



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, November 18, 2020

6:30 PM

Council Chambers, 6th Floor

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### SPECIAL

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting  
[20-1521](#) Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 10-28-20.pdf](#)

#### 4. Public Hearings/Appearances

#### 5. Action Items

[20-1366](#) "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](#)

[20-1513](#) "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](#)

- [20-1514](#) "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](#)
- [20-1515](#) "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](#)
- [20-1516](#) "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](#)
- [20-1517](#) "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

- [20-1522](#) 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

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Wednesday, October 28, 2020

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 Schultz arrived at 5:41 p.m.*

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

3. Approval of minutes from previous meeting

[20-1443](#)

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

**Attachments:** [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

[20-1445](#)

Presentation on Recruitment and Hiring Process by Captain Polly Olson

**Attachments:** [Current Police Officer Hiring Informaiton.pdf](#)

**This Report Action Item was presented**

[20-1444](#)

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(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 [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
PARNCHARN POONSIRI

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Parnchaen</u>	<u>Poonsiri</u>		<u>4821 N Latitude Ln Appleton 54913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Jai Sung Mah Business Phone Number [REDACTED]  
 2. Address of Premises 122 W. WISCONSIN AVE. Post Office & Zip Code 54911

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.)  
one open area with a kitchen. and a basement.  
one women restroom and one men restroom.  
there're two closet storage to keep all the liquor.  
and store  
there're two fridges to store the liquor. the are of  
the building is a total of 2,500 square feet.

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? Nusara Yang.

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  
The course was completed on 09.28.20.
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
9. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **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
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.) <b>PARNCHARN Poonsiri</b>	Title/Member <b>OWNER</b>	Date <b>10.06.2020</b>
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: POONSIRI PARNCHARN

2. Name of Business: JAI SUNG MAH

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

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

3. Address of Business: 122 W. WISCONSIN AVE. APPLETON, WI 54911

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>POONSIRI</u>		<u>parncharn</u>	<u>          </u>
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: NUSARA Yang  
First name Middle Initial Last name

Address: 806 W. HARRIS ST. APPLETON WI 54914  
City State ZIP



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

Name: Jai 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  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?

14 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 personnel 1 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2,500 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
- c. Below, identify the operational details of the proposed establishment:

The building is an one open area of 2,500 sq. Ft.  
there a kitchen. Two little storage closet by the wall.  
There 're 1 women restroom, 1 men restroom and a  
basement. All the liquors will be stored in the  
storage closet area and also in the 2 fridges we  
have in the building.

Signature

Date

10.06.2020

# 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 [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
LOU'S BREW CAFE AND LOUNGE, INC.

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>LOUKIDIS</u>	(First) <u>LAURA</u>	(Middle Name) <u>ANN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4769 Indian Bend Rd Oshkosh WI 54904</u>
Vice President / Member Last Name <u>LOUKIDIS</u>	(First) <u>DENO</u>	(Middle Name) <u>JAMES</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4769 Indian Bend Rd Oshkosh WI 54904</u>
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 <u>LOUKIDIS</u>	(First) <u>LAURA</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4769 Indian Bend Rd Oshkosh WI 54904</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Lou's Brew Cafe Business Phone Number (920) 955-2229

2. Address of Premises 233 E. College Ave Post Office & Zip Code Appleton 54911

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.)  
233 E College Ave Approx 5000 sq ft main floor (cafe and bar area) is where main sale and consumption of alcohol will be sold. Main storage of alcohol will be in the basement where we have a designated room with a lockable door. Occasional consumption may occur on third floor over cafe side. Sidewalk cafe during spring/summer

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? Lou's Brew Cafe and Lounge, Inc.

