



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, August 28, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[19-1241](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 8-14-19.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[19-1031](#) Resolution #6-R-19 regarding Massage Establishments

Attachments: [#6-R-19 Massage Establishments.pdf](#)

[SL - Memo re Resolution #6-R-19.pdf](#)

Legislative History

7/17/19	Safety and Licensing Committee	referred
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[19-1226](#) Class "B" Beer and Class "C" Wine License application for Meraki Tea Bar LLC d/b/a Fika Tea Bar, Ashon Anderson, Agent, located at 207 W College Ave, contingent upon approval from all departments.

Attachments: [Liquor License-Fika Tea Bar S&L 8-28-19.pdf](#)

[19-1235](#) Class "A" Beer and "Class A" Liquor License application form for Family Dollar Stores of Wisconsin LLC d/b/a Family Dollar #23800, Joshua D Nigbor, Agent, located at 808 W. Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Liquor License-Family Dollar.pdf](#)

[19-1271](#) Operator's Licenses

Attachments: [Operator's Licenses for 8-28.pdf](#)

[19-1204](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Applebee's Neighborhood Grill & Bar, Joseph E. Behn, New Agent, located at 3040 E College Ave.

Attachments: [Joseph E Behn S&L 8-28-19.pdf](#)

[19-1136](#) Temporary Class "B" License applications filed after the agenda was published.

6. Information Items

[19-1244](#) Outagamie County Outdoor Warning Sirens

Attachments: [Outagamie Co. Board Meeting June 12th, 2018.pdf](#)

[19-1272](#) Director's Reports

-City Clerk

-Fire Chief

-Police Chief

Table of Organization Modification

Attachments: [Police - ID Unit TO Modification Request 2019.pdf](#)

[19-1243](#) Police Department information on liquor law violation convictions.

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



City of Appleton

100 North Appleton Street
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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, August 14, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

3. Approval of minutes from previous meeting

[19-1181](#)

Approval of minutes from previous meeting

Attachments: [S&L Minutes 8-7-19.pdf](#)

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

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

4. **Public Hearings/Appearances**

5. **Action Items**

[19-0412](#)

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

Attachments: [#3-R-19 Repealing Truancy Ord..pdf](#)
[Truancy Resolution Talking Points- Chief Thomas-4-1-19.pdf](#)
[SRO and Truancy Resolution.pdf](#)
[SL Memo re Dispositions 08-02-2019.pdf](#)

The following spoke on this item:

Bill Siebers, Alderperson District 1

Deb Truman, 840 Cambridge Ct

John Wiley

Helen Nagler, 932 E Commercial St

John Krueger, 2410 W Cortland Drive, Grand Chute

Ronna Swift, 230 W Seymour St

Amber McGinley, 617 N Clark St

Jeanne Roberts, President LWV

Alvin Dupree, 921 E Foxmoor Ln

Williams moved, seconded by Lobner, that the Resolution be recommended for denial. Roll Call. Motion failed by the following vote:

Aye: 2 - Lobner and Williams

Nay: 3 - Meltzer, Thao and Van Zeeland

The vote to recommend denial failed. A second vote was taken to recommend approval of the item.

Meltzer moved, seconded by Van Zeeland, that the Resolution be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 3 - Meltzer, Thao and Van Zeeland

Nay: 2 - Lobner and Williams

[19-1038](#)

Resolution #7-R-19 regarding Alternate Mode of Transportation

Attachments: [#7-R-19 Alternate Mode of Transportation w. attach..pdf](#)
[SL - Resolution #7-R-19-Croatt 07-25-2019 \(002\).pdf](#)

Steve Uslabar, 1623 N Durkee St spoke regarding this resolution

Williams moved, seconded by Van Zeeland, that the Resolution be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

[19-1179](#)

Resolution #9-R-19 Regulating E-Cigarette/Nicotine delivery device use in young adults

Attachments: [#9-R-19.pdf](#)

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

Aye: 4 - Lobner, Williams, Thao and Van Zeeland

Nay: 1 - Meltzer

[19-1201](#)

Operator's License application for Jesse C. Howell

Attachments: [Jesse Howell Application.pdf](#)
[SL Memo - Howell License Denial 08-13-2019.pdf](#)

Mr. Howell was in attendance and addressed the Committee.

Lobner moved, seconded by Williams, that the Operator License be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

Balance of the action items on the agenda.

Van Zeeland moved, Lobner seconded, to approve the balance of the agenda. The motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

[19-1205](#)

Operator's Licenses

Attachments: [Operator's Licenses for 8-14 .pdf](#)

This Report Action Item was recommended for approval

[19-1118](#)

Class "B" Beer License application for Lao Thai, Susan Xiong, Owner, located at 1804 S Lawe St Ste 203, contingent upon approval from all departments.

Attachments: [Liquor License-Lao Thai.pdf](#)

This Report Action Item was recommended for approval.

[19-1139](#)

Class "B" Beer License application for May's Kitchen, May Vang, Agent, located at 1804 S. Lawe St #204, contingent upon approval from all departments.

Attachments: [Liquor License-Mays Kitchen.pdf](#)

This Report Action Item was recommended for approval.

[19-1169](#)

Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for Fat Sammy's, Angela Gaines, Agent, located at 2500 S. Oneida St, September 8, 2019, contingent upon approval from all departments.

Attachments: [Fat Sammys.pdf](#)

This Report Action Item was recommended for approval.

[19-1060](#)

"Class A" Liquor and Class "A" Beer License Change of Agent application, Joshua M. Buck, for Walgreens, located at 3330 E. Calumet St, contingent upon approval from the Police Department.

Attachments: [Joshua M. Buck S&L 8-14-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1061](#)

"Class A" Liquor and Class "A" Beer License Change of Agent application, Richard Varick, for Walgreens, located at 2803 N. Meade St, contingent upon approval from the Police Department.

Attachments: [Richard Varick S&L 8-14-19 .pdf](#)

This Report Action Item was recommended for approval.

[19-1142](#)

Temporary Class "B" Beer and "Class B" Wine License Extension request for Appleton Downtown Inc, Summer Music Concert Series, to include September 5, 2019.

Attachments: [Summer music concert series-EXTENDED S&L 8-14-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1059](#)

Temporary Class "B" Beer License application for St. Joseph Congregation, Mike Bierstaker, Person in Charge, located at 404 W. Lawrence St, contingent upon approval from all departments.

