



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, March 20, 2024

6:45 PM

Council Chambers, 6th Floor

Special Meeting

1. Call meeting to order
2. Pledge of Allegiance
3. Roll call of membership
4. Approval of minutes from previous meeting
[24-0230](#) Safety & Licensing Committee Minutes from 02/28/2024.

Attachments: [S&L Minutes 02-28-24.pdf](#)

5. Public Hearing/Apearances

6. Action Items

- [24-0319](#) Municipal Code Revisions Re: Alarm Fees

Attachments: [Revised Alarm Fees Memo.pdf](#)
[Revised Alarm Fees Municipal Code.pdf](#)

- [24-0227](#) Class "A" Beer/"Class A" Liquor License application for Thapa Petroleum LLC, d/b/a Appleton Clark, Ganesh Thapa, Agent, located at 1200 W Wisconsin Avenue, contingent upon approval from the Health and Fire Departments.

Attachments: [Thapa Petroleum LLC_Redacted.pdf](#)

- [24-0233](#) Class "B" Beer/"Class B" Liquor License application for Sonys Bistro LLC d/b/a Meade Street Bistro, Synona Meyer, Agent, located at 2729 N. Meade Street, contingent upon approval from the Health, Public Works, and Police Departments.

Attachments: [Meade Street Bistro Application_Redacted.pdf](#)

- [24-0304](#) Class "A" Beer & "Class A" Liquor License Change of Agent application for Aldi Inc Wisconsin d/b/a Aldi #86, New Agent, Chris Ryan Subert, located at 2702 N. Richmond Street
Attachments: [Aldi #86 Change of Agent.pdf](#)
- [24-0305](#) Class "A" Beer & "Class A" Liquor License Change of Agent application for Aldi Inc Wisconsin d/b/a Aldi #68, New Agent, Brittney Ann Wagner, located at 116 N Linwood Avenue
Attachments: [Aldi #68 Change of Agent.pdf](#)
- [24-0311](#) Class "B" Beer and "Class B" Liquor Premise Amendment application for Antojitos Mexicanos LLC d/b/a Antojitos Mexicanos, Fernando Almanza, Agent, located at 204 E College Ave, contingent upon approval from the Finance Department.

Attachments: [Antojitos Mexicanos LLC - Premise Amendment.pdf](#)
- [24-0300](#) Class "B" Beer Premise Amendment application for Appleton Axe LLC d/b/a Appleton Axe, Patrick Van Abel, Agent, located at 1400 W College Ave, contingent upon approval from the Community Development, Fire, Health and Inspections Departments.
Attachments: [Appleton Axe LLC - Premise Amendment.pdf](#)
- [24-0247](#) Cigarette, Tobacco, and Electronic Vaping Device Retail License application for Thapa Petroleum LLC d/b/a Appleton Clark, Ganesh Thapa, Agent, located at 1200 W Wisconsin Ave.
Attachments: [Thapa Petroleum LLC - CTV.pdf](#)
- [24-0248](#) Tobacco, and Electronic Vaping Device Retail License application for Top Dogz Vape Shop LLC d/b/a Top Dogz, Jennifer Peters, Agent, located at 1347 W Wisconsin Ave.

Attachments: [Top Dogz Vape Shop LLC - CTV.pdf](#)
- [24-0266](#) Cigarette, Tobacco, and Electronic Vaping Device Retail License application for Indianhead Oil Co LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E Calumet St.
Attachments: [Indianhead Oil Co. LLC - CTV.pdf](#)
- [24-0288](#) Electronic Vaping Device Retail License application for Good Nature EVAPOR LLC, Benjamin Grothe, Agent, located at 420 E. Northland Ave, Ste E.
Attachments: [Good Nature EVAPOR LLC - CTV.pdf](#)

7. Information Items

[24-0228](#)

Special Events:

- Appleton Charity Events, St Patty's Pub Crawl, Participating Downtown Appleton Businesses, March 16th 2024

[24-0229](#)

Directors Reports

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

8. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, February 28, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

This meeting was called to order by Vice Chair Schultz at 5:30 p.m.

2. Pledge of Allegiance

3. Roll call of membership

Present: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

4. Approval of minutes from previous meeting

[24-0225](#)

Safety & Licensing Committee Minutes from 02/14/2024

Attachments: [S & L Minutes 2-14-2024.pdf](#)

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

Aye: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

5. Public Hearing/Appearances

6. Action Items

[24-0174](#)

Class "B" Beer and "Class B" Liquor application for SG Petroleum LLC, d/b/a Friends & Neighbors, Suyash Goel, Agent, located at 148 S Walter Avenue, contingent upon approval from the Finance, Health and Inspections departments.

Attachments: [SG Petroleum LLC.pdf](#)

Siebers moved, seconded by Wolff, that the Class "B" Beer and "Class B" Liquor License application be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

[24-0178](#)

Class "A" Beer and "Class A" Liquor License application for Indianhead Oil Co LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E Calumet St, contingent upon approval from the Community Development, Finance, Health and Inspections departments.

Attachments: [Indianhead Oil Co- DBA Circle K.pdf](#)

Van Zeeland moved, seconded by Siebers, that the Class "A" Beer and "Class A" Liquor License application be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

[24-0198](#)

Temporary Class "B" Beer and "Class B" Wine License application for Trout Museum of Art, Christina Turner, Person in Charge, located at, 111 W College Ave, for Art at the Park event on July 27, 2024 and July 28, 2024, contingent upon approval from Health department.

Attachments: [Trout Museum.pdf](#)

Van Zeeland moved, seconded by Wolff, that the Temporary Class "B" Beer and "Class B" Wine License application be approved. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

7. Information Items

[24-0224](#)

Public Safety Ordinance Changes

Attachments: [Camera ordinance informational.pdf](#)

The following members of the public appeared and addressed the committee:

Jenifer Stephany, Appleton Downtown Inc

Ben Long, 300 N Appleton St

Rhea DePeoples, 835 E John St

Mitchell Erickson, 2410 Mitchell Ct

Lily Kruglack, 1931 W Russet Ct

Patrick, 212 S Durkee St

Rosemary McCarthy

Lauren Ellens, 823 1/2 W Lorrain St

Mary, 902 W Commercial St

Max Heinrichs, 915 N Clark St

J.J. Vanderloop, W2181 Granite Rd

[24-0226](#)

Directors Report

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

8. Adjournment

Van Zeeland moved, seconded by Siebers, that the Meeting be adjourned at 6:36 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Siebers, Van Zeeland and Wolff

Excused: 1 - Croatt

Appleton Police Department

INTEROFFICE MEMORANDUM



Date: March 18, 2024
To: Safety & Licensing Committee Chair – Chris Croatt
From: Chief Polly Olson
RE: Modification of Ordinance 12-127 – Action Item

During the budgeting process for 2024, the Police Department submitted a proposal that involved changes to false alarm fees. This proposal was ultimately approved by the Common Council. These fees are specified in Appleton’s City Code at §12-127. Despite the budget proposal being approved, no corresponding proposal to amend the City’s code to match the budget proposal was submitted or approved.

The proposed amendment to §12-127 of the City’s code is intended to bring the City’s code in line with the budget proposal previously submitted and approved by the Common Council.

Thank you-

Sec. 12-127. False alarm fee.

(a) Any fees payable to the City which are delinquent may be assessed against the property involved as a special charge for current service, without notice, pursuant to Wisconsin Statutes Annotated §66.0627.

(b) If the Police Department responds to a false alarm, the alarm user shall pay the City a fee according to the following schedule of fees for any false alarm occurring in a calendar year:

(1) First two (2) false alarms.....	No charge
(2) Second false alarm.....	\$50
(3) Third, fourth and fifth false alarms	\$75 100.00
(4) Sixth, seventh and eighth false alarms	\$150 200.00
(4) Ninth, tenth, and eleventh false alarms	\$300.00
(5) Twelfth and subsequent false alarms.....	\$600.00

Commented [ZNB1]: Renumbering due to separation of second and first false alarm.

(c) Discontinuance of response.

