



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, October 26, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[22-1365](#) Approval of minutes from the October 5th, 2022 meeting.

Attachments: [S & L Minutes 10-12-22.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[22-1425](#) Request to approve Towing Fee Changes

Attachments: [Wrecker Fee Proposal.pdf](#)

[22-1379](#) License Application for Taxicab Company for Evergreen Campsites & Resorts, Jim Button, Owner, contingent on approval from Police.

Attachments: [Evergreen Campsites & Resorts.pdf](#)

[22-1191](#) Class "B" Beer and "Class C" Wine License application for PNH Foods LLC d/b/a Fome Food & Company, Athanea Hahn, Agent, located at 2821 N Ballard Rd, contingent upon approval from the Community Development, Fire and Health departments.

Attachments: [Fome Food & Company.pdf](#)

[22-1258](#) Class "B" Beer and Reserve "Class B" Liquor License application for Pillow Talk-N-Wine LLC, Lisa Pitts, Agent, located at 2310 W College Ave #C, contingent upon approval from the Community Development and Health departments as well as approval of a Special Use Permit (City Plan Commission 10/26/22).

Attachments: [Pillow Talk N Wine.pdf](#)

[22-1323](#) Class "B" Beer and Reserve "Class B" Liquor License application for Viand Hospitality LLC d/b/a Parker John's BBQ and Pizza, Aaron Sloma, Agent, located at 2331 E Evergreen Dr Unit 2, contingent upon approval from the Fire, Health, Inspections and Public Works departments.

Attachments: [Parker Johns BBQ and Pizza.pdf](#)

[22-1324](#) Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person In Charge, located at Jones Park, 301 W Lawrence St, on November 5, 2022, contingent upon approval from the Inspections department.

Attachments: [Houdini 10K S&L.pdf](#)

[22-1332](#) Temporary Class "B" Beer License application for St. Francis Xavier Booster Club, Robert Biebel, Person in Charge, located at Xavier High School, 1600 W Prospect Ave, on November 25, 2022, contingent upon approval from the Health and Inspections departments.

Attachments: [St Frances Basketball Tournament S&L.pdf](#)

6. Information Items

[22-1378](#) Special Events:
Fox Valley Lagerfest, McFleshman's Brewing Company, S. State Street, October 1, 2022
Houdini 10K, Houdini Plaza, November 5, 2022
Light Up Appleton, Houdini Plaza, November 19, 2022
Santa Scamper, College Ave, November 22, 2022
Santa Pub Crawl, College Ave, December 10, 2022

[22-1375](#) Director Reports
1. City Clerk
 - November Election Updates and Reminders
2. Fire Chief
3. Police Chief

7. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, October 12, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

3. Approval of minutes from previous meeting

[22-1255](#)

Approval of minutes from September 28th, 2022 meeting.

Attachments: [S & L Minutes 9-28-22.pdf](#)

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

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

4. Public Hearings/Appearances

5. Action Items

[22-1190](#)

Temporary Class "B" Beer License application for Ice Dogs Booster Club, Nick Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, on November 4, December 2 and December 16, 2022, contingent upon approval from the Health department.

Attachments: [Ice Dogs Booster Club S&L.pdf](#)

Hartzheim moved, seconded by Alfheim, that the agenda be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

[22-1221](#) Temporary Class "B" Beer and "Class B" Wine License application for Building for Kids, Inc., Oliver Zornow, Person in Charge, located at 100 W College Ave, on November 5, 2022, contingent upon approval from the Health department.

Attachments: [Building for Kids Birthday Celebration S&L.pdf](#)

This Report Action Item was approved

[22-1275](#) Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, located at Houdini Plaza, on November 19, 2022, contingent upon approval from the Police, Health and Inspections departments.

Attachments: [Light Up Appleton S&L.pdf](#)

This Report Action Item was approved

[22-1267](#) Cigarette License application for Pillow Talk-N-Wine LLC, Lisa Pitts, Applicant, located at 2310 W College Ave Unit C.