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
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
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2012 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
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>LOWRIDIS, LAURA A.</u>	Title/Member <u>OWNER</u>	Date <u>10/27/20</u>
Signature <u>Laura Lowridis</u>	Phone Number <u>( )</u>	Email Address <u></u>

**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: Laura Loukidis

2. Name of Business: Lous Brew Cafe and Lounge

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Cafe & bar

3. Address of Business: 233 E College Ave Appleton WI  
54911

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>Laura</u>	<u>A</u>	<u>LOUKIDIS</u>	<u>          </u>
First name	M.I.	Last name	Date of Birth
<u>Dena</u>	<u>J</u>	<u>LOUKIDIS</u>	<u>          </u>
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: N/A

First name	Middle Initial	Last name

Address: \_\_\_\_\_  
City State ZIP

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

Name: Low's Brew

(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?

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?

8 months ago.

10. Seating capacity: Inside 100 Outside \_\_\_\_\_

11. Operating hours (Inside the building): 0730 - 1830 7:30 - 6:30 p  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 5 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: 5,000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.

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 locked  
door.

Laura Gorkidis  
Signature

10/28/20  
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Lou's Brew Cafe and Lounge  
(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 Lou's Brew Cafe  
(Trade Name)

located at 233 E. College Ave Appleton WI 54911

appoints Laura Loukidis  
(Name of Appointed Agent)  
4769 Indian Bend Rd Oshkosh WI 54904  
(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? 00 years

Place of residence last year 4769 Indian Bend Rd Oshkosh WI 54904

For: Lou's Brew Cafe and Lounge, Inc  
(Name of Corporation / Organization / Limited Liability Company)  
By: Laura Loukidis  
(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, Laura Loukidis, 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.

Laura Loukidis 10/27/20 Agent's age 00  
(Signature of Agent) (Date)  
4769 Indian Bend Rd Oshkosh WI 54904 Date of birth 01/01/00  
(Home Address of Agent)

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

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

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06-30-2020  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } APPLETON  
 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 type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ ●●●●
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DRIFTWOOD SPECIAL SERVICING, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BUDDEMEYER	DAVID	A	3264 WYMBERLY DR, JUPITER, FL 33458
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
DIAZ	CHARLES	M	528 OVERLOOK 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	Linda	Marie	105 Alexander Dr. Neenah, WI 54956
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON RED LION PAPER VALLEY Business Phone Number 920-733-8000

2. Address of Premises 333 W. COLLEGE AVENUE Post Office & Zip Code 54911

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.)  
BANQUET SERVICE - ENTIRE HOTEL INCLUDING COURTYARD, DECK AND HOTEL  
PROPERTY IN FRONT OF HOTEL




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? APPLETON HOLDINGS, 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
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
9. (a) **Corporate/limited liability company applicants only:** Insert state DE and date 01/30/20 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
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.) Buddemeyer, David, A	Title/Member President	Date 06/04/20
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:** Driftwood Special Servicing, LLC

2. **Name of Business:** 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

3. **Address of Business:** 333 W. College Avenue, Appleton, WI 54911

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.**

David	A.	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/corporation you are buying the premise and equipment from?**

Name: Appleton Holdings LLC

First name                      Middle Initial                      Last name

Address: 12 Tidewater Drive                      Ormond Beach                      FL 32174

City                      State      ZIP



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

Submit to municipal clerk.

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

To the governing body of:  Town  
 Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of DRIFTWOOD 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 GARVEY  
(Name of Appointed Agent)

105 Alexander Dr. Neenah, 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).  
Appleton 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? 25 yrs

Place of residence last year 105 Alexander Dr. Neenah, WI 54956

For: DRIFTWOOD SPECIAL SERVICING, LLC  
(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, 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 Garvey 10-14-2020  
(Signature of Agent) (Date)

Agent's age [Redacted]

105 Alexander Dr. Neenah, WI 54956  
(Home Address of Agent)

Date of birth [Redacted]

## 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)

# 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 }  
 Village of } APPLETON  
 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 type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DRIFTWOOD SPECIAL SERVICING, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BUDDEMEYER</u>	<u>DAVID</u>	<u>A</u>	<u>3264 WYMBERLY DR, JUPITER, FL 33458</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DIAZ</u>	<u>CHARLES</u>	<u>M</u>	<u>528 OVERLOOK DR, N PALM BCH, FL 33408</u>
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)
<u>Garvey</u>	<u>Linda</u>	<u>Marie</u>	<u>105 Alexander Dr. Neenah, WI 54956</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON RED LION PAPER VALLEY Business Phone Number 920-733-8000