- (1) If the Police Department is cancelled by the emergency communications center while responding to an alarm, the alarm user may still be assessed a fee for a false alarm.
- (2) In cases where the alarm user has twelve (12) or more false alarms within a six- (6-) month period the Police Department may suspend response after the Chief of Police or designee sends written notification to the alarm user. In order to lift the suspension, the alarm user shall submit written confirmation to the Chief of Police or designee that the alarm system has been inspected and repaired, if necessary, and/or additional measures have been taken to reduce the number of false alarms at that location. If the Chief of Police or designee determines that the actions taken are likely to prevent the occurrence of additional false alarms, the Police Department shall lift the suspension.

(d) Exceptions and appeals.

- (1) A fee shall not be charged if any of the following apply:
 - a. The alarm was activated by criminal activity or a legitimate emergency.
 - b. The alarm was activated after a power outage that lasted more than four (4) hours.
 - c. The alarm was activated after the **premises** was damaged by weather conditions.
 - d. The Fire Department has assessed a fee for a false fire alarm.
 - e. The Police Department was cancelled prior to arriving at the **premises** and documentation is provided that enhanced call verification or verified response was properly utilized.
- (2) An alarm user may appeal the assessment of a false alarm fee by submitting written documentation to the Police Chief or designee within ten (10) business days after notification of the assessment of a fee. The Chief or designee must inform the alarm user of the decision in writing. If the alarm user further contests the Chief or designee's decision within ten (10) days of receiving the Chief or designee's decision, the alarm user may seek review by the Safety and Licensing Committee by submitting a written notification to the City Clerk's Office.

Commented [ZNB2]: Grammatical correction.

Commented [ZNB3]: Grammatical Correction.

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

License(s) Requested

- | | |
|---|---|
| <input checked="" type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> "Class A" Liquor \$ _____ |
| <input type="checkbox"/> Class "B" Beer \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Wine \$ _____ | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ 0 |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |

License Fees	\$ 700.00
Publication Fee	\$ 60.00
Background Check	\$ 7.00
Total Fees	\$ 767.00

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <i>Thapq petroleum LLC</i>		
2. Trade Name/DBA <i>Appleton Clark</i>		
3. Premises Address <i>1200 W Wisconsin Ave Appleton WI 54914</i>		
4. County <i>Outagamie</i>	5. Municipality <i>Appleton</i>	6. Aldermanic District <i>12</i>
7. Mailing Address (if different from premises address)		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number <i>456-1031592696</i>	
10. Premises Phone <i>920-889-9829</i>	11. Premises Email <i>thapqpr2017@gmail.com</i>	
12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <i>1200 W Wisconsin Ave - 28X28 SQ FT. Convenience store cooler.</i>		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only		
1. State of Registration <i>Wisconsin</i>	2. Date of Registration <i>02-05-2024</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name <i>Thapq</i>	Agent's First Name <i>Cranesh</i>	Phone [REDACTED]

Part D: Individual Information
 A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<i>Thapq</i>	<i>Cranesh</i>	<i>owner</i>	[REDACTED]
<i>Thapq</i>	<i>REDACTED</i>	<i>REDACTED</i>	<i>REDACTED</i>

Part E: Attestation		
Who must sign this application? <input type="checkbox"/> sole proprietor <input type="checkbox"/> one general partner of a partnership <input type="checkbox"/> one corporate officer <input type="checkbox"/> one managing member of an LLC		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Signature <i>B. J. ...</i>	Date <i>02-14-24</i>	
Name (Last, First, M.I.)		
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]

Part F: For Clerk Use Only		
Date application was filed with clerk <i>2-20-24</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Ganesh Bahadur Thapa

2. Name of Business: THAPA PETROLEUM LLC

(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: 1200 W Wisconsin Ave Appleton, WI 54914

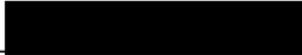
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No _____

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

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

I sold Beer under 21 years people. couple year ago, I paid off whatever I got ticket. so I don't want to repeat again. sorry for that.

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>Ganesh</u>	<u>B</u>	<u>Thapa</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: Ganesh B Thapa

First name Middle Initial Last name

Address: 1200 W Wisconsin Ave Appleton WI 54914

City State ZIP

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

Name: Gas station / convenience store

(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): 6 AM to 10 PM
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:

1200 W Wisconsin Ave - 28 X 28 Gq feet

Convenience store cooler.

B. J. J. J.
Signature

02-20-24
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 THAPA PETROLEUM 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 Clark
(Trade Name)

located at 1200 West Wisconsin Ave Appleton, WI 54924

appoints Gane Bahadur Thapa
(Name of Appointed Agent)

1131 West Commercial Street Appleton, WI 54914
(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? 7 years

Place of residence last year 1131 W Commercial St Appleton, WI 54914

For: THAPA PETROLEUM 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, Ganesh Thapa, 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] 02-14-2024
(Signature of Agent) (Date)

Agent's age [Redacted]

1131 W Commercial St Appleton, WI 54914
(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)

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Appleton
License Period	2023 - 2024

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
- Class "B" Beer \$ 100 "Class B" Liquor \$ 500
- "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
- Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 600
Publication Fee	\$ 60
Background Check	\$ 7
Total Fees	\$ 667

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Sony's Bistro LLC</u>		
2. Trade Name or DBA <u>Meade Street Bistro</u>		
3. Premises Address <u>2729 N. Meade Street Appleton, WI 54911</u>		
4. County <u>Outagamie</u>	5. Municipality <u>Appleton</u>	6. Aldermanic District <u>#6</u>
7. Mailing Address (if different from premises address) <u>Same as Above</u>		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number <u>456-1031557990-04</u>	
10. Premises Phone [REDACTED]	11. Premises Email [REDACTED]	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <u>Dining room, back Private space, Bar Area. Kitchen 2,000 sq. Ft Build.) PATIO 150 sq Ft.</u>		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration: WI 2. Date of Registration: 10-1-23

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors Yes No

Name of Parent Company: Sony's Bistro LLC FEIN of Parent Company: [REDACTED]

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name: Meyer-Koehler Agent's First Name: Synova Phone: [REDACTED]

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<u>N/A</u>			
<u>Synova J. Meyer</u>		<u>Owner</u>	[REDACTED]

Part E: Attestation

Who must sign this application?
 sole proprietor one general partner of a partnership one corporate officer one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature: Synova Meyer Koehler Date: 2-27-24

Name (Last, First, M.I.): S. Meyer, Synova, J.

Title: Owner Email: [REDACTED] Phone: [REDACTED]

Part F: For Clerk Use Only

Date application was filed with clerk <u>2/28/24</u>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Sydney J. Meyer

2. Name of Business: Sony's Bistro LLC

(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: 2729 N. Meade St. Appleton WI
54913

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 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.

NA

First name	M.I.	Last name	Date of Birth
<u>Sydney</u>	<u>J.</u>	<u>Meyer</u>	[REDACTED]

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: WHW Gastro Pub - DBA Meade Street Bistro

(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?

opened 2019 months ago.

10. Seating capacity: Inside 300 Outside _____

11. Operating hours (Inside the building): T-4-8 / W, T 11-8 / F 11-9 / ~~S~~ 5.4-9
Operating hours (Outdoor seating areas): SAME

12. Employees/Staff

Number of floor personnel 27 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: 2,000 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 150 square feet.
- c. Below, identify the operational details of the proposed establishment:

Food & Beverage

Syrena Meyer
Signature

2-27-24
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 Syrona J. Meyer
(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 Sony's Bistro LLC DBA Meade Street Bistro
(Trade Name)

located at 2729 N. Meade Street Appleton, WI 54911

appoints Syrona Meyer
(Name of Appointed Agent)

1342 N. Lake Ct. Appleton, WI 54913
(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).
Sony's Bistro LLC

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? 28 yrs.

Place of residence last year 1342 N. Lake Ct. Appleton, WI 54913

For: Sony's Bistro LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Syrona Meyer
(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, Syrona Meyer, 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.

