cities Exhibition Center, Linda M Garvey, Agent, located at 355 W. Lawrence St, contingent upon approval from all departments.

Attachments: Fox Cities Exhibition Center.pdf

20-1518 Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick 'N Save #8187, Ruth K Ackerman, New Agent, located at 511 W Calumet St, contingent upon approval from APD.

Attachments: Ruth K Ackerman S&L.pdf

6. Information Items

<u>20-1522</u> Director's Reports

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

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, October 28, 2020

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Alderperson Schultz arrived at 5:41 p.m.

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

3. Approval of minutes from previous meeting

<u>20-1443</u> Approval of minutes from previous meeting.

Attachments: S&L Minutes 10-14-20.pdf

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

Aye: 4 - Siebers, Lobner, Reed and Van Zeeland

Absent: 1 - Schultz

4. Public Hearings/Appearances

5. Action Items

20-1367

"Class A" Liquor and Class "A" Beer License application for Aldi, Inc d/b/a Aldi #86, Julie A Meier, Agent, located at 2702 N Richmond St, contingent upon approval from all departments.

Attachments: Aldi #86.pdf

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

Aye: 4 - Siebers, Lobner, Reed and Van Zeeland

Absent: 1 - Schultz

20-1441 Request to approve the grant from the Wisconsin Elections Commission (WEC) in the amount of \$44,974 for additional election costs incurred due to the COVID-19 pandemic

<u>Attachments:</u> Clerk Appleton 45201 \$44974.40 WEC CARES Subgrant Award

Letter.pdf

Lobner moved, seconded by Reed, that the grant be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Siebers, Lobner, Reed and Van Zeeland

Absent: 1 - Schultz

20-1442 Request to approve the grant from the Center for Tech and Civic Life in the amount of \$18,330 for expenses necessary to plan and administer safe and secure elections in the City in 2020

Attachments: CTCL Grant Appleton Wisconsin agreement and SVP.pdf

This grant was recommended for approval

Aye: 4 - Siebers, Lobner, Reed and Van Zeeland

Absent: 1 - Schultz

6. Information Items

<u>20-1445</u> Presentation on Recruitment and Hiring Process by Captain Polly Olson

<u>Attachments:</u> Current Police Officer Hiring Information.pdf

This Report Action Item was presented

<u>20-1444</u> 2021 Fire Budget

Attachments: 2021 Fire Budget.pdf

2021 Haz-Mat Budget.pdf

This Report Action Item was presented

20-1446 Director's Reports

1. City Clerk

-November Election Information

- 2. Fire Chief
- 3. Police Chief

-Community Survey Results

7. Adjournment

Reed moved, seconded by Siebers, that the meeting be adjourned at 6:31 p.m. Roll Call. Motion carried by the following vote:

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

City of Appleton Page 3

Submit to municipal clerk.)	, or ago i tolair	License Ap		·)
				FEIN Number	
		,,			
or the license period beginning	g:	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of ``	A 0010 + 0	± A	☐ Class A beer	\$
To the Governing Body of the: ☐ Village of ☐ City of		APPLETO	11.	☑ Class B beer	\$
5 .	City of City of			Class C wine	\$
ALL ACIONA	4 . 6		DI CAL	Class A liquor	\$
County of <u>OVTAGAVI</u> V	115	Aldermanic	by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii required	by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
Check one: ඎ Individual	☐ Limited Liability (Class B (wine only) winery	\$
☐ Partnership	☐ Corporation/Non	profit Organization	on	Publication fee TOTAL FEE	\$
Name (Individual Lipartners give last n			companies give registe	ered name)	
PARNCHARD	J PA	ONICIRI			
ay anch mamber of a nartne	rehin and by each	officer, director ability company	and agent of a c List the full nam	this application by each indicorporation or nonprofit orgale and place of residence of each	anization, and by
President / Member Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)	
Parnchaen	Poonsil		14821 101	attitude La App	Leton 5491
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
	SUNA M	ah	Business Ph	none Number	
1 Trade Name JAI					
	~	a. Mai All	A D 1 Office !	9 7 in Code 04911	
2. Address of Premises 12	2 W. WISCO				
 Address of Premises 12 Premises description: De applicant must include all storage of alcohol bevera 	2 W. W.SCO escribe building or bu	ildings where alo	cohol beverages a sed, for the sales,	are to be sold and stored. The service, consumption, and/or a stored only on the premises	
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AT-106 (R. 3-19)

6.	beverage server training	r agent of corporation/limited g course for this license perio プのいくら。 いこく	d? If yes	s, explain			. XYes	□ No	
7.	Is the applicant an emp If yes, explain.	loye or agent of, or acting on	behalf of	anyone except the i	named applica	ant?	. 🗌 Yes	ЮNO	
8.	Does any other alcohol business? If yes, expla	beverage retail licensee or vain		e permittee have an			☐ Yes	□Σ(Νο	
9.	(a) Corporate/limited I of registration.	iability company applicants	s only: I	nsert state	and c	date			
	(b) Is applicant corpora company? If yes, e	tion/limited liability company xplain	******	liary of any other co			☐ Yes	No	
	(c) Does the corporation member/manager or If yes, explain.	n, or any officer, director, sto r agent hold any interest in a	ckholder ny other	or agent or limited I alcohol beverage lic	iability compa ense or perm	ny, or any it in Wisconsin?	☐ Yes	No	
10.	government, Alcohol and	erstand they must register as a d Tobacco Tax and Trade Burn 7-882-3277]	eau (TTB) by filing (TTB form	5630.5d) befo	ore beginning	()X Yes	□ No	
11.	Does the applicant unde	rstand they must hold a Wisc	onsin Sel	ller's Permit? [phon	e (608) 266-2	776]	Yes	□ No	
12.	Does the applicant unde breweries and brewpubs	rstand that they must purchase?	se alcoho	l beverages only fro	m Wisconsin v	wholesalers,	Yes	☐ No	
the t than assiç Com	pest of the knowledge of the s \$1,000. Signer agrees to ope gned to another. (Individual ap	GNING: Under penalty provided by igner. Any person who knowingly perate this business according to law policants, or one member of a partriff access to any portion of a license evocation of this license.	provides m w and that nership app	aterially false information the rights and responsil licant must sign: one co	n on this applica pilities conferred roorate officer, o	ation may be require by the license(s), if one member/manage	d to forfeit i granted, w er of Limited	not more ill not be Liability	
Conta	act Person's Name (Last, First, M.I.)	Pagnairi		Title/Member		Date	20	20	
Signa		·		Phone Number		Email Address			.Co
ГОВ	E COMPLETED BY CLERK								_
	received and filed with municipal cleri	k Date reported to council / board	Date provis	ional license issued	Signature of Clerk /	Deputy Clerk			
Date	license granted	Date license issued	License nu	mber issued		,			



1. Name of Appl	icant: <u>P</u>	<u>OONSIRÎ</u>	F	PARNCHAR	N.	
2. Name of Busir	ness: ole Box(s)	EA . C. 16.1	G N	MaH . ess activity)		
Tavern/Nig Microbrew Painting/C Other (des	ght Club/V very/Brew raft Studi	pub o				
3. Address of Bu	siness:	122 W.	Dis	ONSÎN MENO	APPICTON, WI	54911.
4. Have you or a ordinance violati AND/OR been co	on? Yes_ onvicted o	No Yes_) /	No	of a misdemeanor or	
5. List all partne initial and date o					de full name, middle	
POUNSIFI		Ŧ	parnol	1grn.		
First name	M.I.		Last name		Date of Birth / /	
First name	M.I.		Last name		Date of Birth / /	
First name	M.I.		Last name		Date of Birth	
First name	M.I.		Last name		Date of Birth	
6. Name of perso	on/corpor	ation you are bu	ying the	premise and equip	ment from?	
Name: NVSa	ra	Middle Init	ial	Yang. Last name		
Address: 800	W _o	_	57。	APPIE TON	WI 54914.	

