



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, October 9, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[19-1485](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 9-11-19.pdf](#)

4. **Public Hearings/Appearances**

5. **Action Items**

[19-1368](#) Class "B" Beer and "Class B" Liquor License application for Tracy L. Stokes d/b/a Study Hall Grill & Pub, located at 313 E Calumet St, contingent upon approval from all departments.

Attachments: [Liquor License-Study Hall S&L 9-25-19.pdf](#)

[19-1486](#) Operator's Licenses

Attachments: [Operator's Licenses for 10-9.pdf](#)

[19-1434](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Skogen's Foodliner d/b/a Festival Foods, Andrew J. Brehmer, New Agent, located at 1200 W Northland Ave.

Attachments: [Andrew J. Brehmer S&L 10-9-19 .pdf](#)

[19-1493](#) Farm Market Application for Appleton Downtown Inc., Djuanna Hugdahl, 333 W College Ave, Suite 100, contingent upon approval of all departments.

Attachments: [ADI Farm Market.pdf](#)

[19-1506](#) 2019 Cigarette/Tobacco License application for Marley's Smoke Shop, located at 530 W College Ave.

Attachments: [Marley's Smoke Shop 2019 S&L 10-9-19.pdf](#)

- [19-1507](#) 2019 Cigarette/Tobacco License application for RxLink University Pharmacy, located at 133 E. College Ave.
Attachments: [RxLink University Pharmacy S&L 10-9-19.pdf](#)
- [19-1399](#) Temporary Class "B" Beer License application for Fox Cities Ice Dog Hockey, Ice Dog Booster Club, Nick B Laird, Person in Charge, multiple dates listed on attachment, contingent upon approval from all departments.
Attachments: [Fox Cities Ice Dog Hockey Games S&L 9-25-19 .pdf](#)
- [19-1487](#) Temporary Class "B" License applications filed after the agenda was published.

6. Information Items

- [19-1395](#) Special Events:
Mission Myeloma, Inc, Miles for Myeloma, Encircle Health, October 5, 2019
Appleton Downtown Inc, Ladies Night Out Wine Event, Downtown Appleton Retail Establishments, October 10, 2019
McFleshman's Brewing Co., Fox Valley Lager Fest, South 100 Block of State St, October 12, 2019
Memorial Presbyterian Church, Fox Cities Crop Hunger Walk, October 13, 2019
YMCA of the Fox Cities Freaky 5K, Pierce Park, October 26, 2019
- [19-1494](#) Director's Reports
-City Clerk
 1. Board of Review Reminders
 2. Electronic Poll Book Purchases
-Fire Chief
 1. I'ACT Grant Update
 2. 2020 Hiring Process
-Police Chief
 1. Staffing Update
 2. JAQ Grant Purchases
- [19-1488](#) Police Department information on liquor law violation convictions.

7. Adjournment

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

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



City of Appleton

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

Wednesday, September 11, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

3. Approval of minutes from previous meeting

[19-1339](#)

Approval of minutes from previous meeting

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

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

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

4. Public Hearings/Appearances

5. Action Items

[19-1353](#)

Resolution #12-R-19 regarding Warning Siren Operation & Maintenance.

Attachments: [#12-R-19 Warning Sirens.pdf](#)

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

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

Balance of the action items on the agenda.

**Meltzer moved, Williams seconded, to approve the report. The motion carried
by the following vote:**

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

[19-1294](#)

Class "B" Beer License application for KKY Pool Hall, Yer Xiong, Owner, located at 339 W Wisconsin Ave Unit 1, contingent upon approval from all departments.

Attachments: [Liquor License-KKY Pool Hall.pdf](#)

This Report Action Item was recommended for approval.

[19-1338](#)

Operator's Licenses

Attachments: [Operator's Licenses for 9-11.pdf](#)

This Report Action Item was recommended for approval.

[19-1316](#)

Temporary Class "B" Beer License application for Wisconsin Heat Youth Fastpitch, Michelle K Mueske, Person in Charge, Appleton Memorial Park, September 28-29, 2019, contingent upon approval from all departments

Attachments: [Wisconsin Heat Youth Fastpitch Tournament S&L 9-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1356](#)

Temporary "Class B" Wine License application for Sculpture Valley, Inc., Ladies Night Out Wine Walk, Jennifer Stephany, Person in Charge, October 10, 2019, Downtown Appleton, contingent upon approval from all departments.

Attachments: [Ladies Night Out -Shop-Sip-Stroll & Sculpture Walk S&L 9-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1357](#)

Temporary Class "B" Beer License application for The Leukemia & Lymphoma Society, Adriana Chessman, Person in Charge, Scheels USA Sports Complex, located at 3300 E Evergreen Dr, contingent upon approval from all departments.