Syrona Meyer 2-27-24 Agent's age [REDACTED]
(Signature of Agent) (Date)
1342 N. Lake Ct. Appleton, WI 54913 Date of birth [REDACTED]
(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)

OAK #86

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 CALUMET
 City

The undersigned duly authorized officer/member/manager of ALDI INC. (WISCONSIN)
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as ALDI #86
(Trade Name)

located at 2702 N RICHMOND ST APPLETON, WI 54911

appoints CHRIS RYAN SUBERT
(Name of Appointed Agent)
W8426 COUNTY RD F, SHIOCTON, WI 54170
(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).
N/A

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? 20 YEARS

Place of residence last year W8426 COUNTY RD F, SHIOCTON, WI 54170

For: ALDI INC. (WISCONSIN)
(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, CHRIS RYAN SUBERT, 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] 01/31/2024 Agent's age
(Signature of Agent) (Date)

W8426 COUNTY RD F, SHIOCTON, WI 54170 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)

OAK # 86

Date

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor)
ALDI INC. (WISCONSIN)
2. Trade Name or DBA
ALDI# 86
3. Entity Type (check one)
[] Sole Proprietor [] Partnership [] Limited Liability Company [x] Corporation [] Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.)
SUBERT, CHRIS R.
2. Relationship to Registered Entity (Title)
AGENT (STORE MANAGER)
3. Email
[Redacted]
4. Phone
[Redacted]
5. Home Address
W8426 COUNTY RD F
6. City
SHIOCTON
7. State
WI
8. Zip Code
54170
9. Date of Birth
[Redacted]
10. Drivers License/State ID Number
[Redacted]
11. Drivers License/State ID State of Issuance
WI

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1
N/A
Previous City, State, Zip
N/A
Dates (MM/YYYY - MM/YYYY)
Previous Address 2
N/A
Previous City, State, Zip
N/A
Dates (MM/YYYY - MM/YYYY)

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name
ALDI Inc.
Employer's Address
9342 S. 13th St., Oak Creek, WI (Office address)
Dates Employed (MM/YYYY - MM/YYYY)
11/2020 - Present
Employer's Name
Spectrum
Employer's Address
3845 E Calumet, Appleton WI
Dates Employed (MM/YYYY - MM/YYYY)
6/2020 - 10/2020

JC Penny, 3459 Princeton Rd, Hamilton OH 2010 - 2019

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>Receiving Property</i>	Trial Date <i>2018? I don't remember when</i>
Penalty Imposed <i>none</i>	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Law/Ordinance Violated	Trial Date
Penalty Imposed 	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <i>20</i>	Months
--	--------------------	--------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>[Handwritten Signature]</i>	Date <i>01/31/2024</i>
---	---------------------------

OAK # 68

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 CALUMET
 City

The undersigned duly authorized officer/member/manager of ALDI INC. (WISCONSIN)
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as ALDI #68
(Trade Name)

located at 116 NORTH LINWOOD APPLETON, WI 54914

appoints BRITTNEY ANN WAGNER
(Name of Appointed Agent)
2114 N MORRISON 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?

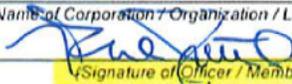
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
N/A

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? 28 YEARS

Place of residence last year 2114 N MORRISON ST APPLETON, WI 54911

For: ALDI INC. (WISCONSIN)
(Name of Corporation / Organization / Limited Liability Company)

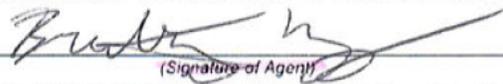
By: 
(Signature of Officer / Member / Manager)

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, BRITTNEY ANN WAGNER, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

 3/1/2024 Agent's age
(Signature of Agent) (Date)
2114 N MORRISON 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)

OAK #68

Date

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) ALDI INC. (WISCONSIN)
2. Trade Name or DBA ALDI# 68
3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) WAGNER, BRITTNEY ANN
2. Relationship to Registered Entity (Title) AGENT (STORE MANAGER)
3. Email
4. Phone
5. Home Address 2114 N MORRISON ST
6. City APPLETON 7. State WI 8. Zip Code 54911 9. Date of Birth
10. Drivers License/State ID Number 11. Drivers License/State ID State of Issuance WI

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 385 N WESTHAVEN DR. G202
Previous City, State, Zip OSHKOSH, WI 54904 Dates (MM/YYYY - MM/YYYY) 03/2020 - 02/2021
Previous Address 2 N/A
Previous City, State, Zip N/A

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name ALDI Inc.
Employer's Address 9342 S. 13th St., Oak Creek, WI (Office address) Dates Employed (MM/YYYY - MM/YYYY) 10/2020 - Present
Employer's Name Hobby Lobby
Employer's Address 1118 S Koeller St Oshkosh WI 54902 Dates Employed (MM/YYYY - MM/YYYY) 2/2018 - 10/2020

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

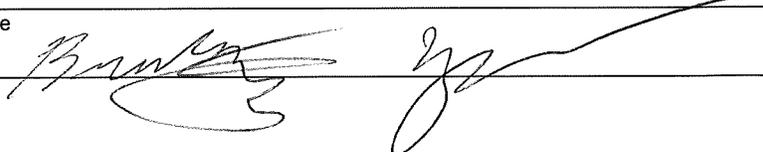
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 28	Months
--	-------------	--------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 1/3/24
--	----------------



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>9/21/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5642-4</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Antojitos Mexicanos LLC</u>	
Address of Establishment <u>204 E College Ave</u>	
Name of Agent <u>Bruno Alvaran</u>	Phone Number

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
Adding a second bar w/ dining room next door of previous location. Storing liquor in basement. Adding on approximately 1,200 sq ft. ~~Placing~~ ^{Placing} 7-8 tables on the amenity strip.

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
Signature of Applicant: _____

FOR OFFICE USE ONLY

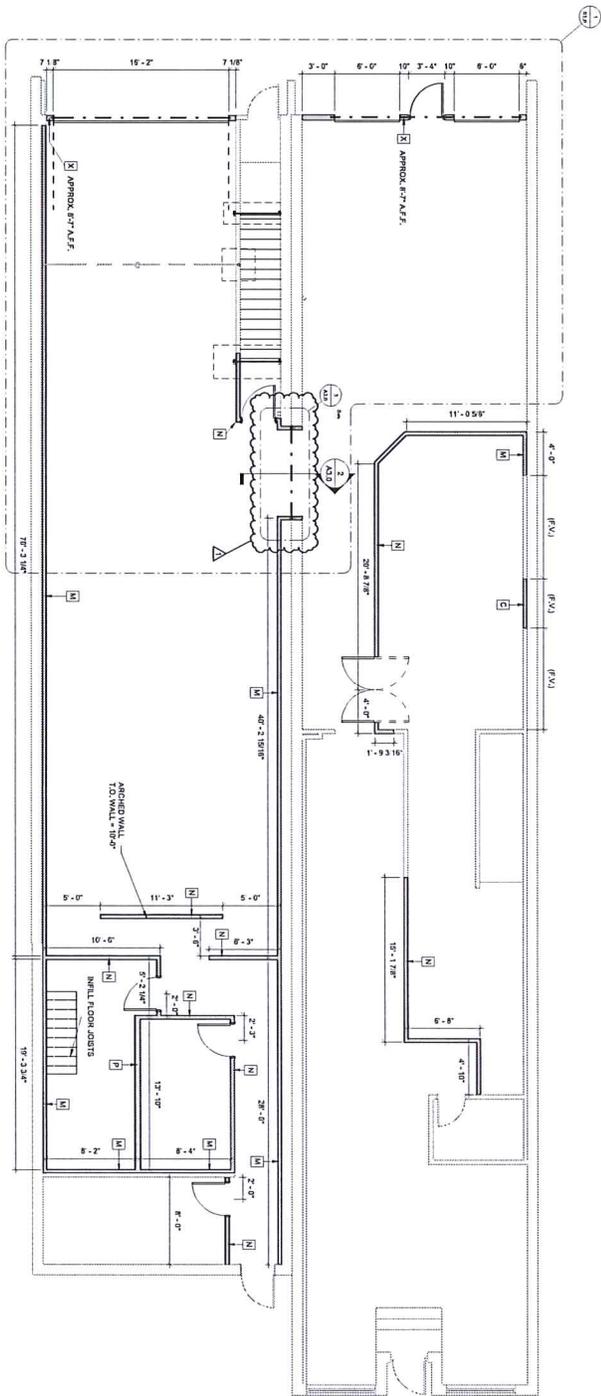
Department	Approve	Deny	By	Reason		
Comm. Dev.	11/6		Lindsey Smith	SUP #11-23 Approved 11/1		
Finance				<u>Hold LM 9/27 S.A. #1541, 38</u>		
Fire	3/15/24		Derek Henson	<u>Hold - DM 9/27 Hold DM 1/9/24</u>		
Health	3/15/24		Michelle Roberts	<u>Hold - MR 9/27 Hold - MR 1/9/24</u>		
Inspections	3/15/24		Dan Meissner	<u>Overhead doors removed from plan/reno</u>		
Police	10/2		Gadin			
S&L	10/25/23	Council	11/1/23	Date Issued	Exp. Date	License Number