7. What was the previous name and primary nature of the business operating at this
Name: Jan Sung Mah Pool Club.
(Check Applicable Box(s) to identify primary business activity)
Restaurant
Tavern/Night Club/Wine Bar
Microbrewery/Brewpub
Painting/Craft Studio
Other (describe)
8. Was this premise licensed for alcohol sales/consumption during the past license year?
Yes X If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that
may run with property.
No If no, please contact the Community and Economic Development Department at 832-
6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your
business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.
9. If alcohol sales were a previous use in this building, when did the operation cease?
months ago.
10. Seating capacity: Inside 30 Outside 0
11. Operating hours (Inside the building): 6.00 PM - 2.00 AM Operating hours (Outdoor seating areas):
12. Employees/Staff
Number of floor personnelNumber of door checkers
13. In general, state the size and operational details of the proposed establishment:
a. Gross <u>floor building area</u> of the premises to be licensed: 2,500 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:
The wilding is an one open area of 2,500 sq. ft.
there a kitchen. Two little storage closet by the wall.
There 're I women restroom, I men restroom and a
basement. All the liquors will be stored in the
bycement. All the liquors will be stored in the stored in
688 have
Signature Date in the
building

Original Alcohol Be	verage Retail	Applicant's Wisconsin Seller's Permit Number			
(Submit to municipal clerk.)				FEIN Number	
For the license period beginni	ng:	ending: <u></u>	- 30 - 2021 (mm dd yyyy)	TYPE OF LICENSE	FEE
	□ Tourn of			REQUESTED	
To the Governing Body of the	Town of	Amleto	n	Class A beer	\$
to the Governing Body of the	City of	riphico)1 -	Class B beer	\$
~ ,				Class C wine	\$
County of Outage	amil	Aldermanio	Dist. No.	Class A liquor	\$ N/A
		(if required	by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A
9				Reserve Class B liquor	\$
Check one: Individual	☐ Limited Liability	Company		☐ Class B (wine only) winery	
☐ Partnership	Corporation/Nor		on	Publication fee	\$
		inprome organizati		TOTAL FEE	\$
Name (individual / partners give last	name, first, middle; corpora	ations / limited liability	companies give registere	d name)	
Lou's BREY	V CAFF A	AND LOI	UNGE.	INC	,
COU 3 DIE!	V CINE I	31012 201	3300 ,		
An "Auxiliary Questionnaire by each member of a partne each member/manager and President / Member Last Name	ership, and by each	officer, director	and agent of a cou List the full name	poration or nonprofit orga	inization, and by
LOUKIDIS	LAURA	ANN	1 .		~
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	Shrosh W
1 A	DENO	1 ' A ' _			Jehkrogh
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street C	han Bend Rd Y	VI 54904
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	Shroch
LOURIDIS	LAURA	A	4769 Indi	an Bend Rd L	UI 54904
Directors / Managers Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
1. Trade Name Lou	5 Brew C	afe	Business Phon	e Number <u>(920)</u> 95	5-2229
2. Address of Premises 2	33 E. COI	lege the	Post Office & Z	ip Code Appleton	, 54911
applicant must include all	scribe building or bu rooms including living ges and records. (Al	ildings where alc ng quarters, if uso lcohol beverages	ohol beverages are ed, for the sales, se may be sold and sto	to be sold and stored. The rvice, consumption, and/or ored only on the premises	
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of alcohol	will be in	n the h	sement	where me	
have a des	-	-	•		
10-	1	•			
ULASSIONAJ	consum	buon m	rad Deen		
the over cat	e Side. 5	sidewal'	k eafe di	uring Spring	Bummer
4. Legal description (omit if s]]	
5. (a) Was this premises lice	_	·	ng the past license y	ear?	Ves □ No
	_	1		1	
(b) If yes, under what nam	e was license issued	1? Cour	s Brew (afe and low	inge, inc

Wisconsin Department of Revenue

AT-106 (R. 3-19)

6.	ls i	ndividual, partners or verage server training	agent of corporation/limited course for this license perio	liability cod? If yes	ompany subject to s, explain	completion of th	e responsible		□ -10°°
7.	ls t	he applicant an emplo es, explain.	oye or agent of, or acting on	behalf of	anyone except the	e named applica	nt?	 	☑ No
8.	Do bus	es any other alcohol l siness? If yes, expla	beverage retail licensee or in	wholesale	e permittee have a	any interest in or	control of this	 S □ Yes 	□ No
9.	(a)	Corporate/limited li-	ability company applicant	s only:	nsert state	√I and c	late 201 2		
	(b)	Is applicant corporat company? If yes, ex	ion/limited liability compang	y a subsid	diary of any other	corporation or li	mited liability		⊡ √No
	(c)	Does the corporation member/manager or If yes, explain.	, or any officer, director, sto agent hold any interest in a	ockholder any other	or agent or limited alcohol beverage	d liability compa license or perm	ny, or any it in Wisconsir	 _ n?	Ū√N°
10.	gov	ernment, Alcohol and	stand they must register as Tobacco Tax and Trade Bur -882-3277]	eau (TTE	B) by filing (TTB for	m 5630.5d) befo	re beginning	_ - . ⊾ Yes	□ No
11.	Doe	s the applicant under	stand they must hold a Wisd	consin Se	ller's Permit? [pho	one (608) 266-27	776]	. Yes	☐ No
12.			stand that they must purcha					. Ves	□ No
he b han assiç Com	est c \$1,0 Ined panie	f the knowledge of the siç 00. Signer agrees to oper to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly ate this business according to la plicants, or one member of a partiaccess to any portion of a license occation of this license.	provides m w and that nership app	aterially false informa the rights and respon plicant must sign; one	ition on this applica sibilities conferred corporate officer, o	tion may be requ by the license(s) ne member/mana	ired to forfeit , if granted, wager of Limited	not more rill not be d Liability
Conta		son's Name (Last, First, M.I.)	AURA A.		Title/Member OWNER		Date LD127	1/20	
Sign		aura 9	Joulious		Phone Number		Email Address	120	
о в	E CC	MPLETED BY CLERK							
		ed and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk /	Deputy Clerk		
Date	icense	granted	Date license issued	License nu	mber issued				



1. Name of App	licant: LC	ura Louki	dis	
		- 0		
				Lounge
(Check Applica	ble Box(s) to i	dentify primary business acti	ivity)	3
Restauran	t			
Tavern/Ni	ight Club/Wine	e Bar		
Microbrev	wery/Brewpub			
Painting/O	Craft Studio			
	scribe)C	afe + bar		
4. Have you or a	any member o	33 E College f your organization ever be		647
ordinance violat		No		
AND/OR been c		•	No	The state of the s
If yes to either q	uestion, pleas	e explain in detail below:		
4		7		
		ent de la companya d		
_		ers or investors of your buse use additional sheets if no		
First name	M.I.	, Last name		Date of Birth
Deno	. 5	LOUKINS		
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
\$*	, · · · · · · · · · · · · · · · · · · ·		•	and the second second
Name of pars		n you are buying the prem	ica and aani	nmant from?
o. Italile of pers	on/corporatio	n you are buying the premi	isc and equi	
Nī.	NIA			
Name:First name	/	Middle Initial	Last name	* · · · · · · · · · · · · · · · · · · ·
i not name		THOUS MAINE	and manife	N y
Address:				
1441055.		:	City	State ZIP

7. What was the previous name and primary nature of the business operating at this
location?
Name: Louis Brece)
(Check Applicable Box(s) to identify primary business activity)
Restaurant
Tavern/Night Club/Wine Bar
Microbrewery/Brewpub
Painting/Craft Studio
Other (describe) Cafe & bar
8. Was this premise licensed for alcohol sales/consumption during the past license year?
YesIf 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? ———————————————————————————————————
10. Seating capacity: InsideOOutside
11. Operating hours (Inside the building): 0730 - 1830 7:30 - 16:30 p Operating hours (Outdoor seating areas):
12. Employees/Staff Number of floor personnel S 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: b. Gross outdoor seating areas of the premises to be licensed: c. Below, identify the operational details of the proposed establishment:
Cafe and bar. Selling alcohol on both cafe
and bar Side 1st floor and some areas of 2nd
floor, Storage of alcohol in basement behind locker
door.
Jama Jolehan 10/28/20
Signature Date Date

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

must appoint an agent. The corporation/organization or	e following question	ns must be answered	by the agent. The	appointment me	ust be signed by an of	fficer of the
To the governing body of:	☐ Town ☐ Village of City	Appleto	n	County of	Outagam	ne
The undersigned duly auth	norized officer/men	nber/manager of <u>LC</u>	Ou's Bray (Registered Name o	o Cate of Corporation / Orga	and Lour	Conpany)
a corporation/organization	or limited liability corew Caf	``	ation for an alcohol	beverage licens	se for a premises know	vn as
located at 233 E	. Callege	Ave Ap	pleton)	NI 54	911	· · · · · · · · · · · · · · · · · · ·
appoints <u>Lau</u>	ra Lou	KIDS (Name of Appl	ointed Agent)			
4769 J	Indian T	Bend Rd (Home Address of	Oshko	sh Wi	54904	
to act for the corporation/or to alcohol beverages cond- organization/limited liability	ucted therein. Is ap	plicant agent presently	y acting in that cap	acity or request	ing approval for any c	ess relative crporation/
Yes No If s	so, indicate the corp	oorate name(s)/limited	liability company(ie	es) and municipa	ality(ies).	
Is applicant agent subject to	o completion of the	responsible beverage	server training cou	rse? Yes	s PNo	,
How long immediately prior	to making this app	lication has the applica	ant agent resided c	ontinuously in V	Visconsin?	pars
Place of residence last yea	4769 -	Indian Be	end Rd C	Dahkost	W1 5490))4
Fo	r: Louis	Brew Ca	fe and	loun	ge, Inc	
В	y:	Ma Proj	oration / Organization / United States of Officer / Mem		mp) ny)	
Any person who knowingly \$1,000.	provides materially	false information in an	application for a li	cense may be re	equired to forfeit not m	ore than
1 1 2	1.1 11 4	ACCEPTANCE	BY AGENT			
<u>, Laura Lo</u>	OUHOLS (Print / Type Age	nt's Name)		hereby accept t	this appointment as ag	ent for the
corporation/organization/lin beverages conducted on th	nited liability comp ne premises for the	pany and assume full corporation/organizat	responsibility for ion/limited liability	the conduct of company.	all business relative.	to alcohol
<u> Jaura</u>	Joulu ignature of Agent)	dis	10/27/	20	Agent's age	
7169 Indian		d Oshkosh Idress of Agent)	W1 549	104	Date of birth	
		OVAL OF AGENT BY c cannot sign on beh			, , , , , , , , , , , , , , , , , , ,	
hereby certify that I have on the character, record and re	checked municipal	and state criminal reco	ords. To the best o	f my knowledge	e, with the available in	formation,
Approved on	by			Title	,	
(Date)		(Signature of Proper Lo	ocal Official)		n Chair, Village President, F	Police Chief)