2. Address of Premises 333 W. COLLEGE AVENUE Post Office & Zip Code 54911

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.)  
LOMBARDI BAR, WINE ROOM, DINING ROOM, SERVICE BAR, ROOM SERVICE, ORCHARD RESTAURANT, STORAGE IN BASEMENT

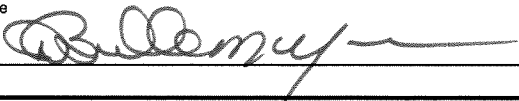


4. Legal description (omit if street address is given above): \_\_\_\_\_

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? APPLETON HOLDINGS, 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
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
9. (a) **Corporate/limited liability company applicants only:** Insert state DE and date 01/30/20 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
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.) Buddemeyer, David, A	Title/Member President	Date 06/04/20
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: Driftwood Special Servicing, LLC

2. Name of Business: 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) \_\_\_\_\_

3. Address of Business: 333 W. College Avenue, Appleton, WI 54911

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

David	A.	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/corporation you are buying the premise and equipment from?

Name: Appleton Holdings LLC

First name Middle Initial Last name

Address: 12 Tidewater Drive Ormond Beach FL 32174  
City State ZIP

**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 the past license year?**

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

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

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

\_\_\_\_\_ months ago.

**10. Seating capacity:** Inside \_\_\_\_\_ Outside \_\_\_\_\_

**11. Operating hours** (Inside the building): \_\_\_\_\_  
**Operating hours** (Outdoor seating areas): \_\_\_\_\_

**12. Employees/Staff**

Number of floor personnel \_\_\_\_\_ Number of door checkers \_\_\_\_\_

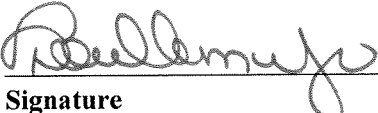
**13. In general, state the size and operational details of the proposed establishment:**

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

Lombardi Steakhouse and Bar located within Appleton Red Lion Paper Valley Hotel, including wine room,

dining room, service bar, and room service.

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
**Signature**

8/15/2020  
\_\_\_\_\_  
**Date**

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

Submit to municipal clerk.

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

To the governing body of:  Town  
 Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of DRIFTWOOD 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 GARVEY  
(Name of Appointed Agent)

105 Alexander Dr. Neenah, 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).  
Appleton 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? 00 YRS

Place of residence last year 105 Alexander Dr. Neenah, WI 54956

For: DRIFTWOOD SPECIAL SERVICING, LLC  
(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, 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 Garvey 10-14-2020  
(Signature of Agent) (Date)

105 Alexander Dr. Neenah, WI 54956  
(Home Address of Agent)

Agent's age 00

Date of birth 000000

### 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)




600





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
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
9. (a) **Corporate/limited liability company applicants only:** Insert state DE and date 01/30/20 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
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.) Buddemeyer, David, A	Title/Member President	Date 06/04/20
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:** Driftwood Special Servicing, LLC

2. **Name of Business:** 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) \_\_\_\_\_

3. **Address of Business:** 333 W. College Avenue, Appleton, WI 54911

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.**

David	A.	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/corporation you are buying the premise and equipment from?**

Name: Appleton Holdings LLC

First name Middle Initial Last name

Address: 12 Tidewater Drive Ormond Beach FL 32174

City State ZIP

**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) \_\_\_\_\_

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

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

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

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

\_\_\_\_\_ months ago.

**10. Seating capacity:** Inside \_\_\_\_\_ Outside \_\_\_\_\_

**11. Operating hours (Inside the building):** \_\_\_\_\_

**Operating hours (Outdoor seating areas):** \_\_\_\_\_

**12. Employees/Staff**

Number of floor personnel \_\_\_\_\_ Number of door checkers \_\_\_\_\_

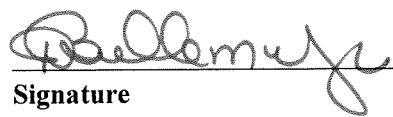
**13. In general, state the size and operational details of the proposed establishment:**

a. Gross floor building area of the premises to be licensed: \_\_\_\_\_ square feet.

b. Gross outdoor seating areas of the premises to be licensed: \_\_\_\_\_ square feet.