sent 9/27

Hold 1-9 outstanding

3/20/24 3/20/24

- X** - 2x4 STUDS @ 16" O.C.
- ALUMINUM WALLS OVER SIDING
- 5/8" GYP ON ONE SIDE
- 5/8" BATT INSUL.
- C** - 2x6 STUDS @ 16" O.C.
- 5/8" GYP ON ONE SIDE
- 5/8" BATT INSUL.
- M** - 2x4 STUDS @ 16" O.C.
- 5/8" GYP ON ONE SIDE
- 5/8" BATT INSULATION
- N** - 2x4 STUDS @ 16" O.C.
- 5/8" GYP ON BOTH SIDES
- 5/8" BATT INSULATION
- P** - 2x4 STUDS @ 16" O.C.
- 5/8" GYP ON BOTH SIDES
- 5/8" BATT INSULATION



FRAMING PLAN
 1/A1.2 SCALE = 3/16" = 1'-0"
 NORTH

PROPOSED BUILDING FOR:
ANTOJITOS MEXICANOS
 APPLETON, WISCONSIN; COUNTY OF: OUTAGAMIE

SCALE VERIFICATION

THIS PLAN IS THE PROPERTY OF BAYLAND BUILDINGS AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. ANY UNAUTHORIZED REPRODUCTION OR TRANSMISSION OF THIS PLAN IS STRICTLY PROHIBITED. BAYLAND BUILDINGS SHALL NOT BE RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS PLAN. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR VERIFYING ALL DIMENSIONS AND CONDITIONS BEFORE CONSTRUCTION. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY MATERIALS AND SUPPLIES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY LABOR AND SERVICES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY INSURANCE AND BONDING. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY UTILITIES AND SERVICES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY MATERIALS AND SUPPLIES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY LABOR AND SERVICES. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY INSURANCE AND BONDING. THE USER OF THIS PLAN SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY UTILITIES AND SERVICES.

JOB NUMBER: 23-5353
PROJECT: NICK VAN LAMEN
EXECUTIVE: (920) 880-9110
DRAWN BY: JRG
DATE: 05/02/2023
REVISIONS:
 1 05/10/23 JRG

ISSUED FOR: CHECKED **DN**
 BY:
 PRELIMINARY
 NO SET
 DESIGN REVIEW
 CHECKSET
 CONSTRUCTION

FRAMING PLAN - OVERALL

ANTOJITOS MEXICANOS

PROPOSED BUILDING FOR:

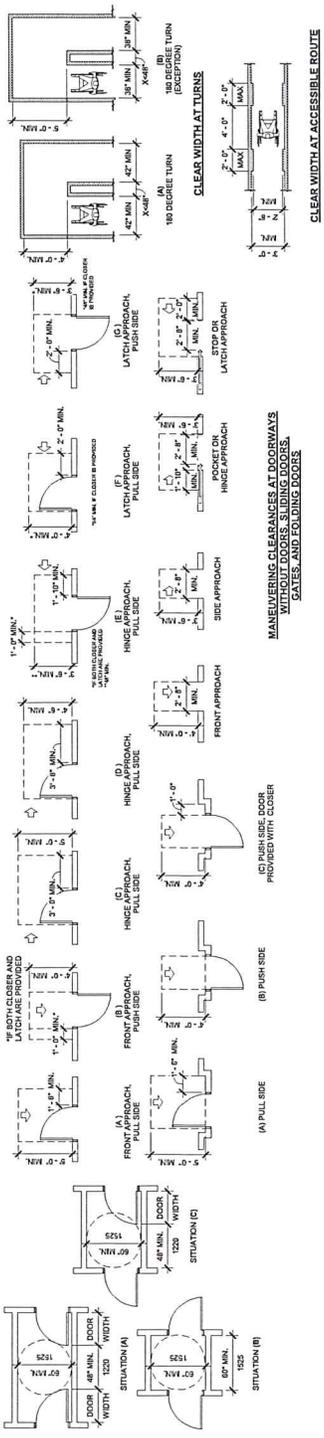
SCALE VERIFICATION
 1/8" = 1'-0" (AS SHOWN)

VERIFY ALL ACCESSIBILITY AND ADA REQUIREMENTS AND ALL SUBJECT TO THE LATEST EDITIONS OF THE 2010 INTERNATIONAL BUILDING CODES. THE USER OF THIS DOCUMENT IS TO BE RESPONSIBLE FOR OBTAINING THE LATEST EDITIONS OF THE 2010 INTERNATIONAL BUILDING CODES. THE USER OF THIS DOCUMENT IS TO BE RESPONSIBLE FOR OBTAINING THE LATEST EDITIONS OF THE 2010 INTERNATIONAL BUILDING CODES. THE USER OF THIS DOCUMENT IS TO BE RESPONSIBLE FOR OBTAINING THE LATEST EDITIONS OF THE 2010 INTERNATIONAL BUILDING CODES.

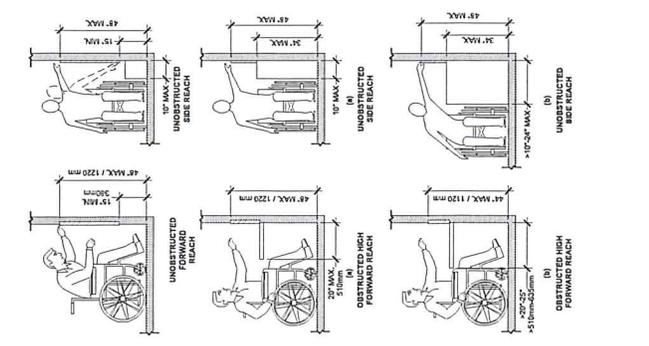
JOB NUMBER: 23-5553
 PROJECT: NICK VAN LANEN
 EXECUTIVE: (920) 880-8110
 DRAWN BY: JRG
 DATE: 06/02/2023
 REVISIONS:

ISSUED FOR: CHECKED DA
 BY:
 PRELIMINARY
 10% SET
 DESIGN REVIEW
 CHECKOUT
 CONSTRUCTION
 PLAN NOTES

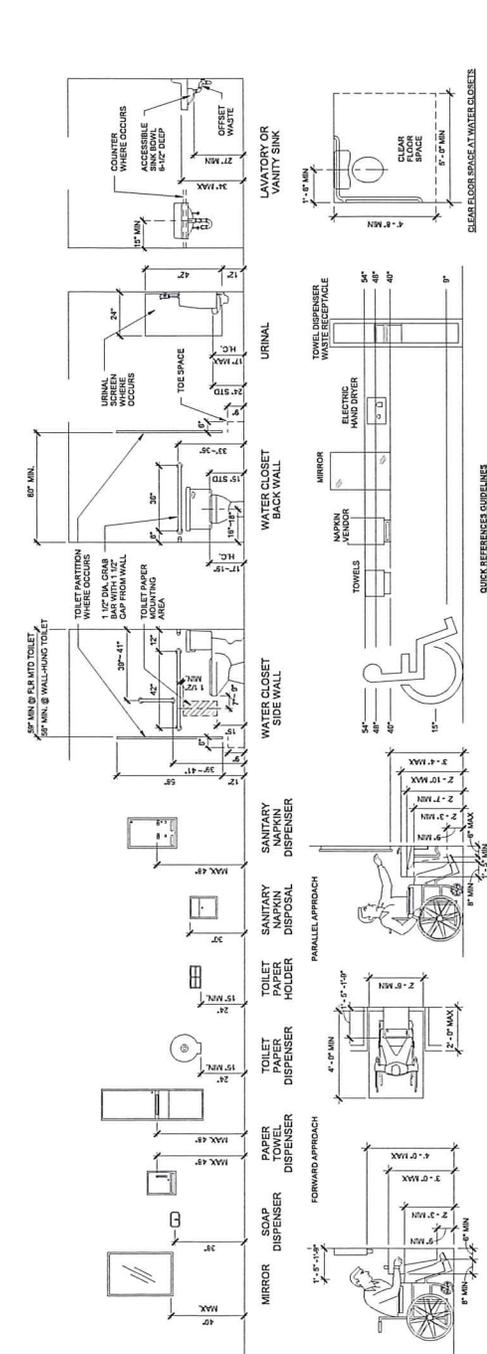
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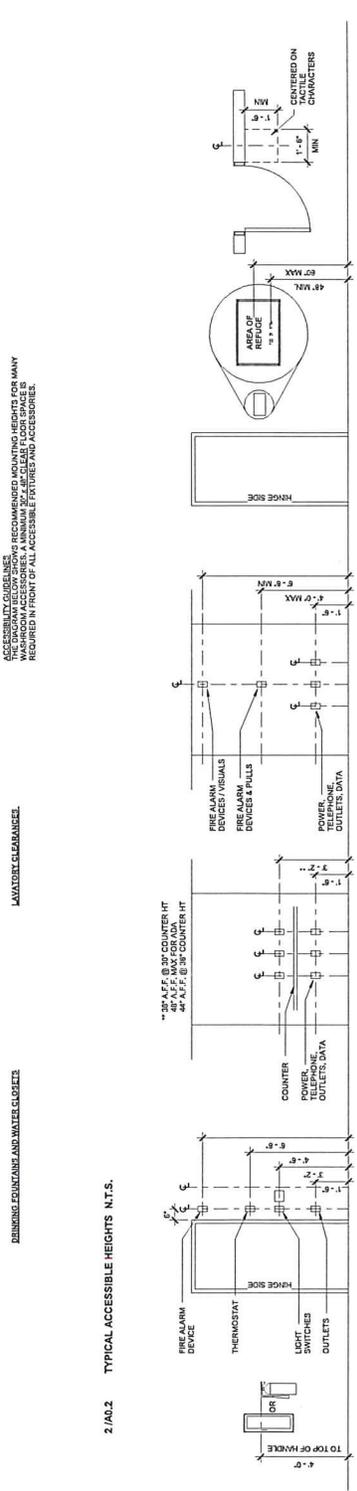
1.A0.2 MANEUVERING CLEARANCES AT DOORS N.T.S.



4.A0.2 UNOBSTRUCTED REACH DETAILS N.T.S.



2.A0.2 TYPICAL ACCESSIBLE HEIGHTS N.T.S.



3.A0.2 ADA - DEVICE MOUNTING HEIGHTS N.T.S.

ACCESSIBILITY GUIDELINES
 THE ENDPOINT HEIGHTS SHOWN ARE RECOMMENDED MOUNTING HEIGHTS FOR MANY TYPES OF ACCESSIBLE EQUIPMENT. THESE HEIGHTS ARE REQUIRED IN FRONT OF ALL ACCESSIBLE FEATURES AND ACCESSORIES.

QUICK REFERENCE GUIDELINES
 (BE SURE TO REFERENCE WITH ADA CODE)

LAVATORY CLEARANCE

REINFORCING FOUNDATIONS AND WATER CLOSETS

CLEAR FLOOR SPACE

EQUIPMENT PERMITTED IN SHADED AREA
 SPOUT HEIGHT AND KNEE CLEARANCE

HEAT SET FACTS: CHARACTERS ABOVE
 FINISH FLOOR OR GROUND

CLEAR WIDTH AT ACCESSIBLE ROUTE

MANEUVERING CLEARANCES AT DOORWAYS
 WITHOUT DOORS, SLIDING DOORS,
 GATES, AND FOLDING DOORS

TOILET PARTITION
 WHERE OCCURS
 1" DIA GRAB
 BAR FROM WALL
 TOILET PAPER
 MOUNTING
 AREA

URINAL
 WHERE
 OCCURS

WATER CLOSET
 SIDE WALL

WATER CLOSET
 BACK WALL

SANITARY
 NAPKIN
 DISPENSER

TOILET
 PAPER
 HOLDER

SOAP
 DISPENSER

MIRROR

PAPER
 TOWEL
 DISPENSER

LAVATORY OR
 VANITY SINK

AREA OF
 CLEARANCE
 6'-0" MIN

PROPOSED BUILDING FOR:
ANTOJITOS MEXICANOS
 APPLETON, WISCONSIN; COUNTY OF: OUTAGAMIE

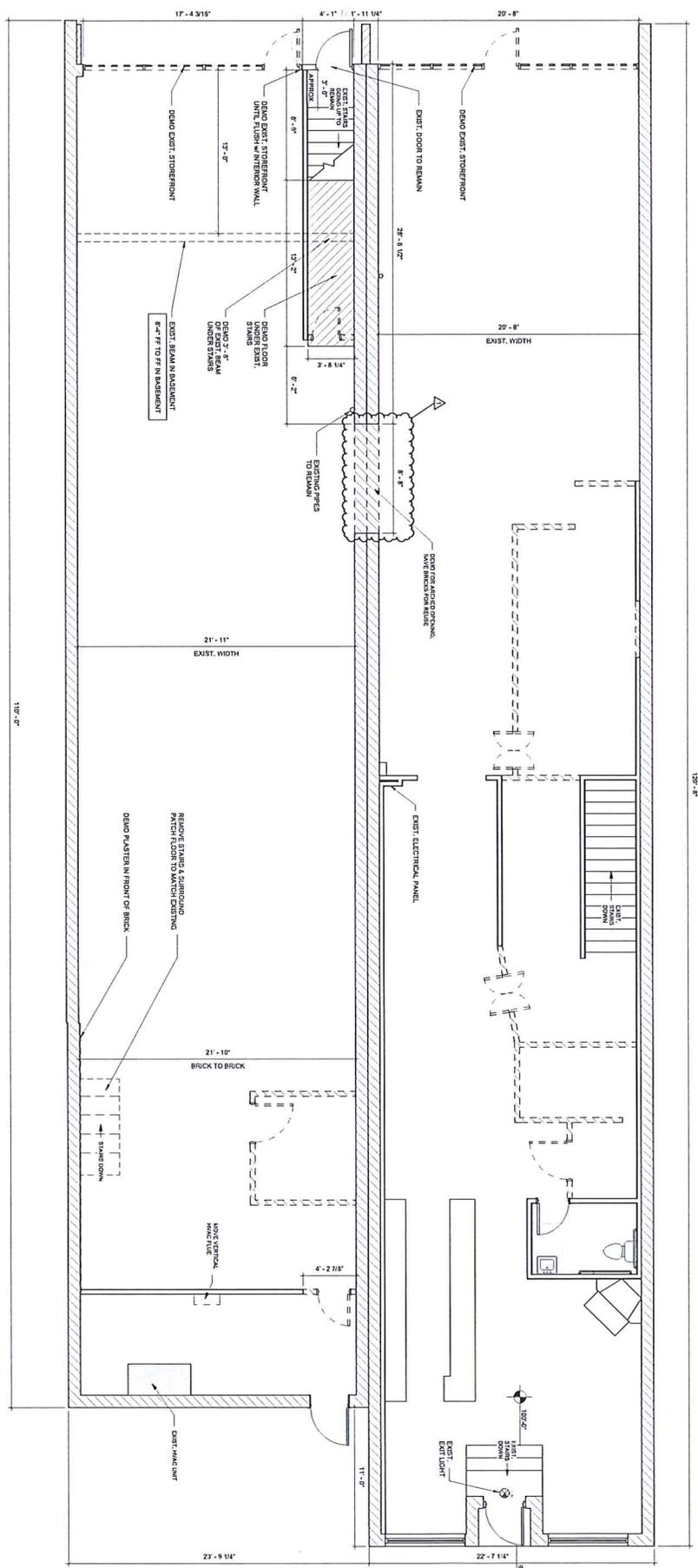
SCALE VERIFICATION
 DRAWN BY: JRG

JOB NUMBER: 232553
PROJECT: NICK VAN LANEN
DESIGNER: (920) 860-8110
DRAWN BY: JRG
DATE: 05/02/2023
REVISIONS:
 1 05/10/23 JRG