Original Alcohol Be	verage Reta	il License A	application	Applicant's Wisconsin Seller's Per	mit Number	
Submit to municipal clerk.)				FEIN Number		
Car the license period beginning	2.00	anding: b	1-30-2170	99999		
or the license period beginning	(mm dd yyyy)	ending.	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEI	Ē
o the Governing Body of the	☐ Town of `\			Class A beer	s	
o the Governing Body of the:	\square Village of $\sum_{i=1}^{n}$	APPLETON		✓ Class B beer	\$	100
	✓ City of			Class C wine	\$	
				Class A liquor	\$	
County of OUTAGAMIE		Alderman	ic Dist. No	Class A liquor (cider only)	\$ N/A	4
		(ir require	d by ordinance)	✓ Class B liquor	\$	500
				Reserve Class B liquor	\$	
Check one: 🔲 Individual	Limited Liabili	ty Company		Class B (wine only) winery	\$	
☐ Partnership	☐ Corporation/N	lonprofit Organiza	tion	Publication fee	\$	20
				TOTAL FEE	\$	
Name (individual / partners give last	name, first, middle: com	orations / limited liabili	ty companies give register	ed name)		
· · · · · · · · · · · · · · · · · · ·			.,	,		
DRIFTWOOD SPECIAL SE	ERVICING, DIC			enventure rational and a second secon		
by each member of a partne	ership, and by eac	ch officer, directo	or and agent of a co	his application by each indi orporation or nonprofit orga and place of residence of ea	ınization,	and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
BUDDEMEYER	DAVID	A	3264 WYMBERL	Y DR, JUPITER, FL 33	458	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
DIAZ	CHARLES	М	528 OVERLOOK	DR, N PALM BCH, FL	33408	
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)		
rreasurer / Member Last Warne	(i iiot)	(Widdle Name)	Tiome Address (Office),	only of 1 out office, a zip odde		
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Garvey	Linda	Marie	105 Alexander	r Dr. Neenah, WI:	<495b	
Directors / Mariagers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	<u>, , , , , , , , , , , , , , , , , , , </u>	
Trade Name APPLETON Address of Premises 33				ne Number <u>920-733-8000</u> Zip Code <u>54911</u>	0	
storage of alcohol bevera described.)	I rooms including I ages and records.	iving quarters, if u (Alcohol beverage	ised, for the sales, sees may be sold and s	ervice, consumption, and/or stored only on the premises		
BANQUET SERVICE -	· ENTIRE HOTE	L INCLUDING	COURTYARD, DEC	K AND HOTEL	-	
PROPERTY IN FRONT	OF HOTEL				-	
					· ·	
4. Legal description (omit if	street address is g	iven above):			•	
				year?	✓ Yes	□No
(h) If yes, under what har	ne was license issi	ued? appleton	HOLDINGS, LLC			

6.		agent of corporation/limited lia course for this license period	? If yes,	explain			☐ Yes	☑ No
	Is the applicant an emplo If yes, explain.	ye or agent of, or acting on b					☐ Yes	☑ No
8.		everage retail licensee or wn					☐ Yes	☑ No
9.	(a) Corporate/limited lia of registration.	ibility company applicants	only: Ir	nsert state DE	and d	ate <u>01/30/20</u>		
		on/limited liability company plain					☐ Yes	☑ No
		, or any officer, director, stoc agent hold any interest in ar					☐ Yes	☑ No
10.	government, Alcohol and	stand they must register as a Tobacco Tax and Trade Bure 882-3277]	au (TTB) by filing (TTB form	5630.5d) befo	re beginning	☑ Yes	□ No
11.	Does the applicant under	stand they must hold a Wisco	onsin Se	ller's Permit? [phon	ne (608) 266-27	776]	✓ Yes	☐ No
12.		stand that they must purchas				wholesalers,	✓ Yes	□ No
the b than assiq Com	est of the knowledge of the sig \$1,000. Signer agrees to oper gned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly pate this business according to law plicants, or one member of a partnacess to any portion of a license rocation of this license.	orovides m v and that ership app	aterially false information the rights and responsi- licant must sign; one co	on on this applica ibilities conferred orporate officer, o	tion may be require by the license(s), if ne member/manage	d to forfeit granted, w er of Limite	not more vill not be d Liability
	act Person's Name (Last, First, M.I.)			Title/Member		Date	- 36-	
	ddemeyer, David, A			President Phone Number		06/04/20 Email Address		
Signa	Bollom.	4		OCCOOL		CHION Address		90 ;
	E COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	mber issued				



1. Name of Appl	licant: Driftwo	ood Special Servicing, LLC		
2. Name of Busi	ness: Appleto	n Red Lion Paper Valley Ho	tel	
		identify primary business		
Restauran		identify primary edemies.	, well trop y	
	ght Club/Wii	ne Rar		
	very/Brewpul			
	Craft Studio	U		<i>,</i>
	scribe) Hotel			
Other (des	scribe) Hotel		ORDONAL TO THE PROPERTY OF THE	
3. Address of Bu	ısiness: 333	W. College Avenue, Appleto	n, WI 54911	
			·	
4. Have you or a	ıny member	of your organization eve	er been convicted of	a misdemeanor or
ordinance violat		No ✓		
AND/OR been co		· · · · · · · · · · · · · · · · · · ·	No ✓	
		se explain in detail below		
n yes to entire q	destron, pred		•	
5. List all partne	ers, sharehol	ders or investors of you	r business. Include	full name, middle
initial and date o	of birth. Plea	ase use additional sheets	if necessary.	
David	Α.	Buddemeyer		
First name	M.I.	Last name		Date of Birth
Charles	M.	Diaz		
First name	M.I.	Last name		Date of Birth
				/ /
First name	M.I.	Last name		Date of Birth
First name	· M.I.	Last name		Date of Birth
				_
6. Name of person	on/corporati	on you are buying the p	remise and equipm	ent from?
Name: Appleton H	oldings LLC			
First name		Middle Initial	Last name	
			0	El 00474
Address: 12 Tidew	ater Drive		Ormond Beach	FL 32174
			City	State ZIP

7. What was the previous name and primary nature of the business ope	erating at this
location?	
Name: Appleton Red Lion Paper Valley Hotel	
(Check Applicable Box(s) to identify primary business activity)	
Restaurant	
Tavern/Night Club/Wine Bar	
Microbrewery/Brewpub	
Painting/Craft Studio	
Other (describe) Hotel	
8. Was this premise licensed for alcohol sales/consumption during the	past license year?
Yes ✓ If yes, please contact the Community and Economic Developmen 6468 about obtaining a copy of an existing Special Use Permit and related may run with property.	t Department at 832- requirements that
No If no, please contact the Community and Economic Development 6468 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 Coning Ordinance.	required for your
9. If alcohol sales were a previous use in this building, when did the op months ago.	eration cease?
10. Seating capacity: InsideOutside	
11. Operating hours (Inside the building):	
Operating hours (Outdoor seating areas):	
,	
12. Employees/Staff	
Number of floor personnelNumber of door checkers	
13. In general, state the size and operational details of the proposed est	tablishment:
a. Gross floor building area of the premises to be licensed:	square feet.
b. Gross outdoor seating areas of the premises to be licensed:	
c. Below, identify the operational details of the proposed establishmen	*
Hotel with 38,000 sq. ft. of meeting space, including courtyard, deck and property	
Though with do, soo doq. it. of the damag opened, including a sample of the sample of	
•	
Go Domesha	8/15/2020
Signature	Date