Attachments: [Pillow Talk n Wine S&L.pdf](#)

Hartzheim moved, seconded by Alfheim, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

6. Information Items

[22-1257](#) Request to Apply for TC Energy's Build Strong Grant.

Attachments: [TC Energy Build Strong - Request to Apply - 10.04.2022.pdf](#)

[22-1265](#) 2023 Legal Services - City Clerk Budget

Attachments: [2023 Legal Services Budget.pdf](#)

[22-1273](#) 2023 Fire Budget

Attachments: [2023 Fire Budget.pdf](#)
[2023 Haz-Mat Budget.pdf](#)
[2023 Public Safety Cap Proj.pdf](#)

[22-1322](#)

2023 Police Budget

Attachments: [2023 Police Grants.pdf](#)
[2023 Police.pdf](#)

[22-1256](#)

Director Reports

1. City Clerk
2. Fire Chief
3. Police Chief
 - Quarterly Crime & Safety Report

Attachments: [APD Quarterly Crime and Safety report.pdf](#)

7. Adjournment

Hartzheim moved, seconded by Schultz, that the meeting be adjourned at 6:04 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

Sergeant Mark Moderson
Operations Coordinator – Appleton Police Department



October 24, 2022

Attn: City of Appleton Safety and Licensing Committee

As you are likely aware, the City of Appleton Police Department utilizes a rotating list of approved wreckers for towing of certain vehicles. As prescribed by ordinance, there is a fee schedule, approved by Common Council, that lists the maximum fees a towing company may charge a customer for providing services as a next-up wrecker. Those fees are listed in a fee schedule, implemented on January 1, 2018, which outlines towing fees and various additional costs that may be charged to consumers. The goal behind the ordinances and fee schedule, which were implemented prior to my current assignment at APD, is to protect the consumer from excessive charges.

The tow companies may, if they choose, charge less than these maximum fees, although they normally follow the fee schedule. Ordinance 9-751(b) allows, on an annual basis, the Chief of Police or designee, to recommend amendments to the fee schedule to the Common Council by way of the Safety and Licensing Committee. I have been assigned to the Operations Coordination Unit since July, 2018. One of my duties as Operations Coordinator is managing the rotating call list for towing services, and to ensure that tow operators are adhering to that schedule. I also receive and approve the annual rotating call list applications from the tow companies, investigate citizen and APD staff complaints about those companies, conduct inspections of their operations and equipment, and meet with the tow services, as a group, on an annual basis.

Several tow company owners have requested that the Appleton Police Department examine the fee schedule for possible changes. Early this year, I notified all seven of the companies that are currently on the rotating call list that I would be accepting proposals for changes. Of the seven companies, I have received proposals from five of them. One of those owners told me that they felt that the majority of our fee schedule (except for winching) is in line with industry norms, and I received no response from two tow companies. The proposed changes to the schedule involve an increase in certain fees as well as language changes.

I have attached two documents to this memo. The first is a clean copy of our current fee schedule. Secondly, I have attached a copy of that fee schedule, with the tow companies' names color-coded in colored font, and their proposed change(s) highlighted in yellow.

I believe that the fee schedule, which has remained unchanged since January, 2018, is due for updates. Many costs, including insurance costs and fuel for tow vehicles, have gone up significantly since this schedule was enacted. My recommendation would be to increase the allowable tow charges to \$165 for tows during regular hours, and \$175 for after-hours tows. I would also recommend that cleanup be increased to \$50/hour (prorated after first 30 minutes). In addition, I would recommend that outside storage be increased to \$50/day, and inside storage be increased to \$55/day.

There are two additional specific areas where I would propose to change language. The first involves cases of a winch without a tow, often referred to as a "winch out." In those cases, I feel that it would be appropriate for companies to be able to charge the regular tow fee, instead of just the prorated winching charge of \$60/hour. For example, if a car slides into the ditch on STH 441 during a snowstorm, but suffers only minor damage and is driveable, a wrecker would be dispatched to winch that vehicle back onto the roadway, so that it can be driven from the scene. In that case, since the vehicle isn't being towed, our Fee Schedule would only allow for that prorated winching charge of \$60/hour. From my many years of law enforcement experience, I can attest to the fact that winching a vehicle can often be a difficult and dangerous task, and would certainly warrant a full tow fee, even if the vehicle is not actually towed from the scene. The tow service is still incurring the cost of driving to and from the scene.