Attachments: [St Joseph Congregation Fall Festival S&L 8-14-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1116](#)

Temporary Class "B" Beer License application of United Sports Association for Youth, Inc., Octoberfest Youth Soccer Tournament, September 28, 2019, contingent upon approval from all departments.

Attachments: [USA Sports Complex- Octoberfest Youth Soccer Tournament S&L 8-7-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1140](#)

Appleton Police Department application for the Edward Byrne Memorial Justice Assistance Grant (JAG) #2019-H3708-WI-DJ.

This Report Action Item was recommended for approval.

6. Information Items

[19-1098](#)

Special Events:

Miller Electric Company Picnic, Pierce Park, August 10, 2019
Sacred Heart Parish Fest, 222 E Fremont St, August 17 & 18, 2019
Pathways Church, Back to School Jam / Party in the Park, Pierce Park, August 24, 2019
Future Urban Leaders, Babapalooza, Appleton Memorial Park, August 24, 2019
Democratic Party of Outagamie County, Corn Roast, Erb Park, August 26, 2019
The Family Radio Network, 50th Anniversary Festival, Pierce Park, August 29, 2019
Fox Valley Chapter of WI Right to Life, "Let's Talk About Life" Symposium, Pierce Park, August 30, 2019
Fox Cities Recovery Celebration and Memorial Walk, City Park, September 8, 2019
Appleton Boychoir, Annual Songfest, Pierce Park, September 8, 2019
E.S.T.H.E.R Renaissance Play and Picnic, Pierce Park, September 10, 2019
Appleton Downtown Inc, Craft Beer Walk, Downtown Appleton, September 14, 2019
RENEW Wisconsin, Ride with RENEW, September 14, 2019
Fox Cities Building for the Arts, Fundraising Gala, Houdini Plaza, September 19, 2019
Xavier High School, Homecoming Parade, September 20, 2019
Community First Fox Cities Marathon, September 22, 2019
Salvation Army, 25th Anniversary Celebration of Project Home, 105 S. Badger Ave, September 25, 2019
Fox Cities Chamber, License to Cruise, College Ave, September 27, 2019
Fox Cities Chamber, Octoberfest, College Ave, September 28, 2019
Appleton East High School, Homecoming Parade, October 4, 2019
Appleton West High School, Homecoming Parade, October 4, 2019

[19-1180](#)

Director's Reports:

City Clerk
-September 10th Special Election Reminders/Updates
Fire Chief
-Outagamie County Outdoor Warning Sirens
Police Chief

[19-1182](#)

Police Department information on liquor law violation convictions.

7. Adjournment

**Meltzer moved, seconded by Thao, that the meeting be adjourned at 7:16 p.m.
Roll Call. Motion carried by the following vote:**

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

Resolution #6-R-19
Massage Establishments

Submitted by: Alderperson Coenen, District 11

Date: June 19, 2019

Referred To: Safety & Licensing Committee

Whereas, the City of Appleton welcomes massage businesses that employ licensed therapists through the State of Wisconsin, and

Whereas, the majority of these businesses provide healthy legitimate services, some do not and instead foster health and safety risks; and

Whereas, the State of Wisconsin allows municipalities to create ordinances that apply specifically to massage establishments; and

Therefore, Be It Resolved, the City of Appleton explore creating an ordinance requiring massage business establishments to be licensed by the city with a free/low fee. The ordinance should allow city employees to enter the business anytime during business hours.



LEGAL SERVICES DIVISION

Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

TO: Members of the Safety and Licensing Committee

FROM: Darrin M. Glad, Assistant City Attorney

DATE: July 16, 2019

RE: Resolution #6-R-19
Our File No. A17-0939

This memo is intended to aid the Safety and Licensing Committee by providing some background information relating to the Wisconsin State Statutes regarding "Massage Establishments" in anticipation of committee discussions on Resolution #6-R-19.

Local regulation *appears* to be allowed by statute. Wis. Stat. §460.17 states that a city "may not enact an ordinance that regulates the practice of massage therapy or bodywork therapy by a person who is licensed by the affiliated credentialing board." From this, there is an implication that cities can enact an ordinance consistent with this mandate, i.e., regulate non-licensed practices. However, Chapter 460 has broad definitions and has carved out broad exceptions to the licensing requirements. From discussions that I have had, some are of the opinion that there is ambiguity in Chapter 460 as to whether cities can enforce their regulations in this area at all. This opinion is also supported by recent proposed legislation. Identical bills, 2019 Senate Bill 133 and 2019 Assembly Bill 143, specifically authorize a city to enact and enforce ordinances prohibiting a person violating the provisions of Chapter 460.

Chapter 460 defines "Massage therapy" or "bodywork therapy" as "the science and healing art that uses manual actions and adjunctive therapies to palpate and manipulate the soft tissue of the human body in order to improve circulation, reduce tension, relieve soft tissue pain, or increase flexibility. 'Massage therapy' or 'bodywork therapy' includes determining whether manual actions and adjunctive therapies are appropriate or contraindicated, or whether a referral to another health care practitioner is appropriate. 'Massage therapy' or 'bodywork therapy' does not include making a medical, physical therapy, or chiropractic diagnosis."

The exceptions to the licensing requirements of Chapter 460 include:

1. A person holding a license, etc. who engages in a practice of massage therapy or bodywork therapy within the scope of their license, etc., but does not imply that he or she is licensed under Ch. 460.
2. A person who is authorized to practice massage therapy or bodywork therapy in another state or country and is providing a consultation to or demonstration with a license holder.
3. A person who is recognized by or meets the established standards of either a professional organization or credentialing association that recognizes a person in a practice after that person

demonstrates an adequate level of training and competency and adherence to ethical standards and does any of the following:

- a. Uses touch, words, and directed movement to deepen a client's awareness of his or her existing patterns of movement and to suggest to the client new patterns of movement.
 - b. Uses touch to affect the energy systems of the human body.
 - c. Uses touch and education to effect change in the structure of the body while engaged in the practice of structural integration.
4. A person who manipulates only the soft tissues of the hands, feet, or ears of the human body. Also, a person who is exempt from licensure under (1) through (3) above may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice while a person who is exempt under (4) may not.