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

must appo	int an agent. The	following gues	tions must be answe	ered by the agent. The	e appointment m	everages and/or intoxicating liquor ust be signed by an officer of the in made by the proper local official.
	verning body of:	☐ Town ☐ Village ☑ City	of APPLETON			DUTAGAMIE
The under	signed duly autho	orized officer/m	ember/manager of	DRIFTWOOD SPE	CIAL SERVICII	NG, LLC ranization or Limited Liability Company)
				(Negistered Marile	or corporation rong	unitation of Entitled Entitles of State
-				oplication for all alcond	of beverage ficer	se for a premises known as
APPLET	ON RED LION I	PAPER VALL		Trade Name)		
located at	333 W. COLLE	EGE AVENUE	, APPLETON, WI	54911		
	LINDA GAR			of Appointed Agent)		
	ine alana	1010-10	(Name)	or Appointed Agent)		
	105 HIEXU	naer Di	(Home Addr	WT 5495 Loress of Appointed Agent)		
to alcohol	beverages condu	icted therein. Is	applicant agent pre	sently acting in that ca	apacity or reques	emises and of all business relative sting approval for any corporation/ocation in Wisconsin?
	Appletion	Holdin	195	nited liability company		pality(ies).
Is applica	nt agent subject to	completion of	the responsible beve	erage server training o	ourse?	
How long	immediately prior	to making this	application has the a	pplicant agent resided	d continuously in	Wisconsin? 354RS
Place of r	esidence last yea	105	Alexander	Dr. Ne	enah, L	JI 54956
	Fo	r: DRIFTWO	OD SPECIAL SER	VICING, LLC		·
	Ву		(Name	of Corporation / Organizatio	on / Limited Liability C	Company)
	٦,			(Signature of Officer / M	Member / Manager)	
Any perso \$1,000.	n who knowingly	provides mater	ially false informatior	n in an application for a	a license may be	required to forfeit not more than
			ACCEPT	ANCE BY AGENT		
1,	inda Go	Crint/Type	Agent's Name)		_ , hereby accep	ot this appointment as agent for the
corporation beverage	on/organization/lir s conducted on the	nited liability c ne premises for	ompany and assum the corporation/org	e full responsibility for anization/limited liabili	or the conduct of the company.	of all business relative to alcohol
LIM	rda M	M/CL((-2020) te)	Agent's age
105	Alexano	der Dr.	ne Address of Agent)	WI 5495	6	Date of birth
				IT BY MUNICIPAL A n behalf of Municipa		
I hereby of the chara	certify that I have cter, record and r	checked munic eputation are s	sipal and state crimir satisfactory and I hav	al records. To the bes re no objection to the	st of my knowled agent appointed	ge, with the available information,
Approved	on .	by	(Signature of F		Title	Town Chair, Village President, Police Chief)
••	on(Date)		(Signature of F	roper Local Official)	(1	Iown Unair, Village President, Police Chief)
						Misconsin Department of Revenue

Original Alcohol Be	everage Reta	il License A	Application	Applicant's Wisconsin Seller's Peri	mit Number	
Submit to municipal clerk.)				FEIN Number		
For the license period beginni	ng:(mm dd yyyy)	ending: D	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	☐ Town of ¬			Class A beer	\$	
To the Governing Body of the	:	APPLETON		☑ Class B beer	\$	100
	✓ City of			☐ Class C wine	\$	
				☐ Class A liquor	\$	
County of OUTAGAMIE		Alderman	ic Dist. No.	Class A liquor (cider only)	\$ N/A	
		(if require	d by ordinance)	✓ Class B liquor	\$	500
				Reserve Class B liquor	\$	
Check one: 🔲 Individual	Limited Liabil	ity Company		Class B (wine only) winery	\$	
☐ Partnership	☐ Corporation/N	lonprofit Organiza	tion	Publication fee	\$	20
				TOTAL FEE	\$	
Name (individual / partners give last	name, first, middle; corp	oorations / limited liabili	ty companies give registe	red name)		<u></u>
DRIFTWOOD SPECIAL S	ERVICING, LLC	1 *				
by each member of a partne each member/manager and	ership, and by ea agent of a limited	ch officer, directo I liability compar	or and agent of a c ny. List the full name	this application by each indicorporation or nonprofit orga e and place of residence of ea	ınization, aı	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
BUDDEMEYER	DAVID	A		Y DR, JUPITER, FL 33	458	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
DIAZ	CHARLES	М		DR, N PALM BCH, FL	33408	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		*************
GACVEN	Linda	Marie	105 Alexan	der Dr. Neenah, WI	54957	2
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Trade Name APPLETON Address of Premises 33				one Number 920-733-8000	0	
2. Address of Premises 33	W. COLLECT	11111101	Fost Office of	Zip Code 31311		
applicant must include al	I rooms including	iving quarters, if ι	ised, for the sales, s	re to be sold and stored. The service, consumption, and/or stored only on the premises		
LOMBARDI BAR, WIN	NE ROOM, DINI	NG ROOM, SER	VICE BAR, ROOM	M SERVICE, ORCHARD		
RESTAURANT, STORA	AGE IN BASEME	NT			-	
			·			
4. Legal description (omit if	street address is g	iven above):				
5. (a) Was this premises lice	ensed for the sale			e year?	✓ Yes	□No
(b) If yes, under what nar		·		•		
(2) if you, and or write that	**40 11061136 133	ACA: MELDETON	חתת 'פמאדתתריי			

6.		gent of corporation/limited lia course for this license period					☐ Yes	☑ No
7.	Is the applicant an employ If yes, explain.	e or agent of, or acting on be	ehalf of a	anyone except the r	named applican	t?	☐ Yes	 No
8.		everage retail licensee or wl					☐ Yes	☑ No
9.	(a) Corporate/limited lia of registration.	bility company applicants	only: Ir	nsert state DE	and da	ate <u>01/30/20</u>		
		on/limited liability company a					☐ Yes	☑ No
	member/manager or a	or any officer, director, stoc agent hold any interest in an	y other a	alcohol beverage lid	cense or permi	t in Wisconsin?	☐ Yes	☑ No
10.	government, Alcohol and	stand they must register as a Tobacco Tax and Trade Bure 882-3277]	au (TTB) by filing (TTB form	5630.5d) befo	re beginning	☑ Yes	□ No
11.	Does the applicant unders	stand they must hold a Wisco	onsin Se	ller's Permit? [phor	ne (608) 266-27	76]	✓ Yes	☐ No
12.		stand that they must purchas					✓ Yes	□ No
he han assi Com	best of the knowledge of the sig \$1,000. Signer agrees to opera- gned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly pate this business according to law dicants, or one member of a partneaccess to any portion of a licensed ocation of this license.	rovides m and that ership app	aterially false information the rights and responsible one colors and must sign; one colors are the colors and the colors are the colors and the colors are	on on this applica ibilities conferred orporate officer, or	tion may be require by the license(s), it ne member/manage	ed to forfeit granted, w er of Limite	not more vill not be d Liability
	act Person's Name (Last, First, M.I.)			Title/Member		Date		
	ddemeyer, David, A			President Phone Number		06/04/20 Email Address		
-	Bullen	24		000000)	00000	900	
		/						
	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board	Date provin	sional license issued	Signature of Clerk /	Deputy Clark		
Jale	rocerved and med with municipal clerk	Date reported to council / posts	Date provis	गणावा गण्यावस १३५८सच्य	Signature of Clerk /	Deputy Olerk		
Date	license granted	Date license issued	License nu	mber issued				



1. Name of Ap	plicant: Driftwo	ood Special Servicing, LLC		
		n Red Lion Paper Valley Hot	el - Lombardi Steakho	ouse and Bar
				, doo and bar
		identify primary business	activity)	
Restaura		70		
	Night Club/Wir			
	ewery/Brewpul)		
	/Craft Studio			
Other (d	lescribe)			
3. Address of 1	Business: 333 \	N. College Avenue, Appletor	n, WI 54911	
4 Have vou o	r any member	of your organization eve	r been convicted of	'a misdemeanor or
ordinance viol		No V		
		felony? Yes		
		se explain in detail below		
ii yes to either	question, pica	se explain in detail below	•	
		ders or investors of your ase use additional sheets		full name, middle
David	A.	Buddemeyer	1	•/•/
First name	M.I.	Last name		Date of Birth
Charles	M.	Diaz		
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
(N		on wou are huwing the nu	omico and aquinma	ant from?
b. Name of per	rson/corporati	on you are buying the pr	emise and equipme	
Name: Appleton	Holdings I.I.C			
Name: Appleton First nam		Middle Initial	Last name	
r not nam		middly initial	2000	
Address: 12 Tide	ewater Drive		Ormond Beach	FL 32174
			Cit.	State 7ID

7. What was the previous name and primary nature of the business	operating at this
location? Name: Appleton Red Lion Paper Valley Hotel - Lombardi Steakhouse and 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 t	he past license year?
Yes ✓ If yes, please contact the Community and Economic Developm 6468 about obtaining a copy of an existing Special Use Permit and relating run with property.	nent Department at 832- ted requirements that
No If no, please contact the Community and Economic Developme 6468 about obtaining a Special Use Permit. A Special Use Permit may business activity prior to the issuance of a Liquor License, pursuant to the Zoning Ordinance.	be required for your
9. If alcohol sales were a previous use in this building, when did the months ago.	operation cease?
10. Seating capacity: Inside Outside	
11. Operating hours (Inside the building): Operating hours (Outdoor seating areas):	
12. Employees/Staff Number of floor personnelNumber 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:	
c. Below, identify the operational details of the proposed establishment	nent:
Lombardi Steakhouse and Bar located within Appleton Red Lion Paper Valley	Hotel, including wine room,
dining room, service bar, and room service.	
·	
Rollings	8/15/2020
Signature	Date