For winches where the vehicle is ultimately towed, I would recommend that there be a \$60 minimum winching charge. As mentioned previously, winching is a dangerous task, and much attention needs to be paid to ensuring the safety of the driver and preventing damage to the winched vehicle. A \$60 minimum fee, with a rate of \$60 per hour for anything exceeding one hour, would be appropriate. In that previous example of a vehicle in the STH 441 ditch, if the vehicle were found to have damage that prevents it from being driven from the scene, then the winch fee of \$60 minimum could be charged along with the standard tow fee.

In addition, A&W Towing recently proposed the ability to charge a "Gate Fee" in certain cases. Tow companies often store vehicles until another tow company picks up the vehicle to take it to a body shop, salvage yard, etc. A&W has a small yard, and recently experienced an incident where another company's truck collided with another vehicle inside their yard. To prevent this, A&W prefers to move non-drivable vehicles out of their yard with their own equipment, for pickup at the gate by other tow companies, and would like the ability to be reimbursed for the costs involved in doing so. I am not opposed to tow companies being able to charge to move vehicles out of their own yard, only in such instances that said vehicle is non-operable.

I would ask that the Safety and Licensing Committee review these documents and make any changes to the Rotating Tow List Fee Schedule that are deemed appropriate. Thank you for your assistance in this matter.

Respectfully,



SGT Mark Moderson
Operations Coordinator
Appleton Police Department

CITY OF APPLETON
ROTATING CALL LIST FEE SCHEDULE*

Effective Date: January 1, 2018

<u>SERVICE PROVIDED</u>	<u>MAXIMUM FEE - REGULAR HOURS</u>	<u>MAXIMUM FEE - AFTER HOURS</u>
STANDARD TOW (wheel lift/flatbed)	\$150.00	\$160.00
PARTIAL TOW (at discretion of towing company)	\$50.00	\$60.00
<u>ADD ON/ADDITIONAL FEES</u>		
Administrative Fees, Mailing Fees, Etc. (if vehicle is not claimed after two days)	\$20.00 total	--
Cleanup (prorated after first 30 minutes)	\$40.00/hour	\$40.00/hour
Mileage for Out-of-City Trips	\$4.00/mile	\$4.00/mile
Motorcycles	\$25.00	\$25.00
Snow Shoveling (prorated)	\$10.00 minimum/ \$60.00/hour	\$10.00 minimum/ \$60.00/hour
Use of Dolly	\$60.00 total	\$60.00 total
Standby Time (prorated)	\$60.00/hour	\$60.00/hour
Winching (prorated)	\$60.00/hour	\$60.00/hour
<u>STORAGE FEES</u>		
After-Hours Release of Vehicle/Property (at discretion of towing company except pursuant to code)	--	\$50.00
Outside Storage (not prorated)	\$40.00/day	\$40.00/day
Inside Storage (not prorated and at owner request/as reasonably required)	\$45.00/day	\$45.00/day
Cover Vehicles (not prorated and at owner request/as reasonably required)	\$30.00	\$30.00

*For additional information see the Municipal Code of the City of Appleton, Sec. 9-746 et. seq.