While the language of Wis. Stat. §460.17 appears to allow local regulation of this area for unlicensed persons, it is clear that there is, at a minimum, a lack of clarity as to the limits of such local regulation. It may be worthwhile to wait until the Wisconsin legislature acts on the bills that specifically allow local enforcement. A copy of the “Analysis of the Legislative Reference Bureau” for Senate Bill 133 is attached. This analysis is identical to their analysis of Assembly Bill 143.

If you have any questions or concerns, please do not hesitate to contact me.



2019 SENATE BILL 133

March 20, 2019 - Introduced by Senators KOOYENGA, FITZGERALD, JACQUE, CRAIG, OLSEN and NASS, cosponsored by Representatives SANFELIPPO, HUTTON, VINING, BALLWEG, BORN, DUCHOW, GUNDRUM, JAGLER, KERKMAN, KITCHENS, KNODL, KUGLITSCH, KULP, KURTZ, MURPHY, MURSAU, NOVAK, OTT, PETERSEN, RODRIGUEZ, ROHRKASTE, SPIROS, STUCK, SUBECK, THIESFELDT, TITTL, VORPAGEL and WICHGERS. Referred to Committee on Public Benefits, Licensing and State-Federal Relations.

1 **AN ACT** *to renumber* 460.17; *to amend* 460.15; and *to create* 460.14 (4) and
2 460.17 (2) of the statutes; **relating to:** violations of the law relating to the
3 practice of massage therapy or bodywork therapy and providing a penalty.

Analysis by the Legislative Reference Bureau

Under current law, subject to certain exceptions, no person may provide massage therapy or bodywork therapy, designate himself or herself as a massage therapist or bodywork therapist or masseur or masseuse, or use or assume any title or designation that represents the person as a massage therapist or bodywork therapist unless the person is licensed as a massage therapist or bodywork therapist by the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board.

This bill does all of the following with respect to the practice of massage therapy or bodywork therapy:

1. Specifically authorizes a city, village, or town (municipality) to enact and enforce an ordinance prohibiting a person from violating the prohibitions described above unless the person is licensed by the board. The bill authorizes municipalities to impose forfeitures of up to \$1,000 for ordinance violations.

2. Allows the board, in addition to or in lieu of professional discipline or certain other actions that may be taken by the board against a person who violates certain prohibitions relating to massage therapy or bodywork therapy, to assess a forfeiture of not more than \$1,000 for each separate offense.

3. Adjusts the penalty for violating provisions under state law relating to massage therapy and bodywork therapy, including practicing without the required

SENATE BILL 133

license, to a criminal fine of not more than \$1,000 for each violation or imprisonment for not more than 90 days, or both. Under current law, the penalty is a civil forfeiture of up to \$1,000.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 460.14 (4) of the statutes is created to read:

2 460.14 (4) The affiliated credentialing board may, in addition to or in lieu of a
3 reprimand or revocation, limitation, suspension, or denial of a license, assess against
4 a person who has done anything specified under sub. (2) (a) to (j) a forfeiture of not
5 more than \$1,000 for each separate offense. Each day of continued violation
6 constitutes a separate offense.

7 **SECTION 2.** 460.15 of the statutes is amended to read:

8 **460.15 Penalty.** Any person who violates this chapter or any rule promulgated
9 under this chapter ~~shall forfeit~~ may be fined not more than \$1,000 for each violation
10 or imprisoned for not more than 90 days, or both.

11 **SECTION 3.** 460.17 of the statutes is renumbered 460.17 (1).

12 **SECTION 4.** 460.17 (2) of the statutes is created to read:

13 460.17 (2) (a) A city, village, or town may enact and enforce an ordinance that
14 prohibits an individual from violating the prohibitions under s. 460.02 unless the
15 individual is licensed under this chapter as required under s. 460.02.

16 (b) Law enforcement personnel of a city, village, or town may issue citations for
17 violations of a local ordinance described in par. (a), and the city, village, or town may

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 } Appleton
 Village of }
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 21</u>
TOTAL FEE	\$ <u>281</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Meraki Tea Bar 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>Bies</u>	<u>Colleen</u>		<u>1338 Nature Trail Dr</u>
Vice President / Member Last Name <u>Sones</u>	(First) <u>Alissa</u>	(Middle Name) <u>Sirisakitong</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3610 Anderson St, Oshkosh, 54901</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>Anderson</u>	(First) <u>Ashon</u>	(Middle Name) <u>Pernell</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1401 S Nicolet Rd, Appleton 54914</u> Ag # 10
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Fika Tea Bar Business Phone Number 920-401-1424
 2. Address of Premises 207 W College 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.)
887 sq ft building, Alcohol will be sold/serve in that space at register. Alcohol will be stored in back kitchen on wine packaging

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? _____

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
Ashen Anderson already has beverage server training
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 8/14/19 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.) <i>Anderson Ashen P</i>	Title/Member <i>Agent</i>	Date <i>08/14/19</i>
Signature <i>Ashen Anderson</i>	Phone Number <i>[REDACTED]</i>	Email Address <i>FikaTenbar@gmail.com</i>

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: Ashon Anderson

2. Name of Business: Fika Tea Bar

3. Address of Business: 207 W college ave

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

AND/OR been convicted of a felony? Yes _____ No X

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

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

<u>Colleen</u>		<u>Bies</u>	<u> </u>
First name	Initial	Last name	Date of Birth
<u>Abssn</u>	<u>S</u>	<u>Bones</u>	<u> </u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	_____
First name	Initial	Last name	Date of Birth
_____	_____	_____	_____
First name	Initial	Last name	Date of Birth

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

Name: _____
First name Initial Last name

Address: _____

City, State, Zip: _____

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

Crafty wood maker?

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

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

10. Is your primary business restaurant? Yes _____ No X

11. Seating capacity: Inside 15 Outside _____

12. Operating hours: 10 am - 9 pm

13. Number of floor personnel — Number of door checkers —

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

887 sq ft building, Alcohol will be served/sold in
that area at register. Alcohol will be stored in back on wire
rackets.

08/14/19
Date

[Signature]
Signature

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

**ONSITE ALCOHOL CONSUMPTION
PLAN OF OPERATION AND LOCATIONAL INFORMATION**

Business information:

Name of Business: Fika Tea Bar

Years in operation: <1

Type of the proposed establishment (detailed explanation of business): tea, beverages, wine and beer if licences is permitted and light snacks like salads

Proposed Hours of Operation for Indoor Uses:

Day	From	To
Week Day	10:00 am	9:00 pm
Friday	10:00 am	9:00 pm
Saturday	10:00 am	9:00 pm
Sunday	closed	closed

Building capacity and area:

Maximum number of persons permitted to occupy the building or tenant space as determined by the International Building Code (IBC) or the International Fire Code (IFC), whichever is more restrictive: _____ persons.