FLOOR PLAN - EXISTING/DEMO
 1/4" = 1'-0"



ISSUED FOR: CHECKED DA
 BY:
 PRELIMINARY
 BID SET
 DESIGN REVIEW
 CHECKSET
 CONSTRUCTION
FLOOR PLAN - EXISTING/DEMO
A1.0



**CITY OF APPLETON
RESOLUTION FOR SPECIAL USE PERMIT #11-23
RESTAURANT AND SIDEWALK CAFE WITH ALCOHOL
204 & 206 E. COLLEGE AVENUE**

WHEREAS, FA & VB, LLC, owner; Antojitos Mexicanos, LLC, applicant, has applied for a Special Use Permit to expand an existing restaurant and sidewalk café with alcohol sales and consumption located at 204 & 206 E. College Avenue, also identified as Parcel Number 31-2-0313-00; and

WHEREAS, the proposed restaurant and sidewalk café with alcohol sales and consumption is located in the CBD Central Business District, and the proposed use may be permitted by Special Use Permit within this zoning district pursuant to Chapter 23 of the Municipal Code; and

WHEREAS, the City of Appleton Plan Commission held a public hearing on October 25, 2023 on Special Use Permit #11-23, at which all those wishing to be heard were allowed to speak or present written comments and other materials at the public hearing; and

WHEREAS, the City of Appleton Plan Commission has reviewed and considered the Community and Economic Development Department's staff report and recommendation, as well as other spoken and written evidence and testimony presented at the public hearing; and

WHEREAS, the City of Appleton Plan Commission reviewed the standards for granting a Special Use Permit under Sections 23-66(e)(1-8) of the Municipal Code; and

WHEREAS, the City of Appleton Plan Commission reviewed the standards for imposing conditions on the Special Use Permit under Section 23-66(c)(5) of the Municipal Code, and forwarded Special Use Permit #11-23 to the City of Appleton Common Council with a favorable conditional or not favorable (CIRCLE ONE) recommendation; and

WHEREAS, the City of Appleton Common Council has reviewed the report and recommendation of the City of Appleton Plan Commission at their meeting on November 1, 2023.

NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED by the Common Council, based on Community and Economic Development Department's staff report and recommendation, as well as other spoken and written evidence and testimony presented at the public hearing and Common Council meeting, and having considered the recommendation of the City Plan Commission, that the Common Council:

1. Determines all standards listed under Sections 23-66(e)(1-8) of the Municipal Code are found in the affirmative YES or NO (CIRCLE ONE)
2. If NO, the City of Appleton Common Council hereby denies Special Use Permit #11-23 to expand an existing restaurant and sidewalk cafe with alcohol sales and consumption located at 204 & 206 E. College Avenue, also identified as Parcel Number 31-2-0313-00, based upon the following standards and determinations: (List reason(s) why the Special Use Permit was denied)

3. If YES, the City of Appleton Common Council hereby approves Special Use Permit #11-23 to expand an existing restaurant and sidewalk café with alcohol sales and service located at 204 & 206 E. College Avenue, also identified as Parcel Number 31-2-0313-00, subject to the following conditions as they are related to the purpose of the City of Appleton Municipal Code and based on substantial evidence:

CONDITIONS OF APPROVAL FOR SPECIAL USE PERMIT #11-23:

- A. The applicant shall receive approval of a Liquor License premise amendment from the City Clerk prior to serving or consuming alcohol in the expanded interior area and new outdoor area.
 - B. The use shall conform to the standards established in Chapter 9, Article III, Alcoholic Beverages, of the Appleton Municipal Code.
 - C. The site shall be kept free of litter and debris.
 - D. All Zoning, Building, Fire, Engineering, Utility and other Municipal Codes, and all applicable State and Federal laws shall be complied with.
 - E. The serving and consumption of alcohol is limited to the area identified on the attached development plan and floor plan drawings. Any expansions of the special use, changes to the development plan(s), plan of operation or any conditions of approval may require a major or minor amendment request to this Special Use Permit pursuant to Section 23-66(g) of the Zoning Ordinance. Contact the Community and Economic Development Department to discuss any proposed changes.
4. The City Clerk's Office is hereby directed to give a copy of this resolution to the owner/applicant, Community and Economic Development Department, Inspections Division, and any other interested party.

Adopted this 1st day of November, 2023.



Jacob A. Woodford, Mayor

ATTEST:



Kami Lynch, City Clerk

PLAN OF OPERATION AND LOCATIONAL INFORMATION

Business Information:

Name of business: Antojitos Mexicanos, LLC

Years in operation: 15

(Check applicable proposed business activity(s) proposed for the premises)

- Restaurant
- Tavern/Night Club/Wine Bar
- Painting/Craft Studio
- Microbrewery/Brewpub (manufacturing a total of not more than 310,000 U.S. gallons of fermented malt beverages per calendar year)
- Brewery (manufacturing a total of more than 310,000 U.S. gallons of fermented malt beverages per calendar year)
- Winery (manufacturing of wine)
- Craft-Distillery (manufacturing a total of not more than 100,000 proof gallons of intoxicating liquor per calendar year)
- Distillery (manufacturing a total of more than 100,000 proof gallons of intoxicating liquor per calendar year)
- Tasting room offering fermented malt beverages, wine or intoxicating liquor for consumption and/or retail sales on the premises where the fermented malt beverages, wine or intoxicating liquor is manufactured and/or at an off-premises location associated with premises. Tasting rooms may include food sales.
- Other _____

Detailed explanation of proposed business activities:

~~The proposed use is restaurant/bar. The renovation will include installation of garage doors along College Avenue. Temporary fencing and railing will be placed along the property line when opening the garage doors to restrict customers from walking in and out.~~

removed

Existing gross floor area of building/tenant space, including outdoor spaces:

(square feet) 2,752 sq. ft.

Proposed gross floor area of building/tenant space, including outdoor spaces:

(square feet) 5,546 sq. ft.

Occupancy Limits:

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: 249 or less persons.

Proposed Hours of Operation for Indoor Uses:

Day	From	To
Monday thru Thursday	11:00 am	10:00 pm
Friday	11:00 am	12:00 am
Saturday	11:00 am	12:00 am
Sunday	Closed	Closed

Production/Storage Information:

(Check applicable proposed business activity(s) proposed for the premises)

- Current production of fermented malt beverages: _____ U.S. gallons per year
- Proposed production of fermented malt beverages: _____ U.S. gallons per year
- Current production of wine: _____ U.S. gallons per year
- Proposed production of wine: _____ U.S. gallons per year
- Current production of intoxicating liquor: _____ proof gallons per year
- Proposed production of intoxicating liquor: _____ proof gallons per year
- None. If none, leave the following two storage questions blank.

Identify location of grains and/or juice, grapes, other fruits or other agricultural product storage and type of storage container(s) used:

Identify the storage location of spent grains and/or grapes, other fruits or other agricultural products and type of storage container(s) used:

Outdoor Space Uses:

(Check applicable outdoor space uses)

- Patio
- Deck
- Sidewalk Café
- Other _____.
- None. If none, leave the following questions in this section blank.

Size: 117 sq. ft. sidewalk cafe square feet

Type of materials used and height of material to enclose the perimeter of the outdoor space:

- Fencing Landscaping Other _____ Height _____ feet

Is there any alcohol consumption incorporated within the outdoor facility? Yes No

If yes, please describe:

Serving drinks to customers at the tables within the amenity strip. The patio is a potential future expansion located on private property at the NE corner of the site adjacent to Johnston Street. The potential patio area is 253 sq. ft.

Are there plans for outdoor music/entertainment? Yes No

If yes, describe how the noise will be controlled:

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

Proposed Hours of Operation for Outdoor Space:

Day	From	To
Monday thru Thursday	11:00 am	9:00 pm
Friday	11:00 am	9:00 pm
Saturday	11:00 am	9:00 pm
Sunday	Closed	Closed

NOTE: Hours of Operation for Outdoor Uses (Sidewalk Café with Alcohol):

*******Municipal Code Section 9-262(b)(4): The permit holder can begin serving alcoholic beverages in the sidewalk café at 4:00 p.m. Monday through Friday and 11:00 a.m. on Saturday and Sunday. All alcoholic beverages must be removed from the sidewalk café by 9:30 p.m.**

Describe Any Potential Noise Emanating From the Proposed Use:

Describe the noise levels anticipated from all equipment or other mechanical sources:
Normal restaurant music volume with occasional indoor live music.