CITY OF APPLETON

ROTATING CALL LIST FEE SCHEDULE (with suggested changes)*

Effective Date: January 1, 2018

<u>SERVICE PROVIDED</u>	<u>MAXIMUM FEE - REGULAR HOURS</u>	<u>MAXIMUM FEE - AFTER HOURS</u>
STANDARD TOW (wheel lift/flatbed)	\$150.00 \$160 (Femals) \$175 (A&W) (Fox Citys)	\$160.00 \$170 (Femals) \$195 (Fox Citys) \$200 (A&W)
PARTIAL TOW (at discretion of towing company)	\$50.00	\$60.00
<u>ADD ON/ADDITIONAL FEES</u>		
Administrative Fees, Mailing Fees, Etc. (if vehicle is not claimed after two days) (D&D requests changing to after one day)	\$20.00 total \$25 (Fox Citys) \$50 (A&W)	--
Cleanup (prorated <u>after</u> first 30 minutes)	\$40.00/hour \$50/hour (Femals) \$50 min - \$100/hr (A&W) \$50 min - (Fox Citys)	\$40.00/hour \$50/hour (Femals) \$50 min - \$100/hr (A&W) \$50 min - (Fox Citys)
Mileage for Out-of-City Trips	\$4.00/mile	\$4.00/mile
Motorcycles	\$25.00 \$30 (Femals) \$75 (A&W) (Fox Citys)	\$25.00 \$30 (Femals) \$75 (A&W) (Fox Citys)
Snow Shoveling (prorated)	\$10.00 minimum/ \$60.00/hour	\$10.00 minimum/ \$60.00/hour
Use of Dolly	\$60.00 total \$75 (A&W) \$80 (D&D)	\$60.00 total \$75 (A&W) \$80 (D&D)
Standby Time (prorated)	\$60.00/hour \$80/hour (D&D)	\$60.00/hour \$80/hour (D&D)
Winching (prorated) ***For winching w/o tow, D&D and Bob's Towing request changing to allow full tow cost to be charged. If winched and towed, charges to the right apply in addition to tow fee	\$60.00/hour \$60 min - \$60/hour (Bob's) \$75 min - \$175/hr (A&W) \$80/hr (Femals) \$100/hour (D&D) (Fox Citys)	\$60.00/hour \$60 min - \$60/hour (Bob's) \$75 min - \$200/hr (A&W) \$80/hr (Femals) \$100/hour (D&D) (Fox Citys)
<u>STORAGE FEES</u>		
After-Hours Release of Vehicle/Property (at discretion of towing company except pursuant to code)	--	\$50.00 \$60 (D&D)
Outside Storage (not prorated)	\$40.00/day \$50/day (A&W) (Fox Citys) (D&D) (Femals)	\$40.00/day \$50/day (A&W) (Fox Citys) (D&D) (Femals)
Inside Storage (not prorated and at owner request/as reasonably required) ***D&D requests addition of language: "or when justified for the protection of the vehicle and personal property"	\$45.00/day \$55/day (Fox Citys) (Femals) \$60/day (A&W) \$75/day (D&D)	\$45.00/day \$55/day (Fox Citys) (Femals) \$60/day (A&W) \$75/day (D&D)
Cover Vehicles (not prorated and at owner request/as reasonably required)	\$30.00 \$35 (Femals) \$40 (D&D)	\$30.00 \$35 (Femals) \$40 (D&D)
***Gate Fee (if car is not driveable) - proposed by A&W	\$20 (A&W)	\$20 (A&W)

*For additional information see the Municipal Code of the City of Appleton, Sec. 9-746 et. seq.



FEES ARE NON-REFUNDABLE		Date Recv'd	10/20/22
License fee EACH Vehicle	\$30.00	Acct. CLLTSE	
Investigation fee	\$ 7.00	Acct. CLLPIF	4139-1
Total fee paid	\$ 37	Receipt	

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application
 Renewal – License # _____

SECTION 1 – APPLICANT INFORMATION

Name of Company Evergreen Campsites & Resort		Business Phone 920-622-3498	
Business Street Address W5449 Archer Lane		City Wild Rose	State WI
Owner's Name Jim Button		Date of Birth [REDACTED]	<input checked="" type="checkbox"/> Individual
Owner's Name		Date of Birth	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Corporation

SECTION 2 – VEHICLES TO BE OPERATED (Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
Chippy Traw	20 ppl	Custom	Chp xps

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality? YES NO If Yes, what municipality? **State Lic & DSPS**

Has the company ever been denied a license by any municipality? YES **NO** If Yes, please explain:

Have any of the owners ever been convicted of a crime? YES **NO** If Yes, please explain:

Describe the basic operations of the company:
Evergreen is a campground/resort located in Central WI. Campground

If the business is located in the City limits, Municipal Code requires that off-street parking is provided for. If applicable, what provisions have been made for off street parking?