Gross floor area of the existing building(s): 887 sq ft

Gross floor area of the proposed building(s): 887 sq ft

Crowd and parking lot control methods: _____

Describe any potential noise emanating from the proposed use:

A. Describe the noise levels anticipated from all equipment: No anticipated noise

B. How will the noise be controlled? N/A

Outdoor uses:

Location, type, size and design of outdoor facilities: _____ N/A _____

Type and height of screening of plantings/fencing/gating: _____ N/A _____

Is there any alcohol service incorporated in this outdoor facility proposal? Yes ___ No x ___

Are there plans for outdoor music/entertainment? Yes ___ No x ___

If yes, describe how will the noise be controlled: _____

Is there any food service incorporated in this outdoor facility proposal? Yes ___ No x ___

Proposed Hours of Operation for Outdoor Uses:

Day	From	To
Week Day	N/A	N/A
Friday	N/A	N/A
Saturday	N/A	N/A
Sunday	N/A	N/A

Outdoor lighting:

Type: _____

Location: _____

Off-street parking:

Number of spaces existing: _____.

Number of spaces proposed: _____.

Other Licensed Premises:

The number of licensed premises within the immediate geographic area of the proposed location will be considered in order to avoid an undue concentration that may have the potential of creating public safety problems or deterring neighborhood development.

List nearby licensed premises: _____

Number of Employees:

Number of Existing Employees: 12

Number of Proposed Employees: 12

Number of Employees scheduled to work on the largest shift: 3

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07012019 ending: 06302020
(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 checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 28</u>
TOTAL FEE	\$ <u>588</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
FAMILY DOLLAR STORES OF WISCONSIN, 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)
MCCAFFETY	LONNIE	WAYNE	313 CAWDOR CROSSING, CHESAPEAKE, VA 23322
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)
OLD, JR.	WILLIAM	ABNER	111-B 84TH STREET, VIRGINIA BEACH, VA 23451
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LOFTIS-BOSCIA (ASST. SEC.)	SANDRA	DAWN	127 MEADOWBROOK RD., CHARLOTTE, NC 28211
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
NIGBOR	JOSHUA	DALE	301 UNION STREET, RIPON, WI 54971
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FAMILY DOLLAR #23800 Business Phone Number (920) 731-0919

2. Address of Premises 808 W. WISCONSIN AVE, APPLETON, WI Post Office & Zip Code 54914

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

FAMILY DOLLAR OCCUPIES 8,877 SQUARE FEET OF THE MULTI-TENANT BUILDING
AT THE CORNER OF WISCONSIN AVENUE AND N. LOCUST STREET.

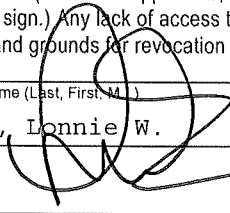
4. Legal description (omit if street address is given above): N/A

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? N/A

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
 YES, PER WISCONSIN PUBLICATION 309, AN AGENT OF A LIMITED LIABILITY COMPANY MUST HAVE COMPLETED A WISCONSIN APPROVED RESPONSIBLE BEVERAGE SERVER TRAINING COURSE IF THE PERSON IS RENEWING A LICENSE OR HAS NOT HELD A MANAGER'S OR OPERATOR'S LICENSE WITHIN THE PAST 2 YRS.
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
 THE APPLICANT'S PARENT: FAMILY DOLLAR, INC.
9. (a) **Corporate/limited liability company applicants only:** Insert state VIRGINIA and date 07/31/17 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
 FAMILY DOLLAR STORES OF WISCONSIN, LLC IS A SUBSIDIARY OF FAMILY DOLLAR, INC.
- (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
 FAMILY DOLLAR STORES OF WISCONSIN, LLC IS LICENSED OR IS APPLYING IN BALSAM LAKE, DE FOREST, GRANTSBURG, GREEN BAY, GREENWOOD, MARKESAN, MAYVILLE, MILWAUKEE, OSHKOSH, PARK FALLS, PEPIN, PHILLIPS, WAUSAUKEE AND WILD ROSE.
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.) McCaffety, Lonnie W.	Title/Member President	Date 7/26/2019
Signature 	Phone Number ●●●●-●●●●	Email Address ●●●●●●●● familydollar.com

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: Family Dollar Stores of Wisconsin, LLC
2. Name of Business: Family Dollar #23800
3. Address of Business: 808 W. Wisconsin Ave., Appleton, WI 54914
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
AND/OR been convicted of a felony? Yes _____ No X
If yes to either question, please explain in detail: _____
N/A

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

Lonnie	W.	McCaffety	● / ● / ●●
First name	Initial	Last name	Date of Birth
William	A.	Old, Jr.	● / ● / ●●
First name	Initial	Last name	Date of Birth
Sandra	D.	Loftis-Boscia	● / ● / ●●
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

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

Name: N/A -- Existing Family Dollar store

First name Initial Last name

Address: _____

City, State, Zip: _____

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

N/A

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

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a
Special Use Permit. **N/A: Special Use Permit is not required for retail alcohol sales.**

10. Is your primary business restaurant? Yes _____ No X

11. Seating capacity: Inside 0 Outside 0

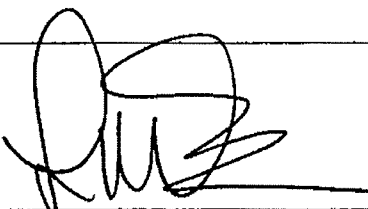
12. Operating hours: Sunday: 9:00 am to 9:00 pm; Monday to Saturday: 8:00 am to 9:00 pm

13. Number of floor personnel N/A Number of door checkers N/A

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

This is not a proposed establishment; rather, it is an existing Family Dollar store that opened in 2008.
Family Dollar is a retail dollar store that sells food and a variety of retail goods. The store occupies 8,877
square feet at the south end of a multi-tenant shopping center at the corner of Wisconsin Avenue and N.
Locust Street.