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

BLAZE Bourbon and Whiskey Bar located within Appleton Red Lion Paper Valley Hotel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Signature

8/15/2020  
Date

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of DRIFTWOOD 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 GARVEY  
(Name of Appointed Agent)

105 Alexander Dr. Neenah, 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).  
Appleton 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? 2 yrs

Place of residence last year 105 Alexander Dr. Neenah, WI 54956

For: DRIFTWOOD SPECIAL SERVICING, LLC  
(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, 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 Garvey 10-14-2020 Agent's age       
(Signature of Agent) (Date)

105 Alexander Dr. Neenah, WI 54956 Date of birth       
(Home Address of Agent)

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

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

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

# 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 }  
 Village of } APPLETON  
 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 type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DRIFTWOOD SPECIAL SERVICING, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BUDDEMEYER	DAVID	A	3264 WYMBERLY DR, JUPITER, FL 33458
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
DIAZ	CHARLES	M	528 OVERLOOK 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	Linda	Marie	105 Alexander Dr. Neenah, WI 54956
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON RED LION PAPER VALLEY Business Phone Number 920-733-8000

2. Address of Premises 333 W. COLLEGE AVENUE Post Office & Zip Code 54911

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.)

CLUBHOUSE BAR AND STORAGE IN BASEMENT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




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? APPLETON HOLDINGS, 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
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
9. (a) **Corporate/limited liability company applicants only:** Insert state DE and date 01/30/20 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
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.) Buddemeyer, David, A	Title/Member President	Date 06/04/20
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:** Driftwood Special Servicing, LLC

2. **Name of Business:** 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) \_\_\_\_\_

3. **Address of Business:** 333 W. College Avenue, Appleton, WI 54911

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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.**

David	A.	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/corporation you are buying the premise and equipment from?**

Name: Appleton Holdings LLC

First name Middle Initial Last name

Address: 12 Tidewater Drive Ormond Beach FL 32174  
 City State ZIP



**7. What was the previous name and primary nature of the business 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) \_\_\_\_\_

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

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

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

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

\_\_\_\_\_ months ago.

**10. Seating capacity:** Inside \_\_\_\_\_ Outside \_\_\_\_\_

**11. Operating hours (Inside the building):** \_\_\_\_\_

**Operating hours (Outdoor seating areas):** \_\_\_\_\_

**12. Employees/Staff**

Number of floor personnel \_\_\_\_\_ Number of door checkers \_\_\_\_\_

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

a. Gross floor building area of the premises to be licensed: \_\_\_\_\_ square feet.

b. Gross outdoor seating areas of the premises to be licensed: \_\_\_\_\_ square feet.

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

The Clubhouse Sport Pub located within Appleton Red Lion Paper Valley Hotel

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Signature

8/15/2020  
Date

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of DRIFTWOOD 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 GARVEY  
(Name of Appointed Agent)

105 Alexander Dr. Neenah, 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).  
Appleton 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? 25 yrs

Place of residence last year 105 Alexander Dr. Neenah, WI 54956

For: DRIFTWOOD SPECIAL SERVICING, LLC  
(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, 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 Garvey 10-14-2020 Agent's age       
(Signature of Agent) (Date)

105 Alexander Dr. Neenah, WI 54956 Date of birth       
(Home Address of Agent)

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

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

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } APPLETON  
 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 type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ ●
<b>TOTAL FEE</b>	\$

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DRIFTWOOD SPECIAL SERVICING, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BUDEMMEYER</u>	<u>DAVID</u>	<u>A</u>	<u>3264 WYMBERLY DR, JUPITER, FL 33458</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DIAZ</u>	<u>CHARLES</u>	<u>M</u>	<u>528 OVERLOOK DR, N PALM BCH, FL 33408</u>
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)
<u>Garvey</u>	<u>Linda</u>	<u>Marie</u>	<u>105 Alexander Dr. Neenah, WI 54956</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FOX CITIES EXHIBITION CENTER Business Phone Number 920-733-8000  
 2. Address of Premises 355 W. LAWRENCE STREET Post Office & Zip Code 54911

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.)