SECTION 4 – INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: **West Bend**

Insurance Agent Name and Phone Number: **Melissa Pitzer 262-483-6050**

Policy Number: **Attached**

Policy Period: **7/1/2022 - 7/1/2023**

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license.

hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Applicant's Signature JPB

FOR OFFICE USE ONLY					COI on file? YES NO	
Sealer	Approve	Deny	By	Reason	S&L Date	
Police					Common Council	
Fire					Date issued	
Inspection					Exp. date	

4/25/19

Date sent for approvals - 10/21/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	CONTACT NAME: Dara Kirk
	PHONE (A/C, No, Ext): (262) 317-8057 1857 FAX (A/C, No): (262) 717-9436 E-MAIL ADDRESS: dkirk@robertsonryan.com
INSURED Evergreen Campsites and Resort W5449 Archer Ln Wild Rose, WI 54984	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : WEST BEND MUTUAL INSURANCE COMPANY 15350
	INSURER B : SFM MUTUAL INSURANCE COMPANY 11347
	INSURER C :
	INSURER D :
	INSURER E :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1968267	6/28/2022	6/28/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1968267	6/28/2022	6/28/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			1968267	6/28/2022	6/28/2023	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$
							Aggregate	\$ 2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			62201.209	6/28/2022	6/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$ 100,000
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Appleton 100 N Appleton St Appleton, WI 54911	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06-30-2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 260

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
PNH FOODS, LLC DBA FOME Food & Company

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

President/ Member Last Name <u>Hahn</u>	(First) <u>Athanea</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1018 S Westland Dr. Appleton, WI 54914</u>
Vice President/ Member Last Name <u>Hahn</u>	(First) <u>Patrick</u>	(Middle Name) <u>Ross</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1018 S Westland Dr. Appleton, WI 54914</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Hahn</u>	(First) <u>Athanea</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1018 S Westland Dr. Appleton, WI 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name FOME Food & Company Business Phone Number 920-202-3541
- Address of Premises 2821 N. Ballard RD Post Office & Zip Code Appleton, WI 54911

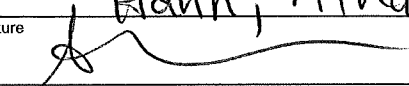


3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Alcohol will be sold & served inside & outside the building - outside to be completed Spring/Summer 2023. Alcohol to be stored in the lower level in main building.

- Legal description (omit if street address is given above): _____
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Mandatory for Agent to complete in part of Wisconsin
licensing process
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 8/3/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Hahn, Athanea</u>	Title/Member <u>Owner</u>	Date <u>9/13/22</u>
Signature 	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-13-22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Athanea Hahn

2. Name of Business: FOME Food & Company - PNH FOODS 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: 2821 N. BALLARD RD. APPLETON, WI 54911

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.

<u>Athanea</u>		<u>Hahn</u>	● / ● / ●●
First name	M.I.	Last name	Date of Birth
<u>Patricia</u>	<u>R</u>	<u>Hahn</u>	● / ● / ●●
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Michael D. Haas (Paradise Island)
Julie L. Haas
 First name Middle Initial Last name

Address: 2821 N. BALLARD RD. APPLETON WI 54911
City State ZIP

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

Name: Paradise Island Grill

(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 X 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 40 Outside 80

11. Operating hours (Inside the building): normal hours: 7 AM - 3 PM Private events:
Operating hours (Outdoor seating areas): same 3PM - 12AM

12. Employees/Staff

Number of floor personnel 12-20 Number of door checkers 12-20 NO DOOR CHECKERS BUT employees will check I.D.s as orders are placed

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

- a. Gross floor building area of the premises to be licensed: 2225 square feet. (MAIN FLOOR)
- b. Gross outdoor seating areas of the premises to be licensed: 13,500 square feet.
- c. Below, identify the operational details of the proposed establishment:

FOME Food & Company will be a breakfast & lunch places that will host special/private events in the evenings

STORING ALCOHOL in 2225 SQ.FT. Basement 4,450 TOTAL SQ.FT.