8/19/19
Date


Signature Lonnie Wayne McCaffety, President

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

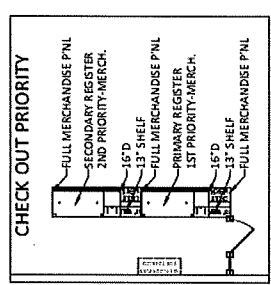
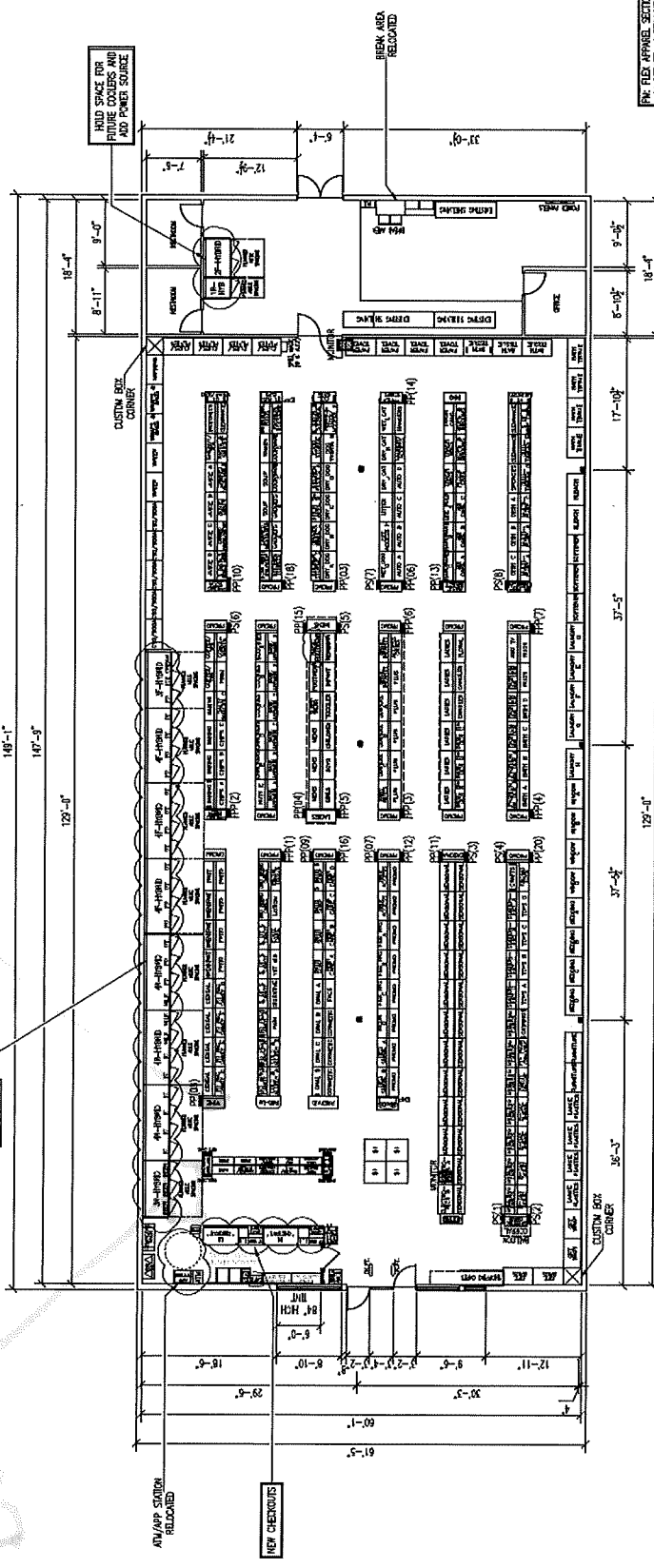
TRANSITIONING 7 BASIC POWER PANELS TO FASHION POWER PANELS

POWER PANEL LIST

PP (03)	RETS-ACCESSORIES
PP (04)	BELTS & WAISTS
PP (05)	LITTLE TRELLIS RESINER
PP (07)	BODY SPRAY
PP (08)	COYS
PP (09)	SPECIALTY BATH
PP (10)	PUZZLEBOOS
PP (11)	UP-CARE
PP (12)	WORKGIRLS
PP (13)	SEWING MACHINES
PP (14)	POSTCARD
PP (15)	BEA-UP CARE
PP (18)	PLACEMATS
PP (20)	BATTERIES
PPP (1-7)	FASHION
PS (1-3)	SEASONAL

Beef

wine

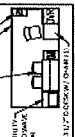


RF FILE APANEL SECTIONS IN BENECK CATEGORIES

NOTE-SILENT STORES WILL RECEIVE MACHINE & DUBBIN PLE

COVERS ARE TO USE THE WALL DIE TO ELECTRICAL REQUIREMENTS

BREAK AREA/ MGR OFFICE



STORE WILL NOT RECEIVE FEEDA

STORE NUMBER	PROJECT NUMBER	LOCATION	FORMAT START DATE	TOTAL SALES SQ FT	USABLE SALES SQ FT	EXTERIOR SQ FT	INTERIOR SQ FT	AA CARE	AA CARE	AA CARE	HISPANIC	CILING HEIGHT	RISK CLASS	AGS	SECTION COUNT	DRAWN BY	PROJECT MANAGER	DATE
3300	XXXXXX	APPLETON, WI	URBAN H2	8,877	7,751	798	9,156	VERY LOW	VERY LOW	VERY LOW	VERY LOW	11'-5"	0	146	309	A.BUBACK	N/A	05/06/2019
23800															31EC			

MERCHANDISE PLAN

FAMILY DOLLAR
1001 WISCONSIN ROAD | MATTHEWS, NC 27643

CONFIDENTIAL - FAMILY DOLLAR USE ONLY
THIS PLAN IS NOT TO BE REPRODUCED OR COPIED WITHOUT THE WRITTEN PERMISSION OF THE COMPANY

SOME MERCH. DEPENDS ON TOTAL SALES
NEW 2.00' x 2.00' x 2.00' (3.00' x 3.00' x 3.00')

REVISIONS
A.BUBACK - ADDED BASE FOOTWORK - MARCH 2019
M. HIND - CHANGED PNL R. HEIGHT
M. HIND - ADDED WALL TOGETHER

ANY QUESTIONS CONCERNING THIS PLAN OR/WHY ANY CHANGES PLEASE EMAIL: A.BUBACK@FAMILYDOLLAR.COM

ISSUE WILL @ 2-5' AFT. GUS TO 7-3' ABOVE INCE WILL

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of FAMILY DOLLAR STORES OF WISCONSIN, 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 FAMILY DOLLAR #23800
(trade name)

located at 808 W. WISCONSIN AVE., APPLETON, WI 54914

appoints Joshua Dale Nigbor
(name of appointed agent)
301 Union St Ripon WI 54971
(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).
Family Dollar 28813 (same LLC); 708 Lime Kiln Rd., Green Bay, WI

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 years

Place of residence last year 301 Union St Ripon WI 54971

For: FAMILY DOLLAR STORES OF WISCONSIN, LLC
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Joshua Dale Nigbor, 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.