BEVERAGE SERVICE INSIDE EXHIBITION CENTER, OUTDOOR PLAZA AT STREET LEVEL,  
AND PATIO AREA AT EXHIBITION CENTER, PRE FUNCTION AREA




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? APPLETON HOLDINGS, 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
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
9. (a) **Corporate/limited liability company applicants only:** Insert state DE and date 01/30/20 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
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.) Buddemeyer, David, A	Title/Member President	Date 06/04/20
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: Driftwood Special Servicing, LLC

2. Name of Business: 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

3. Address of Business: 355 Lawrence St. 333 W. College Avenue, Appleton, WI 54911

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

David	A.	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/corporation you are buying the premise and equipment from?

Name: Appleton Holdings LLC

First name Middle Initial Last name

Address: 12 Tidewater Drive Ormond Beach FL 32174  
City State ZIP



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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of DRIFTWOOD 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 GARVEY  
(Name of Appointed Agent)

105 Alexander Dr. Neenah, 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).  
Appleton 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? 00 yrs

Place of residence last year 105 Alexander Dr. Neenah, WI 54956

For: DRIFTWOOD SPECIAL SERVICING, LLC  
(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, 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 Garvey 10-14-2020 Agent's age 00  
(Signature of Agent) (Date)

105 Alexander Dr. Neenah, WI 54956 Date of birth 0000  
(Home Address of Agent)

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

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

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

600

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ACKERMAN		RUTH		K	
Home Address (street/route)		Post Office	City	State	Zip Code
1114 Melrose Ct #4		54952	Neenan	WI	54952
Home Phone Number		Age	Date of Birth	Place of Birth	
[Redacted]		[Redacted]	[Redacted]	Neenan WI	

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 **ULTIMATE MART, LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? [Redacted] yr
- 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 Licenses or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
ROUNDYS SUPERMARKETS	875 E WISCONSIN AVE MKE WI		
RUTH K Ackerman	1114 Melrose Ct #4 Neenan WI 54952		

**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.

*Ruth K Ackerman*  
(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 of APPLETON County of WINNEBAGO  
 City

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

located at 511 W CALUMET ST APPLETON, WI 54915  
(Trade Name)

appoints RUTH ACKERMAN

1114 Melrose Ct #4 (Name of Appointed Agent) NeenaH 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).

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? 00

Place of residence last year 1114 Melrose Ct #4

For: ULTIMATE MART, LLC  
(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, RUTH ACKERMAN, 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.

Ruth Ackerman 09-23-2020  
(Signature of Agent) (Date)

Agent's age 00

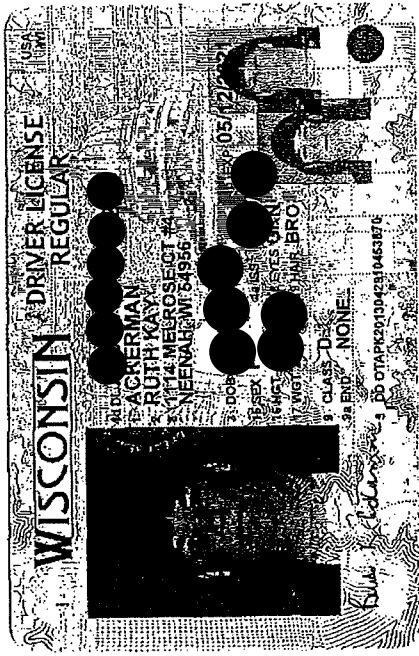
1114 Melrose Ct #4 NeenaH WI 54956  
(Home Address of Agent)

Date of birth 000000

### 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)



**Beverage Operator's License**

Name: Ruth Ackerman

Address: [Redacted]

City/State/zip: [Redacted]



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**

*[Signature]*

Stephanie Christock, Deputy Clerk