Describe how the crowd noise will be controlled inside and outside the building:
The employees will handle the crowd noise.

Off-Street Parking:

Number of spaces existing on-site: 0

Number of spaces proposed on-site: 0

Street Access:

Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?
No

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: 20

Number of proposed employees: 35

Number of employees scheduled to work on the largest shift: 20



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Rec'd FEB 29 2024

License Fee - \$10.00/event
(CLCAGP)

Total \$ 10.00

Receipt #: 6118-02

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Appleton Axe Throwing</u>	Establishment Phone Number <u>920-257-4358</u>
Address of Establishment <u>1400 West College Avenue Suite B1</u>	
Agent Name <u>Rabek Van Abel</u>	Agent Phone Number (Required)

SECTION 2 - PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application

Is this Premises Amendment Permanent? YES NO

Please describe the change in Premises: We took over a space next to original location (3500 sq feet) by taking down a partition wall separating the two. By doing so we added approximately 2700 additional sq feet of space. Mostly to add additional Entertainment spaces/games and bathrooms, taking up the majority

If temporary, please specify the reason for the amendment: _____

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: _____

SECTION 3 - PENALTY NOTICE

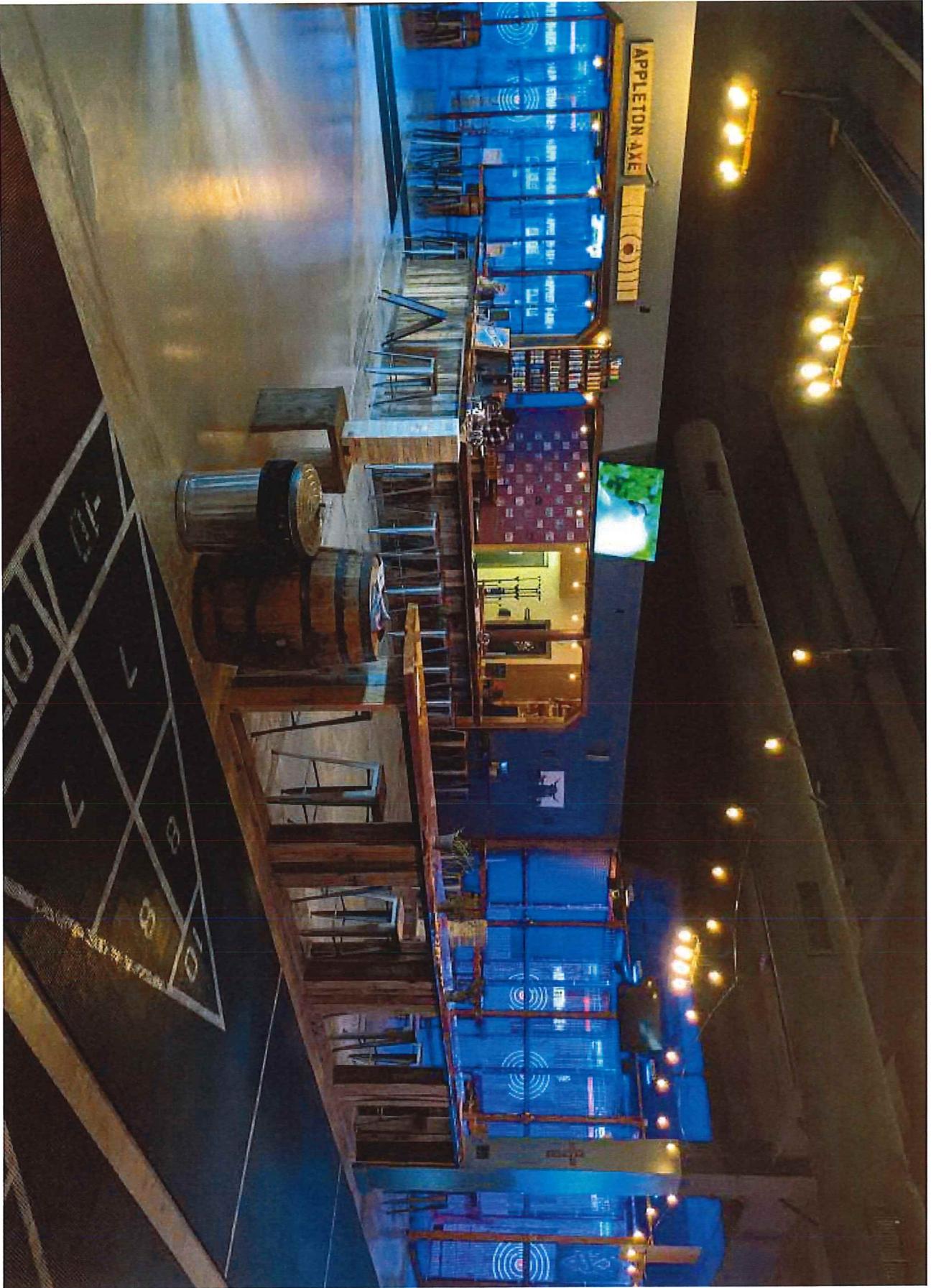
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant: [Signature] Date: 2-29-24

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Safety and Licensing Date: <u>3-13-24</u>	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review <u>MAR. 1. 2. 2024</u>	Date Approved	Date Issued	Expiration Date	License Number

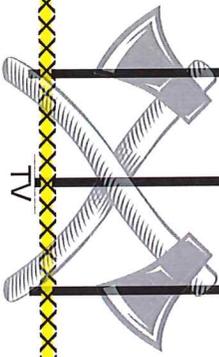


Escape Room - Heist

Bathroom

Bathroom

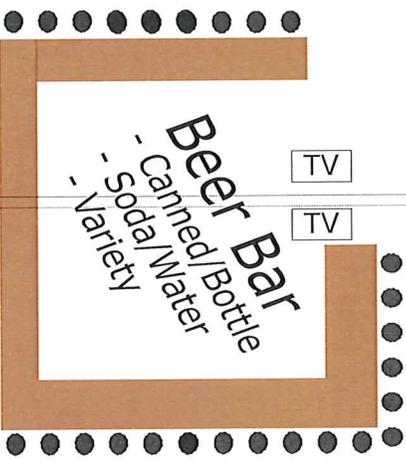
Axe Shop - Team Members



TV

Bathroom

Bathroom



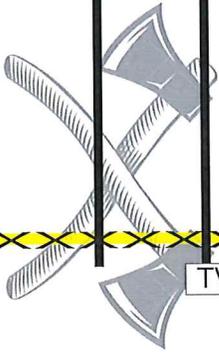
Beer Bar
- Canned/Bottle
- Soda/Water
- Variety

TV

TV

TV

TV



Yard & Other Games
Seating/table top games
Additional Space/Events
* Customizable!

* Yard Games
- Corn hole &
more!

*Deck Shuffle Board Lane #1

*Deck Shuffle Board Lane #2

Projector Screen



72'-8"

24'-5"

NEW 4" CONC. STOOD SLAB OVER 4" FOAM INSUL.