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

must appoint an agent. The	following ques	stions must be answere	d by the agent. The appoin	ed mait beverages and/or intoxicating liquor itment must be signed by an officer of the mendation made by the proper local official.
To the governing body of:	☐ Town ☐ Village ☑ City	of APPLETON	AMARIAN PARAMETER STATE OF THE	nty of OUTAGAMIE
The undersigned duly author	orized officer/m	nember/manager of DI	RIFTWOOD SPECIAL SI (Registered Name of Corpor	ERVICING, LLC ration / Organization or Limited Liability Company)
a corporation/organization of	or limited liabilit	y company making appl	ication for an alcohol bever	age license for a premises known as
APPLETON RED LION I	PAPER VALL		de Name)	
located at 333 W. COLLE	EGE AVENUE	•	•	
appoints LINDA GAR	VEY	(Name of A	ppointed Agent)	
105 Alexa	inder Dr	· Nogoch 1:	of Appointed Agent)	<u> </u>
to alcohol beverages condu	icted therein. Is	s applicant agent prese	ntly acting in that capacity o	of the premises and of all business relative or requesting approval for any corporation/ y other location in Wisconsin?
Yes No Ifs			ed liability company(ies) and	f municipality(ies).
Is applicant agent subject to			ge server training course?	Yes No
How long immediately prior	to making this	application has the app	licant agent resided continu	ously in Wisconsin?
				h, WI 54956
For	r: DRIFTWO	OD SPECIAL SERVIO	CING, LLC Corporation / Organization / Limited	I Liability Company)
Ву	/: <u>R</u>	Word ()	(Signature of Officer / Member / N	
Any person who knowingly \$1,000.	provides mater		<u> </u>	may be required to forfeit not more than
		ACCEPTAN	ICE BY AGENT	
1. Linda Go	rey	e Agent's Name)	, herel	by accept this appointment as agent for the
corporation/organization/lin beverages conducted on the	nited liability one premises for	company and assume to the corporation/organi	full responsibility for the c zation/limited liability comp	onduct of all business relative to alcohol any.
Linda M	M/Clusianature of A dent)		10-14-20 (Date)	Agent's age
105 Alexano	ler Br	ne Address of Agent)	17 54956	Date of birth
			BY MUNICIPAL AUTHOR behalf of Municipal Officia	
I hereby certify that I have the character, record and r	checked munic eputation are s	cipal and state criminal satisfactory and I have	records. To the best of my no objection to the agent a	knowledge, with the available information, ppointed.
Approved on	by	(Signature of Prop	er Local Official)	Title
(Date)		(Signature or F10p	or Educationally	Wisconsin Department of Revenue
AT-104 (R. 4-18)				Theorian Department of November

Original Alcohol Be	verage Reta	II License A	pplication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk.)				FEIN Number	
For the license period beginning	ng:	ending: O	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of)			Class A beer	\$
To the Governing Body of the:	\square Village of $\frac{A}{A}$	PPLETON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	✓ Class B beer	\$ 100
	☑ City of ☑			☐ Class C wine	\$
County of OUTAGAMIE		Aldormoni	c Dist. No	Class A liquor	\$
County of COTAGANTE		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
		(, ,	✓ Class B liquor	\$ 500
Ohaali ana. 🖂 ludisidusl		0		Reserve Class B liquor Class B (wine only) winery	\$ \$
Check one: Individual	✓ Limited Liabilit		L!	Publication fee	\$ 20
☐ Partnership	☐ Corporation/N	onpront Organiza	uon	TOTAL FEE	\$
Name (individual / partners give last r	name, first, middle; corpo	orations / limited liabilit	y companies give register	red name)	
DRIFTWOOD SPECIAL SE	ERVICING, LLC				
An "Auxiliary Questionnaire by each member of a partne each member/manager and	rship, and by eac	h officer, directo	or and agent of a co	orporation or nonprofit orga	anization, and b
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
BUDDEMEYER	DAVID	A	3264 WYMBERL	Y DR, JUPITER, FL 33	458
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
DIAZ	CHARLES	М	528 OVERLOOK	DR, N PALM BCH, FL	33408
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Garrey	Linda	Marie	105 Alexar	ider Dr. Neenah, le	1 54956
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Trade Name APPLETON Address of Premises 33	3 W. COLLEGE	AVENUE	Post Office &	one Number 920-733-800 Zip Code 54911	0
	rooms including li	ving quarters, if u	sed, for the sales, s	e to be sold and stored. The ervice, consumption, and/or stored only on the premises	
BLAZE TO INCLUDE	OUTSIDE DECK	AND STORAGE	IN BASEMENT	1,000,00	
4. Legal description (omit if s	street address is giv	ven above):	\$40000 AND		
5. (a) Was this premises lice	ensed for the sale o	f liquor or beer du	ring the past license	9 year?	☑ Yes □ N
(b) If yes, under what nan	ne was license issu	ed? APPLETON	HOLDINGS, LLC		

6.	Is individual, partners or age beverage server training cou		? If yes,	explain			☐ Yes	☑ No
7.	Is the applicant an employe If yes, explain.		ehalf of a		named applicar	it?	☐ Yes	☑ No
8.	Does any other alcohol bev business? If yes, explain						☐ Yes	☑ No
9.	(a) Corporate/limited liabi of registration.	lity company applicants	only: Ir	nsert state DE	and d	ate <u>01/30/20</u>		
	(b) Is applicant corporation company? If yes, expla	/limited liability company a					☐ Yes	☑ No
	(c) Does the corporation, o member/manager or ag If yes, explain.	r any officer, director, stoc ent hold any interest in an					☐ Yes	☑ No
10.	Does the applicant understa government, Alcohol and To business? [phone 1-877-88	bacco Tax and Trade Bure	au (TTB) by filing (TTB form	n 5630.5d) befo	re beginning	☑ Yes	□ No
11.	Does the applicant understa	and they must hold a Wisco	nsin Se	ller's Permit? [phor	ne (608) 266-27	76]	✓ Yes	☐ No
12.	Does the applicant understa breweries and brewpubs? .						✓ Yes	□ No
the I than assi Com	AD CAREFULLY BEFORE SIGNIN best of the knowledge of the signe \$1,000. Signer agrees to operate gned to another. (Individual applic apanies must sign.) Any lack of acceptance and grounds for revoces	er. Any person who knowingly po this business according to law ants, or one member of a partne cess to any portion of a licensec	rovides m and that ership app	aterially false informati the rights and respons licant must sign; one c	on on this applica ibilities conferred orporate officer, o	tion may be require by the license(s), if ne member/manage	d to forfeit granted, w er of Limite	not more vill not be d Liability
Conf	act Person's Name (Last, First, M.I.)			Title/Member		Date		
	ddemeyer, David, A	·····		President		06/04/20		
oign	Bulline	ful		Phone Number)	Email Address	000	99
	BE COMPLETED BY CLERK received and filed with municipal clerk D	ate reported to council / board	Date provide	sional license issued	Signature of Clerk /	Deputy Clerk		
<i></i> alc		are reported to country positi	Date provis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organization of Orenk /	Lopuly Cloth		
Date	license granted D	ate license issued	License nu	mber issued				



. Name of App	olicant: Driftwo	ood Special Servicing, LLC		
		n Red Lion Paper Valley Ho	otel - BLAZE Bourbon a	nd Whiskey Bar
. Name of Bus	iness: Appletoi	TRed Libit Paper Valley Tic	MEI - DEAZE DOUIDON A	na vinokcy bai
		identify primary business	s activity)	
Restaurar		_		
	light Club/Win			
	wery/Brewpul)		
	Craft Studio			
Other (de	escribe)			
	3331	M Callege Avenue Annletc	on M/I 54911	
Address of B	susiness: 333 v	N. College Avenue, Appleto	ni, vvi oto i i	
rdinance viola	tion? Yes	of your organization even		
		felony? Yes	No	
f yes to either o	question, pleas	se explain in detail belo	w:	
nitial and date	of birth. Plea	ders or investors of you ase use additional sheets		full name, middle
David	A	Buddemeyer		
irst name	M.I.	Last name		Date of Birth
Charles	<u>M.</u>	Diaz		Date of Birth
rst name	M.I.	Last name		/ /
irst name	M.I.	Last name		Date of Birth
ast name	2.2.2.			/ /
irst name	M.I.	Last name		Date of Birth
. Name of per	son/corporati	on you are buying the p	remise and equipme	ent from?
lame: Appleton I			I - A	
First name	;	Middle Initial	Last name	
Address: 12 Tide	water Drive		Ormond Beach	FL 32174
				State 7IP