[Signature] 7-11-19 Agent's age 33
(signature of agent) (date)
301 Union St Ripon WI 54971 Date of birth 08/08/80
(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)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

#23800

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Nigbur		(first name) Joshua		(middle name) Daie	
Home Address (street/route) 301 Union St		Post Office	City Ripon	State WI	Zip Code 54971
Home Phone Number [REDACTED]		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth [REDACTED]	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- AGENT** of **FAMILY DOLLAR STORES OF WISCONSIN, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

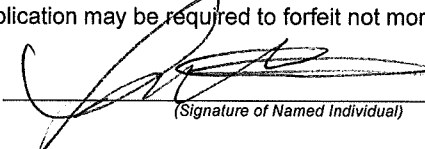
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 25 yrs
2. 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.)
3. 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.
4. 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. Family Dollar 28813, 708 Lime Kiln Rd Green Bay, WI
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name FAMILY DOLLAR STORES	Employer's Address 500 VOLVO PKWY., CHESAPEAKE, VA 22320	Employed From April 2006	To Present
Employer's Name	Employer's Address	Employed From	To

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


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Loftis - Boscia		(first name) SANDRA	(middle name) DAWN	
Home Address (street/route) 127 MEADOWBROOK ROAD		Post Office	City CHARLOTTE	State NC Zip Code 28211
Home Phone Number [REDACTED]		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth [REDACTED]

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- ASSISTANT SECRETARY** of **FAMILY DOLLAR STORES OF WISCONSIN, 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? N/A
- 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. SEE ATTACHMENT.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name FAMILY DOLLAR	Employer's Address 10401 MONROE RD., MATTHEWS, N.C.	Employed From 08/2012	To Present
Employer's Name AXIOM LAW GROUP	Employer's Address 3455 PEACHTREE RD NE, ATLANTA, GA	Employed From 08/2011	To 08/2012

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


(Signature of Named Individual)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
OLD, JR.		WILLIAM		ABNER	
Home Address (street/route)		Post Office	City	State	Zip Code
111-B 84TH STREET			VIRGINIA BEACH	VA	23451
Home Phone Number		Age	Date of Birth	Place of Birth	
●●●●●●		●	●●●●●●	●●●●●●●●	

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.
- SECRETARY** of **FAMILY DOLLAR STORES OF WISCONSIN, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

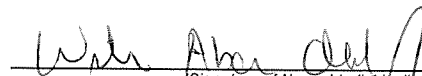
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- 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. SEE ATTACHMENT.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
DOLLAR TREE	500 VOLVO PKWY., CHESAPEAKE, VA	08/2013	Present
Employer's Name	Employer's Address	Employed From	To
WILLIAMS MULLEN	1800 DOMINION TOWER, NORFOLK, VA	●●	08/2013

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


(Signature of Named Individual)

#23800

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) McCaffety		(first name) Lonnie	(middle name) Wayne	
Home Address (street/route) 313 Cawdor Crossing		Post Office	City Chesapeake	State VA
			Zip Code 23322	
Home Phone Number ●●●●●●		Age ●	Date of Birth ●●●●	Place of Birth ●●●●●●

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.
- President** of Family Dollar Stores of Wisconsin, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

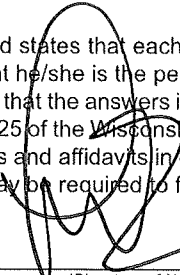
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. 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.)
3. 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.
4. 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. See Attachment.
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name Family Dollar	Employer's Address 10401 Monroe Rd., Matthews, N.C.	Employed From 1/18/●●	To Present
Employer's Name	Employer's Address	Employed From	To

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



(Signature of Named Individual)

Operator's Licenses

8/28/19

1. Spenser Acord 2610 N Helen St Appleton 54911
2. Elizabeth Allen 3813 N Millwood Dr Appleton 54913
3. Sean Bernecker 2508 Crestview Dr Appleton 54915
4. Melanie Burkhart W3265 Heartland Ct Appleton 5915
5. Brittany Calmes 3603 Cherryvale Ave #63 Appleton 54913
6. Tyler Cook 143 N Morrison St Appleton 54915
7. Christopher Dearing 8 Lawrence Ct Appleton 54911
8. Brittany Ellie 1242 Fatima St Menasha 54952
9. Vicky Ellie 1240 Fatima St Menasha 54952
10. Steven Errickson 726 E Boldt Way Appleton 54911
11. Jessica Greunke 1401 E Cass St #6 Appleton 54915
12. Cheyenne Henderson 928 N Union St Appleton 54911
13. Kellie Her 2617 S Aykens St Appleton 54915
14. Elizabeth Hietpas 426 Fulton St Seymour 54165
15. Avery Hunter 8020 Sauby Rd Larsen 54947
16. Kadryn Kiernan 731 E Roosevelt St Appleton 54911
17. Michael Kranzusch 519 E Timberline Dr Appleton 54913
18. Andrew Krueger 836 E John St Appleton 54911
19. David Kopsi W2735 Brookhaven Dr Appleton 54915
20. Jessica Kurtz 1063 Campbell St Neenah 54956
21. Heidi Lewis 2302 Southwood Dr #2 Appleton 54915
22. Paige McDaniel 2970 W Spencer St M16 Appleton 54914
23. Connemara McDonough 710 W Spring St Appleton 54914
24. Jennifer Mitchell W2649 Beech Dr Bonduel 54107
25. Hayden Nagy W6545 Lilac Ln Greenville, WI 54942
26. Kathryn Novak 415 S Olde Oneida St #227 Appleton 54911
27. Gwendolyn Oliver 833 E Franklin St Appleton 54911
28. Amanda Paton-Koester 717 E McKinley St Appleton 54915
29. Connie Pedersen W4529 Cty Rd VV Black Creek 54106
30. Alan Phillips 1431 ½ S Kernan Ave Appleton 54915
31. Michaela Pietsch 2816 Welhouse Dr Kaukauna 54130
32. Robert Roth 1710 E Apple Creek Rd Appleton 54913
33. Stephanie Saucedo 306 E McArthur St Appleton 54911
34. Joy Sams 105 Edgewood Ln Combined Locks 54113
35. Steven Sams 105 Edgewood Ln Combined Locks 54113
36. Ross Schroeder 1401 E Cass St Apt 1 Appleton 54915
37. Steven Schumacher N225 Eastowne Ln Appleton 54915
38. Kaylyn Seidl 421 Arthur Ct Kimberly 54136
39. Giovanna Sollena 5024 N Waterford Dr Appelton 54913
40. Lisa Stillman 2817 W Heather Ave 54914
41. Nawaraj Subedi 3045 Winnipeg St Menasha 54952
42. Kaylie Vanden Bosch W5753 Skippers Ln Appleton 54915
43. Pamela Wilda N2203 Falling Wing Ln Hortonville 54944
44. Tiffany Willard 626 E Fremont St Appleton 54915