NEW 3070 H.M. SERVICE DOOR AND FRAME

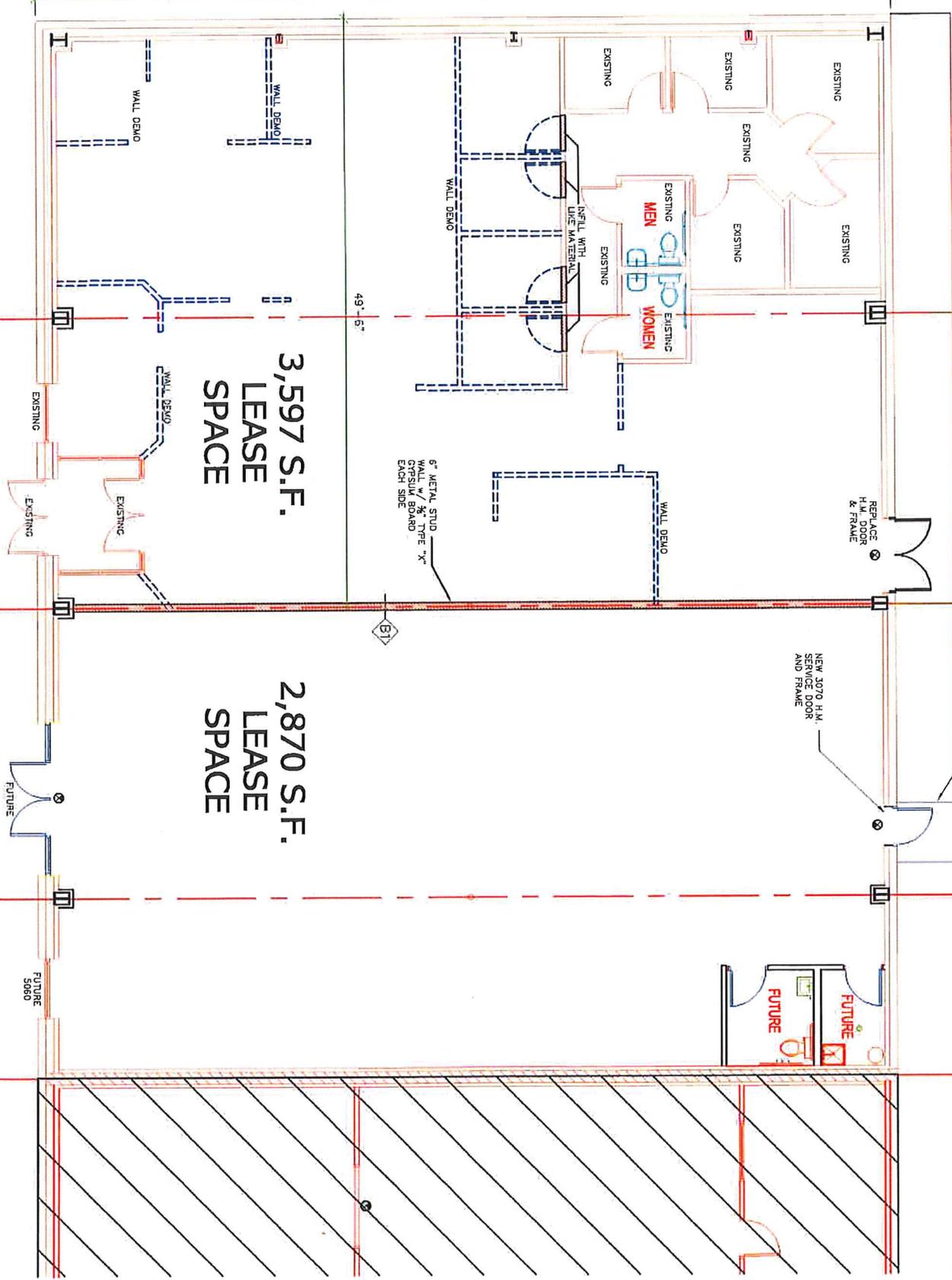
REPLACE H.M. DOOR & FRAME

6" METAL STUD WALL POSITIVELY BRACED EACH SIDE

49'-5"

3,597 S.F. LEASE SPACE

2,870 S.F. LEASE SPACE



9

8

7

6

FUTURE 5050

FUTURE

FUTURE

EXISTING MEN

EXISTING WOMEN

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FUTURE

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) THAPA PETROLEUM LLC			
2. Business Trade Name or DBA Kedaar LLC / APPLETON CLARK			
3. FEIN		4. Wisconsin Seller's Permit Number 456-703159696-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 02/05/2024	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 1200 W Wisconsin Ave			
10. City Appleton		11. State WI	12. Zip Code 54914
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District 12
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone 920-882-9829	21. Premises Email thapapr2017@gmail.com		22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <div style="text-align: center; font-family: cursive;"> <p>This is Convenience store I am sold selling Cig and vape behind counter and liquor sale from shelves.</p> </div>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
THAPA	GRANESH	Owner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 02-28-24
Name (Last, First, M.I.) Granesh Bahadur Thapa	
Title Owner	Email, Phone

Part E: For Clerk Use Only

Date application was filed with clerk 02/28/2024	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

FOR CLERKS ONLY	
Municipality	Appleton
License Period	23 - 24

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) <u>Top Dogz Vape Shop LLC</u>			
2. Business Trade Name or DBA <u>Top Dogz</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>1456103162626704</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>2-29-2024</u>	8. Wisconsin DFL Registration Number
9. Premises Address (do not use PO Box) <u>1347 W Wisconsin Ave</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54914</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District <u>10</u> *
16. Mailing Address (if different from premises address) <u>220 Frances St</u>			
17. City <u>Kaukauna</u>		18. State <u>WI</u>	19. Zip Code <u>54130</u>
20. Premises Phone <u>920-850-4574</u>		21. Premises Email <u>jenny@topdogzvapeshop.com</u>	22. Website <u>topdogzvapeshop.com</u>
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <u>Store front is 448 sq feet and Back room is 200 sq feet</u>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Peters	Jennifer	owner	
Williams	Jason	owner	

Part D: Attestation

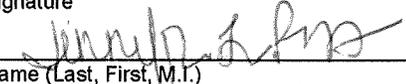
One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 2-29-2024
Name (Last, First, M.I.) Peters, Jennifer, L	
Title owner	Email j
Phone	

Part E: For Clerk Use Only

Date application was filed with clerk 3 - 4 - 24	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>INDIANHEAD OIL CO. LLC</i>			
2. Business Trade Name or DBA <i>CIRCLE K # 2746526</i>			
3. FEIN		4. Wisconsin Seller's Permit Number <i>456-0000432420-04</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization <i>WI</i>		7. Date of Organization <i>9/17/1964</i>	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) <i>1935 E CALUMET ST</i>			
10. City <i>APPLETON</i>		11. State <i>WI</i>	12. Zip Code <i>54915</i>
13. County <i>DUNGAMIE</i>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>APPLETON</i>		15. Aldermanic District <i>5</i>
16. Mailing Address (if different from premises address) <i>PO BOX 347</i>			
17. City <i>COLUMBUS</i>		18. State <i>WI</i>	19. Zip Code <i>47202</i>
20. Premises Phone <i>920-714-3947</i>		21. Premises Email <i>HOLIDAYLICENSES@HOLIDAYCOMPANIES.COM</i>	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>SOLD AT POS - CIGARETTES, TOBACCO, VAPES STORED IN BACKROOM. COLD VAULT (WALK-IN BEER CAVE). FIXTURES ON FLOOR. WINE WALL. BEER PLATFORM. 12' IN LINE LIQUOR - BEER THROUGH. LIQUOR BEHIND POS.</i>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: <i>HOLIDAY STATIONSTONES, LLC</i> 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
CUNNINGTON	KATHLEEN	PRESIDENT/TREASURER	
BRANT	GARY	V.P. OF OPERATIONS	
DUNCAN	MELISSA	ASSISTANT SEC	

Part D: Attestation

One of the following must sign and attest to this application:

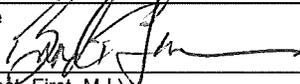
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 3/6/2024
Name (Last, First, M.I.) LARSON BRAD T.	
Title GENERAL MANAGER	Email i
Phone 1	

Part E: For Clerk Use Only

Date application was filed with clerk 03/06/2024	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period:	23 - 24

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Good Nature EVAPOR, LLC			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1028185947-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 06/10/2013	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 420 E Northland Ave, Ste E			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District 23 6
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone (920) 574-2235		21. Premises Email ben@goodnatureevapor.com	22. Website www.goodnatureevapor.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. We are located inside of a commercial strip mall. All devices and vapor products are stored in cabinets behind our counter and away from customer access. <i>Approximately 1400 sqft.</i>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Grothe	Benjamin	Owner	

Part D: Attestation

One of the following must sign and attest to this application:

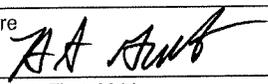
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 		Date 03/08/2024
Name (Last, First, M.I.) Grothe Benjamin S		
Title Owner	Email -	Phone

Part E: For Clerk Use Only

Date application was filed with clerk 3-8-2024	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		