7. What was the previous name and primary nature of the business	operating at this
location? Name: Appleton Red Lion Paper Valley Hotel - BLAZE Bourbon and Whiskey	Bar
(Check Applicable Box(s) to identify primary business activity)	
Restaurant	
Tavern/Night Club/Wine Bar	
Microbrewery/Brewpub	
Painting/Craft Studio	
Other (describe)	
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 Develope 6468 about obtaining a copy of an existing Special Use Permit and relamay run with property.	ment Department at 832- ted requirements that
No If no, please contact the Community and Economic Developm 6468 about obtaining a Special Use Permit. A Special Use Permit may business activity prior to the issuance of a Liquor License, pursuant to t Zoning Ordinance.	be required for your
9. If alcohol sales were a previous use in this building, when did the months ago.	e operation cease?
10. Seating capacity: Inside Outside	
11. On supting house (Incide the building):	
11. Operating hours (Inside the building): Operating hours (Outdoor seating areas):	
Operating nours (outdoor searing areas).	
12. Employees/Staff	
Number of floor personnelNumber of door check	ers
13. In general, state the size and operational details of the proposed	l 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:	•
c. Below, identify the operational details of the proposed establish	*
BLAZE Bourbon and Whiskey Bar located within Appleton Red Lion Paper Va	
ΘM	8/11
Goldeneze	8/15/2020
Signature	Date

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

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
The undersigned duly authorized officer/member/manager of PRIFTWOOD SPECIAL SERVICING, 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
APPLETON RED LION PAPER VALLEY HOTEL
(Trade Name) located at _333 W. COLLEGE AVENUE, APPLETON, WI 54911
appoints LINDA GAEVEY (Name of Appointed Agent)
(Name of Appointed Agent) 105 Alexander Dr. Naenah WI 54956 (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). Appletis Holdings
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?
Place of residence last year 105 Alexander Dr. Neenah, WI 54956
For: DRIFTWOOD SPECIAL SERVICING, LLC
By: (Name of Corporation / Organization / Limited Liability Company)
(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, Linda Garvey , 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.
Linda Marvey 10-14-200 Agent's age
(Signature of Igent) 105 Alexander Dr. Meenah, W.7. 54956 (Home Address of Agent) Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by Title
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Criter)

Original Alcohol Bev (Submit to municipal clerk.)	erage Reta	il License A	pplication	Applicant's Wisconsin Seller's Perr	nit Number	
1 =				FEIN Number		
For the license period beginning]:(mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEI	E
	☐ Town of ``			Class A beer	\$	
To the Governing Body of the:	\square Village of \nearrow $\stackrel{A}{\longrightarrow}$	PPLETON		✓ Class B beer	\$	100
	✓ City of			Class C wine	\$	
				☐ Class A liquor	\$,
County of OUTAGAMIE		Aldermani	c Dist. No I by ordinance)	Class A liquor (cider only)	\$ N/A	4
		(if required	by ordinance)	✓ Class B liquor	\$	500
				Reserve Class B liquor	\$	
Check one: Individual	✓ Limited Liabilit	y Company		Class B (wine only) winery	\$	
		onprofit Organizat	ion	Publication fee	\$	20
		onprom organizat		TOTAL FEE	\$	
Name (individual / partners give last na	me, first, middle; corp	orations / limited liability	y companies give registere	d name)	- 0x00-00 x	
DRIFTWOOD SPECIAL SER	RVICING, LLC					
An "Auxiliary Questionnaire, by each member of a partner each member/manager and a	ship, and by eac	h officer, directo	r and agent of a co	rporation or nonprofit orga	nization,	and by
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
BUDDEMEYER	DAVID	7	3264 WVMBEDI.V	DR, JUPITER, FL 33	45Q	
Vice President / Member Last Name		(Middle Name)		ity or Post Office, & Zip Code)	430	***************************************
	(First)	<u>'</u>				
DIAZ	CHARLES	M (Middle Nesse)		DR, N PALM BCH, FL	33408	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Garvey	Linda	Marie	IDS Merand	ex Dr. Neenah WI	5495	56
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	er Dr. Nechah, Wl ity or Post Office, & Zip Code)		
Trade Name APPLETON	RED LION PAR	PER VALLEY	Business Phor	ne Number 920-733-8000)	
2. Address of Premises 333	W. COLLEGE	AVENUE	Post Office & Z	Zip Code 54911		
 Premises description: Des applicant must include all storage of alcohol beverag described.) 	rooms including li	ving quarters, if u	sed, for the sales, se	rvice, consumption, and/or		
CLUBHOUSE BAR AND	STORAGE IN I	BASEMENT				

Well de la constant d						
4. Legal description (omit if st	reet address is gi	ven above):				
5. (a) Was this premises licer	sed for the sale c				✓ Yes	□No
(b) If yes, under what name	e was license issu	ed? APPLETON	HOLDINGS, LLC			

6.	Is individual, partners or agent beverage server training cours		If yes,	explain			☐ Yes	☑ No
7.	Is the applicant an employe or if yes, explain.			anyone except the r			☐ Yes	☑ No
8.	Does any other alcohol bever business? If yes, explain	rage retail licensee or wh	nolesale	permittee have any	y interest in or c	control of this	☐ Yes	☑ No
9.	(a) Corporate/limited liabilit of registration.	ty company applicants	only: In	nsert state DE	and da	te <u>01/30/20</u>		
	(b) Is applicant corporation/li company? If yes, explain						☐ Yes	☑ No
	(c) Does the corporation, or a member/manager or ager If yes, explain.						☐ Yes	☑ No
10.	Does the applicant understand government, Alcohol and Toba business? [phone 1-877-882-	acco Tax and Trade Bure	au (TTB)) by filing (TTB form	n 5630.5d) befor	e beginning	☑ Yes	□ No
11.	Does the applicant understand	d they must hold a Wisco	nsin Sel	ller's Permit? [phor	ne (608) 266-27	76]	✓ Yes	☐ No
12.	Does the applicant understand breweries and brewpubs?						✓ Yes	□ No
the than assi Com	AD CAREFULLY BEFORE SIGNING best of the knowledge of the signer. \$1,000. Signer agrees to operate the gned to another. (Individual applican apanies must sign.) Any lack of acces sdemeanor and grounds for revocation.	Any person who knowingly problems business according to law ats, or one member of a partners to any portion of a licensed	rovides mand that ership app	aterially false information the rights and respons licant must sign; one co	on on this applicat ibilities conferred t orporate officer, on	ion may be require by the license(s), if e member/manage	ed to forfeit granted, w er of Limite	not more vill not be d Liability
Cont	act Person's Name (Last, First, M.I.)			Title/Member		Date		
	ddemeyer, David, A			President Phone Number		06/04/20 Email Address		
g-1	Dollens	1u		000000		00000	000	
	BE COMPLETED BY CLERK	appaled to a second / b second	Data	Jonet Boons - Joseph	Telepotrico of Olad 11	Donuty Clark		
⊔ate	received and filed with municipal clerk Date	e reported to council / board	Date provis	ional license issued	Signature of Clerk / I	эврику Стегк		
Date	elicense granted Date	e license issued	License nu	mber issued				



1. Name of Appli	cant: Driftwo	ood Special Servicing, LLC	>	
2. Name of Busin	ess: Appletor	n Red Lion Paper Valley H	lotel - The Clubhouse S	ports Pub
		identify primary busine		
Restaurant	no Bon(b) to	racherry primary susmice	55 40011109)	
	ght Club/Win	o Don		
Microbrew	•	•		
Painting/Ci				
Other (desc	eribe)			
3. Address of Bus	siness: <u>333 V</u>	V. College Avenue, Applet	ton, WI 54911	
		of your organization ev		f a misdemeanor o
ordinance violatio				
AND/OR been co	nvicted of a	felony? Yes	No ✓	
If yes to either qu	estion, pleas	se explain in detail belo	ow:	
		•		
		,		
-		lers or investors of you se use additional sheet Buddemeyer	s if necessary.	full name, middle
First name	M.I.	Last name		Date of Birth
Charles	M.	Diaz		
First name	M.I.	Last name		Date of Birth
rnstname	171.1.	Last hame		/ /
First name	M.I.	Last name		Date of Birth
rnst name	141.1.	East name		/ /
First name	M.I.	Last name		Date of Birth
				4.6
6. Name of perso	n/corporatio	on you are buying the p	premise and equipm	ent from?
Name: Appleton Ho	ldings LLC			
First name		Middle Initial	Last name	
Address: 12 Tidewa	ater Drive		Ormond Beach	FL 32174
. 1441001			City	State ZIP