[Signature]
Signature

9/13/22
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 PNH FOODS, LLC DBA FOME Food & Company
(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 FOME Food & Company
(Trade Name)

located at 2821 N. Ballard Rd Appleton, WI 54914

appoints Athanea Hahn
(Name of Appointed Agent)

1018 S Westland Drive, 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? 9 years

Place of residence last year 1001 S Timmers Lane, Appleton WI 54914

For: PNH Foods 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, Athanea Hahn, 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] 9/12/22
(Signature of Agent) (Date)

Agent's age 30

1018 S Westland Drive, Appleton, WI 54914
(Home Address of Agent)

Date of birth 01/01/90

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

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

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-22 ending: 6-30-23
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 260

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
PITTS LISA / Pillow Talk-N-Wine LLC

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

President / Member Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>
Directors / Managers Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>

1. Trade Name Pillow Talk-N-Wine LLC Business Phone Number 920-939-0360

2. Address of Premises 2310 W. College C Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
INSIDE OF 2310 W COLLEGE C APPLETON, WI 54914
at the the bar of the front entrance will be
stored and the back office @ side office



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

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

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
 Complete the course ^{MAY 2022} just need to find proof I did it.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.** Yes No
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 6-14-22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>PITS LISA</u>	Title/Member <u>OWNER</u>	Date <u>7-14-22</u>
Signature <u>Lisa Pitts</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10/4/22</u> <u>7/14/22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Rev. 10/4/22



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: LISA PITTS

2. Name of Business: Pillow Talk-A-Wine

(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: 2310 W College[#]C Appleton 54914

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

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

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

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

<u>LISA</u>		<u>PITTS</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
			/ /
			/ /
			/ /
			/ /

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

Name: 2310 W College[#]C - LISA PITTS

First name Middle Initial Last name

Address: _____ APPLETON WI 54914

City State ZIP

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

Name: _____

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

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

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 X 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 150 Outside —

11. Operating hours (Inside the building): 6pm 2AM
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2500 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:

Social club - where I Lisa Pitts will like to serve beer & wine to socialize

Lisa Pitts
Signature

6-24-22
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 of Appleton County of Outagamie
 Village of Outagamie County of Appleton
 City

The undersigned duly authorized officer/member/manager of PillowTalk-N-WINE 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
PillowTalk-N-WINE
(Trade Name)

located at 2310 W College Suite C Appleton WI 54914

appoints ~~XXXXXXXXXXXX~~ / LISA PITTS
(Name of Appointed Agent)

903 W Taylor 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? 17 yrs

Place of residence last year 903 W Taylor Appleton WI, 54914

For: PillowTalk-N-WINE LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Lisa Pitts
(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, LISA PITTS / PillowTalk-N-WINE LLC, 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.

Lisa Pitts 7-14-22 Agent's age 28
(Signature of Agent) (Date)

903 W Taylor Appleton WI 54914 Date of birth 00-00-00
(Home Address of Agent)

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

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

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

+60+50+7.00x2 = 124.00

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Viand Hospitality LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Aaron	Michael	W2547 County Line Rd, Cleveland WI
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Jennifer	Rivers	W2547 County Line Rd, Cleveland WI
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Aaron	Michael	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Parker John's BBQ and Pizza Business Phone Number 920-565-3303

2. Address of Premises 2331 E. Evergreen Drive Unit 2 Post Office & Zip Code Appleton 54913

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

Dining and bar area *gross square footage of 6,467 total.*
Restaurant seating including, bar and outdoor patio with food and alcohol served in all locations.
Alcohol stored behind bar and liquor room off kitchen.
Beer kept behind bar and separate cooler in kitchen.