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 Apple Hospitality Group, 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 Applebee's Neighborhood Grill & Bar
(Trade Name)

located at 3040 East College Ave, Appleton, WI 54915

appoints Joe Behn
(Name of Appointed Agent)

3320 N Meade St, Appleton, WI 54911
(Home Address of Appointed Agent)

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

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

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? 37 years

Place of residence last year 3470 Lake Ave, Wisconsin Rapids, WI 54494

For: Apple Hospitality Group, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(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, Joe Behn, 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.

[Signature] 8-2-19 Agent's age 00
(Signature of Agent) (Date)
3320 N Meade St, Appleton, WI 54911 Date of birth ●/●●/●●●●
(Home Address of Agent)

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

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

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Behn		Joe			
Home Address (street/route)		Post Office	City	State	Zip Code
3320 N Meade St.			Appleton	WI	54911
Home Phone Number		Age	Date of Birth	Place of Birth	
●●●●●●●●		●	●●●●●●	Wisconsin Rapids	

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 Apple Hospitality Group, LLC
(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:

1. How long have you continuously resided in Wisconsin prior to this date? ● years
2. 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.)
3. 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.
4. 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. see attached
(Name, Location and Type of License/Permit)
5. 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 License or Permit) (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
long-term Apple	Hospitality Group employee		
Employer's Name	Employer's Address	Employed From	To

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


(Signature of Applicant)

USA
WISCONSIN
CLASS D


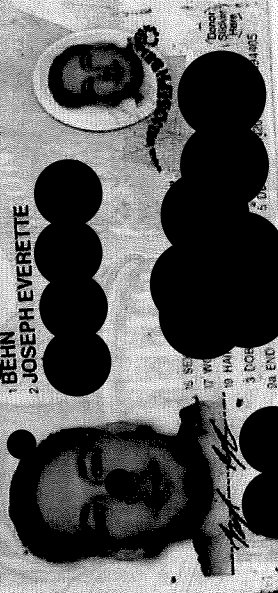
DRIVER LICENSE
REGULAR

1 BEHN
2 JOSEPH EVERETTE

NOT FOR FEDERAL PURPOSES

Do not
Stash
Here

10 SEP 2010
17 MAR 2011
18 MAR 2012
19 APR 2013
20 MAY 2014
21 JUN 2015



**OUTAGAMIE COUNTY BOARD MEETING
JUNE 12, 2018**

RESOLUTION NO. 21—2018-19

Supervisor Grady moved, seconded by Supervisor Sturn, for adoption

RESOLUTION NO. 21—2018-19 IS ADOPTED.

6/12/2018 7:47:42 PM
RollCall Systems, Inc.



Voting Results for RES. NO. 21 - APPROVE TRANSFER 1/1/2020 OF OUTDOOR WARNING SIRENS TO MUNICIPALITIES

Passed By Majority Vote

YES: **29** NO: **4** ABSTAIN: 0 ABSENT: **3**

1 - THOMPSON			YES	19 - MARCKS			YES
2 - MILLER			YES	20 - THOMAS			YES
3 - GRADY			YES	21 - THYSSEN			YES
4 - PATIENCE			YES	22 - HAGEN			YES
5 - GABRIELSON			YES	23 - KLEMP			YES
6 - KONETZKE			YES	24 - IVERSON			YES
7 - HAMMEN			ABSENT	25 - NOOYEN			YES
8 - VACANT			ABSENT	26 - DUNCAN			NO
9 - J. KRUEGER			YES	27 - CULBERTSON			YES
10 - LAMERS			YES	28 - STURN			YES
11 - DILLENBERG			NO	29 - BUCHMAN			YES
12 - MC DANIEL			YES	30 - WOODZICKA			ABSENT
13 - WEGAND			YES	31 - CLEGG			NO
14 - DE GROOT			YES	32 - VANDERHEIDEN			YES
15 - PETERSON			YES	33O'Connor-Schevers			YES
16 - SCHROEDER			YES	34 - RETTLER			NO
17 - CROATT			YES	35 - MELCHERT			YES
18 - SPEARS			YES	36 - SUPRISE			YES

RESOLUTION NO.: 21—2018-19

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Outdoor warning sirens are a limited and localized tool capable of notifying citizens
2 within approximately a one-mile radius of the siren. A recent statewide survey indicated
3 that counties in Wisconsin owned and operated 15 percent of sirens, while
4 municipalities owned and managed 77 percent. Outagamie and Winnebago counties are
5 the only counties in northeast Wisconsin that own and operate an outdoor siren system.
6 Outagamie County has invested in and is promoting the use of supplemental tools such
7 as the AtHoc Mass Notification System and NOAA weather radios. In conjunction with
8 the sirens, these tools provide essential warning redundancy and maximize public safety
9 in the event of severe weather or other emergencies.

10
11 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
12 adoption of the following resolution.