7. What was the previous name and primary nature of the business	ss operating at this
location?	
Name: Appleton Red Lion Paper Valley Hotel - The Clubhouse Sports Pub	
(Check Applicable Box(s) to identify primary business activity) Restaurant	
Tavern/Night Club/Wine Bar	
Microbrewery/Brewpub	
Painting/Craft Studio	
Other (describe)	
Other (describe)	
8. Was this premise licensed for alcohol sales/consumption during	g the past license year?
Yes ✓ If yes, please contact the Community and Economic Develop 6468 about obtaining a copy of an existing Special Use Permit and relamay run with property.	
No If no, please contact the Community and Economic Developm 6468 about obtaining a Special Use Permit. A Special Use Permit may business activity prior to the issuance of a Liquor License, pursuant to Zoning Ordinance.	y be required for your
9. If alcohol sales were a previous use in this building, when did the months ago.	ne operation cease?
10. Seating capacity: Inside Outside	
11. Operating hours (Inside the building):	
Operating hours (Outdoor seating areas):	
5 /	
12. Employees/Staff	
Number of floor personnelNumber of door chec	kers
13. In general, state the size and operational details of the propose	ed 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:	
c. Below, identify the operational details of the proposed establish	*
The Clubhouse Sport Pub located within Appleton Red Lion Paper Valley Ho	
600 I	0/1.1.
Havemer	0/13/2020
Signature	Date

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

must appo	int an agent. The	following gues	tions must be answ	ered by the	agent. The app	pointment m	everages and/or intoxicating liquor ust be signed by an officer of the n made by the proper local official.
To the gov	verning body of:	☐ Town ☐ Village ☑ City	of APPLETON	wantana.		County of C	DUTAGAMIE
The under	signed duly autho		ember/manager of	DRIFTWO	OOD SPECIAL	L SERVICII	NG, LLC anization or Limited Liability Company)
				application fo	or an alcohol be	everage licen	se for a premises known as
APPLET	ON RED LION F	APER VALLI		(Trade Name)			
located at	333 W. COLLE	GE AVENUE	, APPLETON, WI	54911			
appoints	LINDA GAR	VEY	/Name	of Appointed A	(gent)		
	105 Alexa	nder Dr	· Noenah	dress of Appoint	4956		
to alcohol	beverages condu-	cted therein. Is	applicant agent pro	esently actir	ig in that capac	ity or reques	emises and of all business relative sting approval for any corporation/ocation in Wisconsin?
X Yes	□ No If so Apoleton	o, indicate the o	corporate name(s)/li	imited liabilit	y company(ies)	and municip	pality(ies).
Is applicar	nt agent subject to	completion of	the responsible bev	verage serve	r training cours	e? 🗹 Ye	
How long	immediately prior						Wisconsin? <u>354RS</u>
Place of re	esidence last year	105 1	Ulexande.	r Dc	Neer	sah, L	JI 54956
	For	: DRIFTWOO	DD SPECIAL SER				
	Ву	- R	O Mame	e of Corporation	/Organization/Li	mited Liability C	company)
				0	e of Officer / Membe		
Any perso \$1,000.	n who knowingly p	orovides materi	ally false informatio	on in an appl	ication for a lice	ense may be	required to forfeit not more than
/	, (TANCE BY			
1,	nda Go	(Print / Type	Agent's Name)		, h	ereby accep	ot this appointment as agent for the
corporatio	n/organization/lim	ited liability c	ompany and assun the corporation/org	ne full resp ganization/li	onsibility for th	e conduct on the company.	of all business relative to alcohol
LIM	ida Ol	anature of Adent)			10 - 14 - 0	2020	Agent's age
105	Alexano	ler Dr.	Meenah, ne Address of Agent)	WI:	54956		Date of birth
			PROVAL OF AGE lerk cannot sign o				
I hereby o	ertify that I have o cter, record and re	checked munic eputation are s	ipal and state crimi atisfactory and I ha	nal records. ive no objec	To the best of tion to the ager	my knowled nt appointed	ge, with the available information,
Approved	on(Date)	by	(Signature of	Proper Local O	fficial)	Title	Town Chair, Village President, Police Chief)
	01						Wisconsin Department of Revenue

Original Alcohol Be (Submit to municipal clerk.)	verage Retail	License A	pplication	Applicant's Wisconsin Seller's Per	nit Number)
For the license period beginning	na.	endina:			·y·	
Tot the hoorise period beginning	(mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FE	E
	☐ Town of >			Class A beer	s	 -
To the Governing Body of the:	☐ Village of } AP	PLETON		☑ Class B beer	\$	100
	☑ City of			Class C wine	\$	
Carrate of OUTPACAMITE		Aldannania	. Dink kin	Class A liquor	\$	
County of OUTAGAMIE		Algermanic	by ordinance)	Class A liquor (cider only)	\$ N//	
		(ii required	by ordinarioo,	☑ Class B liquor	\$	500
		_		Reserve Class B liquor	\$	
Check one: Individual	☑ Limited Liability			1	\$	
☐ Partnership	☐ Corporation/Non	profit Organizati	on	Publication fee	\$	_
				TOTAL FEE	<u> \$</u>	
Name (Individual / partners give last n	ame, first, middle; corpora	tions / limited liability	companies give registere	ed name)		
DRIFTWOOD SPECIAL SE						
An "Auxiliary Questionnaire by each member of a partner each member/manager and a	rship, and by each	officer, director	and agent of a co	rporation or nonprofit orga	nization,	and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
BUDDEMEYER	DAVID	Α		Y DR, JUPITER, FL 334	158	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	'	
DIAZ	CHARLES	М		DR, N PALM BCH, FL	33408	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Garvey Directors / Managers Last Name	Linda (First)	Marie (Middle Name)	105 Alexand Home Address (Street,	Ler Dr. Ncenah, WI City or Post Office, & Zip Code)	549s	56
Trade Name FOX CITII	ES EXHIBITION C	ENTER	Business Pho	ne Number 920-733-8000		
2. Address of Premises 355				Zip Code 54911		
Premises description: Des applicant must include all storage of alcohol beverage described.)	scribe building or bui rooms including living ges and records. (Al	ildings where ald ng quarters, if us cohol beverages	cohol beverages are led, for the sales, so may be sold and s		, , , , , , , , , , , , , , , , , , , 	
AND PATIO AREA AT				ES J. S. S. S. S. A.		
AND PATTO AREA AT	EARIBITION CE	NIER, FRE F	ONCTION AREA			
4. Legal description (omit if s	treet address is give					
5. (a) Was this premises lice	nsed for the sale of l			year?	✓ Yes	☐ No
(b) If yes, under what nam	e was license issued	17 APPLETON 1	HOLDINGS, LLC			
AT-106 (R. 3-19)				Wisconsin	Department o	d Revenue

6.	Is individual, partners or a beverage server training	agent of corporation/limited li course for this license period	? If yes	mpany subject to co			☐ Yes	☑ No
7.	Is the applicant an emplo	ye or agent of, or acting on b	ehalf of	anyone except the r	named applicar	nt?	☐ Yes	☑ No
8.		peverage retail licensee or w					☐ Yes	☑ No
9.	(a) Corporate/limited lia of registration.	ability company applicants	only: Ir	nsert state DE	and d	ate <u>01/30/20</u>		
		ion/limited liability company					☐ Yes	☑ No
		, or any officer, director, stoc agent hold any interest in ar					☐ Yes	☑ No
10.	government, Alcohol and	stand they must register as a Tobacco Tax and Trade Bure -882-3277]	au (TTB) by filing (TTB form	5630.5d) befo	re beginning	☑ Yes	□ No
11.	Does the applicant under	stand they must hold a Wisco	onsin Se	ller's Permit? [phon	e (608) 266-27	776]	✓ Yes	☐ No
12.		stand that they must purchas				wholesalers,	✓ Yes	□ No
the than assig	pest of the knowledge of the sig \$1,000. Signer agrees to oper gned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly prate this business according to law plicants, or one member of a partnacess to any portion of a licenser vocation of this license.	orovides m v and that ership app	aterially false information the rights and responsi dicant must sign; one co	on on this applica bilities conferred orporate officer, or	tion may be require by the license(s), if ne member/manage	d to forfeit granted, w er of Limited	not more vill not be d Liability
	act Person's Name (Last, First, M.I.)			Title/Member		Date	·	
Bu Signa	ddemeyer, David, A	<u> </u>		President Phone Number		06/04/20 Email Address		
	rollom	L françois de la constantina della constantina d		000000	j	00000		
	E COMPLETED BY OF EDIT							
	E COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk /	Deputy Clerk		
<u> </u>	H							
∪ate	license granted	Date license issued	License nu	mber issued				



1. Name of App	olicant: Driftwo	ood Special Servicing, LL	0	
2. Name of Bus	iness: Appleto	n Red Lion Paper Valley I	Hotel - Exhibition Center	
		identify primary busine		
Restaura		The second of th	•,	
	light Club/Wir	ne Bar		
	ewery/Brewpul			
	Craft Studio	J		
	escribe) Exhib	ition Contor	•	
Other (de		Lowrenze St.	•	
) Adduses of D	355	W. Gollege Avenue, Apple	eton WI 54911	
). Address of B	ousiness: 000	VI. Conego - renae, rippie	itori, tiro io i	
If yes to either o	question, plea	felony? Yesse explain in detail bel	ow:	full name, middle
initial and date	of birth. Plea	ase use additional shee	ts if necessary.	
David	A.	Buddemeye Last name		Date of Birth
First name Charles	M.I. M .	Diaz		
First name	M.I.	Last name		Date of Birth
The name	2.232			1 1
First name	M.I.	Last name		Date of Birth
First name	M.I.	Last name		Date of Birth
6. Name of per Name: Appleton I First name	Holdings LLC	on you are buying the	premise and equipmo	ent from?
A 11 . 10 Tido	water Drive		Ormond Beach	FL 32174
Address: 12 Tide	water Dilve		Cimona bodon	Ct-t- 7ID