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

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

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 02/10/20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain.
See attached Appendix A
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) Sloma, Aaron M	Title/Member President	Date 08/30/22
Signature 	Phone Number 	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 9-27-22	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Aaron and Jennifer Sloma, Owners

2. Name of Business: Vland Hospitality LLC dba Parker John's
(Check Applicable Box(s) to identify primary business activity) BBQ & Pizza

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

3. Address of Business: 2331 E. Evergreen Dr. Unit 2, Appleton

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.

<u>Aaron</u>	<u>m</u>	<u>Sloma</u>	●/●/●●
First name	M.I.	Last name	Date of Birth
<u>Jennifer</u>	<u>R</u>	<u>Sloma</u>	●/●/●●
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Old Brick Properties LLC
First name Middle Initial Last name

Address: Unknown
City State ZIP

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

Name: Beefeaters

(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?

unknown months ago.

10. Seating capacity: Inside 330 Outside 40

11. Operating hours (Inside the building): 11-9
Operating hours (Outdoor seating areas): 11-9

12. Employees/Staff
Number of floor personnel 10-20 ^{estimate} 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: 4467 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1000 square feet.

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

Bar and restaurant seating and outdoor seating serving food and alcohol beverages. Alcohol kept behind the bar. Additional beer kegs + cases kept in Beer cooler in back kitchen area. Liquor room on main floor in back of house to store unopened liquor.

Signature [Signature]

Date 9-22-22

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Viand Hospitality 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 Parker John's BBQ and Pizza
(Trade Name)

located at 2331E. Evergreen Drive, Unit 2, Appleton, WI 54913

appoints Aaron Sloma
(Name of Appointed Agent)
W2547 County Line Rd., Cleveland, WI 53015
(Home Address of Appointed Agent)

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

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

See Appendix 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? 16 years

Place of residence last year W2547 County Line Rd., Cleveland, WI 53015

For: Viand Hospitality LLC
(Name of Corporation / Organization / Limited Liability Company)

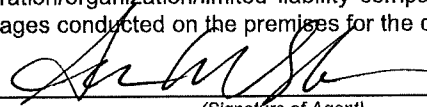
By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Aaron Sloma, 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.

 8/30/2022 Agent's age
(Signature of Agent) (Date)
W2547 County Line Rd., Cleveland, WI 53015 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)

Appendix A

<u>Company / Tax ID</u>	<u>Liquor Licenses</u>	<u>County</u>
Viand Hospitality LLC	Log Cabin Inn	Sheboygan
	633 Madison Ave	
	Howards Grove, WI 53083	
	Parker John's BBQ and Pizza - Sheboygan	Sheboygan
	705 Riverfront Drive	
	Sheboygan, WI 53081	
	Parker John's BBQ and Pizza - Menasha	Winnebago
	124 Main Street	
	Menasha, WI 54952	
	Parker John's BBQ and Pizza - Green Bay	Ashwaubenon
	2851 S. Oneida Street	
	Green Bay, WI 54304	
	Parker John's BBQ and Pizza - Oshkosh	Winnebago
	30 Wisconsin Street	
	Oshkosh, WI 54901	
The Stuffed Olives Inc.	Parker John's BBQ and Pizza - Kiel	Manitowoc
	819 Service Road	
	Kiel, WI 53042	
	Parker John's BBQ and Wings	Sheboygan
	N7390 State Road 67	
	Plymouth, WI 53073	



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee 7.00
Total Amount Paid 10