Attachments: [Leukemia & Lymphoma Society Charity Event S&L 9-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1358](#) Secondhand Article Dealer License application for Music & Sports Collector World, John J. Kennedy, Owner, located at 1037 W Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Music & Sport Collector World S&L 9-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1340](#) Temporary Class "B" License applications filed after the agenda was published.

No applications were filed.

6. Information Items

[19-1285](#) Special Events:
Casa Hispana, Latino Fest, Pierce Park, September 7, 2019
Fox Valley Chapter of Wisconsin Right to Life, Walk to Remember, September 8, 2019
Trout Museum, Jazz at the Trout, Houdini Plaza, September 12, 2019
Run Away Events, Houdini 10K, November 2, 2019
Run Away Events, Santa Scamper, November 26, 2019

[19-1342](#) Director's Reports
-City Clerk
-Fire Chief
 1. Contract Negotiations
 2. New Engine placed in service
-Police Chief

[19-1341](#) Police Department information on liquor law violation convictions.

7. Adjournment

Williams moved, seconded by Meltzer, that the meeting be adjourned at 5:36 p.m.. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/2020
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 7</u>
TOTAL FEE	\$ <u>660</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Stokes, Tracy

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Stokes</u>	<u>Tracy</u>	<u>L.</u>	<u>1106 W. Glendale Ave 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Study Hall Grill + Pub Business Phone Number _____
 2. Address of Premises 313 E. Calumet St. Post Office & Zip Code Appleton, WI 54915

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.)
1100 sq ft corner building. Bathroom, bar and grill area. Alcohol stored behind bar, in coolers, back locked room and back walk-in cooler.

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? Study Hall

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
I do not currently have a beverage license in any municipality
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <i>Stokes, Tracy, L.</i>	Title/Member <i>owner</i>	Date <i>9-6-2019</i>
Signature <i>[Signature]</i>	Phone Number <i>[Redacted]</i>	Email Address <i>[Redacted]</i>

TO BE COMPLETED BY CLERK

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



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Tracy Stokes

2. Name of Business: Study Hall Bar + Grill

3. Address of Business: 313 E. Calumet St. Appleton, WI 54915

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: DWI (1st) violation 346.63(1)(a)
date of conviction 5-21-2014 fine 832.39 paid in full

sentence DOT license revoked 7 months and alcohol assessment

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

<u>Tracy</u>	<u>L.</u>	<u>Stokes</u>	<u>●●●●</u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: Study Hall - Kim Williams

Address: 313 E. Calumet St.

City, State, Zip: Appleton, WI 54915

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

Study Hall Grill + Pub

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

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

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

11. Seating capacity: Inside 88 Outside _____

12. Operating hours: 11am - 2am

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

14. In general, state the size, design and type of the proposed establishment and the operational details.
1600 sq ft brick building, bar & grill,
Current operational hours Tues. - Sun 11am -
2am. Operates as a bar and grill.

9-6-2019
Date

J Stokes
Signature

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

Operator's Licenses for S & L 10/9/19

1. Kevin P Abel	107 S Buchanan St Appleton 54915
2. John C Adams	800 S Lawe St Appleton 54915
3. Mariah D Anderson	2313 W Seneca Dr Appleton 54914
4. Chantel J Andrein	500 E Eagle Flats Pkwy Appleton 54915
5. Alicia M Andrews	1528 N Oneida St Appleton 54911
6. Jessica L Angell	N132 N Coop Rd Appleton 54915
7. Doris R Bierman	2315 S Fountain Ave Appleton 54915
8. Emily E Bloch	614 N Morrison St Appleton 54911
9. Riley W Brice	819 ½ W College Ave Appleton 54914
10. Jack M Brown	1708 N Linwood Ave Appleton 54914
11. Drew J Busse	901 S Christine St Appleton 54915
12. Ashley E Carpenter	802 W Browning St Appleton 54914
13. Nathan J Edmundson	2998 W Hiawatha Dr Appleton 54914
14. Rachael M Etko	835 S Timmers Ln #22 Appleton 54914
15. Mark L Ferrell	525 N Douglas St Appleton 54914
16. Jena L Foulker	680 Tarragon Dr #8 Kaukauna 54130
17. David T Gansen	303 W Wayfarer Ln Appleton 54913
18. Ethan M Grams	3520 Cherryvale Ave # 83 Appleton 54913
19. Patti J Heller	918 S Kernan Ave Appleton 54915
20. Kelly I Hollander	1212 8 th St Green Bay 54304
21. Randall S Jones	318 W Brewster St Appleton 54911
22. Abigail E Keefe	734 E Washington St Appleton 54911
23. Lisa A Killingsworth	915 W Taylor St Appleton 54914
24. Paul M Knapp	1118 E Grant St Appleton 54911
25. Mitchell K Kounelis	615 W Third St Apt C Appleton 54911
26. Lauren E Krueger	5965 Valley Ln Appleton 54915
27. Yvonne Laboy	1105 Geneva Rd Menasha 54952
28. Breanna Lamers	505 Wilson St Little Chute 54140
29. Jessica Lopez Vargas	815 N Danz Ave Green Bay 54302
30. Shelbie L Mattingly	1515 W Wisconsin Ave #3 Appleton 54914
31. Emily R. Mongin	1731 S Mohawk Dr Appleton 54914
32. Brittany Nieman	310 N Dixon St Kaukauna 54130
33. Bhumi N Pathak	200 N Perkins St Appleton 54914
34. Peter G Peterson	3015 N Drew St Appleton 54911
35. Mackenzie K Plote	3 Century Ct Appleton 54914
36. Tina M Prah	3609 E Edgemere Dr Appleton 54915
37. Holli L Ray	621 Joyce St Kaukauna 54930
38. Christine M Rudrud	1526 N Division St Appleton 54911
39. Brittany M Sack	1407 N Appleton St Appleton 54914
40. Pedro Sanchez	272 Misty Meadows Ln Menasha 54952
41. Heather L Schmidt	1520 W Weiland Ln Appleton 54914
42. Kadhika Sigdel Adhikari	1191 High Ave Oshkosh 54901
43. Raginder Singh	2106 W Russet Ct Apt 1 Appleton 54914
44. Jonathon J Sobiesczyk	1303 W College Ave Appleton 54914
45. Julie A Spielbauer	W5547 Amy Ave Appleton 54915
46. Hunter C Thiel	W8545 Spring Rd Hortonville 54944