7. What was the previous name and primary nature of the business of	perating at this
location? Name: Appleton Red Lion Paper Valley Hotel - Exhibition Center	
(Check Applicable Box(s) to identify primary business activity) Restaurant	
Tavern/Night Club/Wine Bar	
Microbrewery/Brewpub	
Painting/Craft Studio	
Other (describe) Exhibition Center	
8. Was this premise licensed for alcohol sales/consumption during the	ne past license year?
Yes ✓ If yes, please contact the Community and Economic Developmed 6468 about obtaining a copy of an existing Special Use Permit and related may run with property.	ent Department at 832- ed requirements that
No If no, please contact the Community and Economic Developmen 6468 about obtaining a Special Use Permit. A Special Use Permit may b business activity prior to the issuance of a Liquor License, pursuant to the Zoning Ordinance.	e required for your
9. If alcohol sales were a previous use in this building, when did the of months ago.	operation cease?
10. Seating capacity: Inside Outside	
11. Operating hours (Inside the building):	
Operating hours (Outdoor seating areas):	
12. Employees/Staff	
Number of floor personnelNumber of door checker	rs
13. In general, state the size and operational details of the proposed of	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:	
c. Below, identify the operational details of the proposed establishm	
Beverage service inside of Exhibition Center; outdoor plaza at street level; and	patio and pre-function
areas at Exhibition Center.	
·	
630emy M	8/15/2020
Signature	Date

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

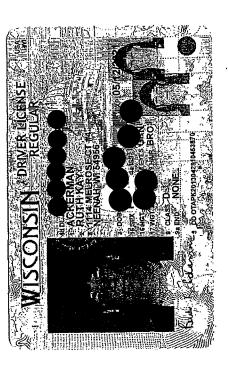
must appoint an agent	The following gues	stions must be answered	by the agent. The appoin	ed malt beverages and/or intoxicating liquor ntment must be signed by an officer of the mendation made by the proper local official.
To the governing body	☐ Town of: ☐ Village ☐ City	of APPLETON	Cou	inty of OUTAGAMIE
The undersigned duly	authorized officer/n	nember/manager of DR	IFTWOOD SPECIAL S	ERVICING, LLC ration / Organization or Limited Liability Company)
a corporation/organizati	tion or limited liabilit	v company making applic	•	rage license for a premises known as
APPLETON RED LI			ation for all alcohol bever	age mostroe for a profittion function as
		(Trade	Name)	
located at 333 W. Co	OLLEGE AVENUE	E, APPLETON, WI 549	11	
appoints LINDA		(Name of An	pointed Agent)	
105 AL	exander Di	Nagnah 13	T 5495 L f Appointed Agent)	
•			*	
to alcohol beverages of	conducted therein. Is	s applicant agent present	tly acting in that capacity	of the premises and of all business relative or requesting approval for any corporation/ ny other location in Wisconsin?
X Yes No	If so, indicate the		l liability company(ies) an	d municipality(ies).
			e server training course?	
How long immediately	prior to making this	application has the appli	cant agent resided continu	uously in Wisconsin?
Place of residence las	t year <u>IDS</u>	Alexander	Dr. Neena	h, WI 54956
	For: DRIFTWO	OD SPECIAL SERVIC		
	By:	(Name of Co	rporation / Organization / Limite	d Liability Company)
			Signature of Officer / Member / I	Manager)
Any person who know \$1,000.	ngly provides mater	ially false information in a	an application for a licens	e may be required to forfeit not more than
,	0	ACCEPTANO	CE BY AGENT	
Linda	Garvey (Print/Type	e Agent's Name)	, here	by accept this appointment as agent for the
corporation/organizati beverages conducted	on/limited liability of on the premises fo	ompany and assume fu the corporation/organiz	III responsibility for the oation/limited liability comp	conduct of all business relative to alcohol pany.
Linda C	Signature of Agent)		10-14-20	Agent's age
105 Alexa	ender Dr.	ne Address of Agent)	7 54956	Date of birth
			Y MUNICIPAL AUTHOR Phalf of Municipal Offici	
I hereby certify that I he the character, record a	nave checked munic and reputation are s	cipal and state criminal restatisfactory and I have no	ecords. To the best of my o objection to the agent a	knowledge, with the available information, ppointed.
Approved on	by	(Signature of Proper		Title
(D	ate) by	(Signature of Proper	Local Official)	(Town Chair, Village President, Police Chief)
				Misconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

	Submit to munic	грві сівік.		
Individual's Full Name (please print) (last name)	(first nerr	a)	(mlddle	name)
ACKERMAN	RUTH			K
Home Address (sweet/raute)	1 54956	neenal		
Home Phone Number	Age	Date of Birth	Płace (/)	eenaH WI
The above named individual provides the Applying for an alcohol beverage lice A member of a partnership which is AGENT (Officer / Director / Member / Manager / A which is making application for an alcohology and the second individual provides the 1. How long have you continuously resid 2. Have you ever been convicted of any violation of any federal laws, any Wiscor municipality? If yes, give law or ordinance violated,	ense as an individual. making application for an alcomodification for an alcomodification for an alcomodification for an alcomodification of ULTIMATI (Appen) cohol beverage license. following information to the license in Wisconsin prior to this description of the secons of the second of the	chol beverage licents MART, LLC lame of Corporation, Limital censing authority: ate? related to alcohol better states or ordina	se. d Liability Company or Nomp f V everages) for ances of any county	□ Yes ∭ No
status of charges pending. (If more rooms) 3. Are charges for any offenses presently for violation of any federal laws, any V municipality? If yes, describe status of charges pending the companization or member/manager/age beverage license or permit?	y pending against you (other to Visconsin laws, any laws of other ding. on for or are you an officer, die not of a limited liability compan	n side of this form.) hen traffic unrelated her states or ordinated or agent of a y holding or applying	to alcohol beveragences of any county of corporation/honprofig for any other alcohol.	es) or Yes V No
 Do you hold and/or are you an officer, member/manager/agent of a limited lie brewery/winery permit or wholesale lic if yes, identify. 	director, stockholder, agent or ability company holding or app quor, manufacturer or rectifier	employe of any pe lying for a wholesa	erson or corporation le beer permit, of Wisconsin?	Yes 🕡 No
•	nolesale Licensee or Permillee) alocal order local true ampliquers	-	(Address By City a	nd Caunly)
6. Named individual must list in chronolo Employers Name	gical order last two employers Employer's Address	i e e e e e e e e e e e e e e e e e e e	Employed From	То
ROUNDYS SUPERMARKETS	875 E WISCONSIN A	VE WKE WI		
	Employare Address #114171e NOSE Ct		Emplayed From IT5-1952,	То
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the application; that the applicant has read an correct. The undersigned further understal under penalty of state law, the applicant of the truth and person who knowingly provides to the state of the truth and truth a	e knowledge of the signer. The d made a complete answer to nds that any license issued co nay be prosecuted for submitti	e signer agrees that each question, and ntrary to Chapter 12 ng false statements	t he/she is the perso that the answers in a 25 of the Wisconsin S and affidavits in col	in named in the foregoing each instance are true and Statutes shall be void, and inection with this application to more than \$1,000.

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

	All corporations/organizations or infilted flability companies applying for a license to sell fermented mail obverages and/or infolicating 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 flability company and the recommendation made by the proper local official.
	Town To the governing body of:
	The undersigned duly authorized officer/member/manager of ULTIMATE MART, 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
	PICK 'N SAVE #187 (Trade Name)
	located at 511 W CALUMET ST APPLETON, WI 54915
	appoints RUTH ACKERMAN
	1114 Melidse at #4 Name of Appointed Agent), 54956
1	(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 V 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?
	Place of residence last year III 4 Melrose of # 4
	For: ULTIMATE MART, LLC Name of Gorporation (Organization / Limited Liability Company)
	By: (Signature of Officer / Manager)
	Any person who knowingly provides materially false information in an application for a license may be required to forfelt not more than \$1,000.
_	ACCEPTANCE BY AGENT
	, RUTH ACKERMAN , 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.
	MUUL Wikiman 09-23-2020 Agent's age
-	114 Melrase Of Agenti) (Home Address of Agenti) 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 (Chate) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)
	Utanada Panadatan & Camputa
	AT-104 (R. 4-18)



Beverage Operator's License

City/State/Zip:





is hereby granted a license to handle the sale of fermented malt, liquors and light wines on any licensed premise in the City of Neenah.

This license expires: 06/30/2022