Date Rec'd 10/11/22

Acct Code: CLCSPB
Acct Code: CLCPIF
Receipt 4106-3

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing

The named organization applies for: (Please check one or both)						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)						
SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly						
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)				Date Organized		
Appleton Downtown Inc.				4.2.1993		
Address		City	State	Zip		
333 W. College Ave Ste 100		Appleton	WI	54911		
Person in Charge of Event:		Name: Last	First	M. I.	Date of Birth	
		Stephany	Jennifer	L	●●●●●●	
Address		City	State	Zip	Person in charge phone number:	
3209 S. White Birch Ln		Appleton	WI	54915	●●●●●●	
President	Last	First	Middle Initial	Date of Birth	Male	Female
	Vangosko	Laura	E	●●●●●●		<input checked="" type="checkbox"/>
Address		City	State	Zip		
4321 N Ballard Rd		Appleton	WI	54919		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	King	Lyssa	M	●●●●●●		<input checked="" type="checkbox"/>
Address		City	State	Zip		
211 W. College Ave		Appleton	WI	54911		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	Klister	Tom	J	●●●●●●	<input checked="" type="checkbox"/>	
Address		City	State	Zip		
274 River Dr		Appleton	WI	54915		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	Lonsway	Steve	T	●●●●●●	<input checked="" type="checkbox"/>	
Address		City	State	Zip		
1004 S. Olden Onuda St		Appleton	WI	54911		
SECTION 2 – EVENT INFORMATION SECTION						
Date(s) of Event: Beginning		Ending:		Hours	(AM) / PM	12:00 AM (PM)
11 / 05 / 22		11 / 05 / 22		930	(AM) / PM	12:00 AM (PM)
Please describe the type of event you are going to have:						
10K run/walk - Finish line beverages & food for runners						
Do you plan to serve food at this event?		No	Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429) catered expo lunch			
Location where beer or wine will be sold or served:						
Jones Park Parking lot						
Address		City	State	Zip		
301 W. Lawrence St		Appleton	WI	54911		
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?		No	Yes
parking lot tent & park						<input checked="" type="checkbox"/>
			If yes, how will you prevent minors from obtaining alcoholic beverages?			
			underage runners have indication bibs			
SECTION 3 – PENALTY SECTION						
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.						
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.						
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.						
Signature of Officer						
FOR OFFICE USE ONLY						
Dept.	Approve	Deny	By	Reason		
Police						
Fire						
Health						
Inspection						
S&L 10/26/2022		Date Issued		Exp. Date	License Number	



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee 17 + 7.00
Total Amount Paid _____

Date Rec'd 10/14/22
Acct Code: CLCSPB
Acct Code: CLCPIF
Receipt _____

4120-3

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing

The named organization applies for: (Please check one or both)

- A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
- A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)

SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) ST. FRANCIS XAVIER BOASTERS CLUB Date Organized 1970's

Address 1600 W. PROSPECT AVE City APPLETON State WI Zip 54914

Person in Charge of Event: Name: Last RIEDEL First ROBERT M. I. M Date of Birth [REDACTED]

Address 1100 MANICOTA AVE City OSHKOSH State WI Zip 54904 Person in charge phone number: [REDACTED]

President Last WENTY First STEVE Middle Initial _____ Date of Birth [REDACTED] Male Female _____

Address 330 E Clearwater Dr City APPLETON State WI Zip 54913-7828

Vice President Last EATHY First LOMBARDI Middle Initial _____ Date of Birth [REDACTED] Male _____ Female

Address 4830 W. ARDENWOOD LN City APPLETON State WI Zip 54913

Secretary Last _____ First _____ Middle Initial _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Treasurer Last DOWD First SHANNON Middle Initial _____ Date of Birth [REDACTED] Male _____ Female

Address 714 W Rolling Meadows Lane City APPLETON State WI Zip 54913

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 11/05/22 Ending: 11/05/22 Hours 2-6 AM AM PM

Please describe the type of event you are going to have: 3 on 3 BASKETBALL TOURNAMENT

Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold or served: Patio OUTSIDE School - ROLLED OFF

Address 1600 W. PROSPECT AVE City APPLETON State WI Zip 54914

Describe actual location and dimensions of area to be licensed below: - **BE PRECISE!** 10 X 20 YARDS Will minors be present? No Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? ID - wristbands - 2 WATCHERS

SECTION 3 - PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.
Signature of Officer Robert Riedel

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 10/26/22	Date Issued		Exp. Date	License Number