13 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and
14 approve of transferring ownership and maintenance of the outdoor warning sirens on January 1, 2020 to
15 Outagamie County municipalities along with a transfer of annual maintenance costs using a three-year
16 average with the county's levy authority, and

17 BE IT FURTHER RESOLVED, that Outagamie County will continue to own and maintain the
18 infrastructure required to activate the outdoor warning system following the county's Activation Policy,
19 and


20 BE IT STILL FURTHER RESOLVED, that Outagamie County will shift resources currently
21 being spent on the outdoor warning siren system to programs available to all Outagamie County
22 residents, including the AtHoc Mass Notification System and the NOAA Weather Radio program, as
23 well as education and outreach to municipalities on these tools in order to enhance public safety
24 notification in Outagamie County, and


1 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
2 of this resolution to the Outagamie County Finance Director, the Outagamie County Sheriff, the
3 Outagamie County Executive and the Outagamie County Emergency Management Director.

4 Dated this 12th day of June 2018

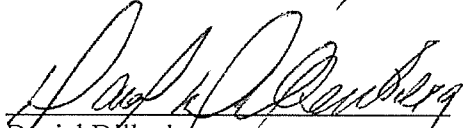
5 Respectfully Submitted,

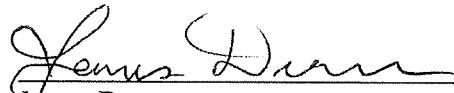
6 PUBLIC SAFETY COMMITTEE

7
8
9
10 
11 _____
12 Dan Grady



Katrin Patience

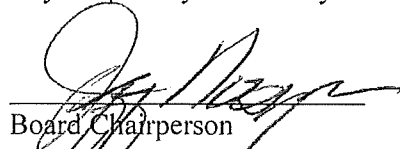
13
14 
15 _____
16 Daniel Dillenberg

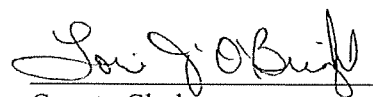


James Duncan

17
18
19
20
21 _____
22 Mike Woodzicka

23
24
25
26 Duly and officially adopted by the County Board on: June 12, 2018

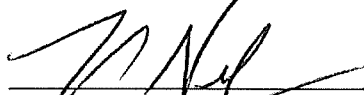
27
28
29 Signed: 
30 _____
31 Board Chairperson



County Clerk

32 Approved: 6-14-18
33 _____

Vetoed: _____

34
35 Signed: 
36 _____
County Executive

Outdoor Warning Siren Ownership Transfer

Questions & Answers

Question: Will there be costs for hardware/software?

Answer: Not as part of the transition of ownership. After Jan. 1, 2020, the municipalities will be responsible for any hardware maintenance issues and/or cost. The county will maintain the countywide system software for activation purposes only.

Question: Will the Sheriff's Department operate the sirens as directed by the municipality?

Answer: No, the county will continue to activate based on county policy, which requires activation when the National Weather Service issues a tornado warning.

Question: Will there be separate charges from the Sheriff's Department for labor costs, console modifications, protocol upgrades, tele-communicator training, etc.?

Answer: No, municipalities will not be charged by the county for anything related to the outdoor sirens. Following the ownership transfer, any costs for maintenance, upgrades or relocation of the physical siren would be the responsibility of the municipality.

Question: Are there going to be costs to the municipality for long-term software upgrades and maintenance?

Answer: At this time, the county will cover the costs associated with the countywide activation software and maintenance.

Question: Are there expected costs for siren upgrades? What are those costs?

Answer: Once a municipality takes ownership it can make the determination of when to replace its outdoor warning siren(s). The estimated cost of a new siren with pole is approximately \$25,000.

Question: Are municipalities able to select their own vendors for siren maintenance/repair?

Answer: Yes, the county currently utilizes Faith Technologies, but municipalities could use other vendors.

Question: Are the municipalities responsible for the electrical cost to run the sirens?

Answer: Yes. After ownership is transferred, electrical costs will be the responsibility of the municipality. This was factored into the levy-transfer calculation.

Question: Can municipalities develop their own guidelines for activation separate from other municipalities if any choose to take on the warning system?

Answer: Municipalities that choose to accept ownership, but wish to develop their own activation criteria would be disconnected from the county system and could opt to purchase the appropriate hardware and software required to activate their system independently.

Question: Will the municipalities own the sirens?

Answer: Yes

Question: What is the life expectancy of outdoor warning sirens?

Answer: In the past, the county has budgeted for 20-year replacement. Some units are still functioning properly after 40 years of service, however.

Question: What is the cost to replace a siren?

Answer: Replacement cost of a pole and siren is approximately \$25,000.

Question: Will there be cost-sharing among municipalities if more than one community chooses to take responsibility for the outdoor warning system?

Answer: That would be a decision between local municipalities. Should municipalities choose to develop activation criteria that differs from the county's, their sirens would be removed from the county system.



POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899
(920) 832-5500 • Fax (920) 832-5553
<http://www.appleton.org/police>

To: Alderperson Van Zeeland, Human Resources Committee Chairperson
Alderperson Lobner, Safety and Licensing Committee Chairperson

From: Chief Todd Thomas

Date: August 12, 2019

Subject: Police Department Table of Organization Modification Request

I have continued to review processes, programs and our organizational structure and I am presenting the following recommendation for modifications to the Police Departments Table of Organization.

1. Reclassifying the one FTE **Administrative Support Specialist** position in our **Identification Unit** to the third **Forensic Evidence Specialist** position in our **Identification Unit**.
 - This is the culmination of the process we have spoken about for the last couple years which will fully civilianize our Identification Unit. This has put two officers back into the patrol division and allows us the flexibility to be more efficient with our resources.
 - The financial impact will be a possible upgrade in the pay of approximately \$5,400. Much of this will be offset by efficiencies of having a team of three Forensic Specialist that can share duties and responsibilities. It will also give us the ability to pay them at a lower wage for call-ins than if we had to call-in an officer who is a certified evidence technician.
 - We will see a significant savings because we are creating career positions, not rotating positions. In the past we would rotate employees through these positions and we would have to train them and send them to expensive schools to obtain the necessary certifications. Under this model the positions become career positions and we will eliminate the cost of the repeated training and certifications.

We will constantly review programs, processes, and our organizational structure. We also know that it takes time for changes to take hold so that we can truly determine if the anticipated benefits outweigh the unintended consequences. I will review the impact of any change that is approved and report back to the Council if there are any concerns.

Chief Todd Thomas