47. Bonnie J Thomas	1455 Kenwood Dr #1 Menasha 54952
48. Claire E Tourville	3010 W Spencer St #3 Appleton 54914
49. Kami L VanHandel	853 Martin St Menasha 54952
50. William Velez	1210 N Badger Ave Appleton 54914
51. Olivia L Werner	1840 W Weiland Ln #1 Appleton 54914
52. Paul D Wilfer	1105 N Fernmeadow Dr Appleton 54915
53. Amanda K Wydeven	1960 Bellvue St #6 Green Bay WI 54.00
54. Corey Xiong	2401 W Jonathan Dr Appleton 54914
55. Colin P Zinda	2411 Seavers Rd Junction City 54443
56. Susen K Zwicker	1141 W Ridgeview Dr Appleton 54914

OFFICE OF CITY CLERK
FILED
SEP 27 2019
APPLETON, WISCONSIN

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Skogen's Foodliner
(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 Festival Foods
(trade name)

located at 1200 Northland Ave. Appleton, WI 54901

appoints Andrew Brehmer
(name of appointed agent)
1279 Wheatfield Way Oshkosh, WI 54904
(home address of appointed agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 0 years

Place of residence last year 1279 Wheatfield Way Oshkosh, WI 54904

For: Skogen's Foodliner
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, ANDREW BREHMER
(print/type agent's name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 9-23-19
(signature of agent) (date)

Agent's age 38

1279 WHEATFIELD WAY, OSHKOSH, WI 54904
(home address of agent) Date of birth ●/●/●●

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

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

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BREHMER		ANDREW		JOSEPH	
Home Address (street/route)		Post Office		City	
1279 WHEATFIELD WAY				OSHKOSH	
Home Phone Number		Age		Date of Birth	
●●●●●●●●		●		●/●/●●	
				State	
				WI	
				Zip Code	
				54904	
				Place of Birth	
				●●●●●	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- AGENT**

of **SKOGENS FESTIVAL FOODS**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

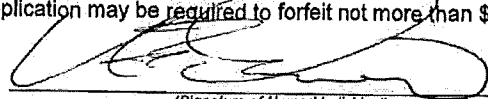
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? ● YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
PIGGLY WIGGLY	142 ADLER AVE, OMRO, WI	04/01/●●	06/01/●●
Employer's Name	Employer's Address	Employed From	To

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


(Signature of Named Individual)



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

Winter FM 2019-2020

9/19/19

License Fees (See Section 5) \$ 540 Acct 11030.4309 Date Rec'd 9/19/19
 Investigation Fee - REQUIRED + \$7.00 Acct 100.2359 Receipt No. 14165
 Total Amount Paid \$ 547 FEES ARE NON-REFUNDABLE

FARM MARKET APPLICATION

CK# 17634
9.18.19

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

Name of Organization <u>Downtown Appleton Indoor Market</u>			
Street Address <u>40 ADI - 333 W. College Ave.</u>	City <u>Appleton</u>	State <u>Wi</u>	Zip <u>54911</u>
Telephone Number <u>920.954.9112</u>	Contact Person <u>Dinanna Hugsdahl</u>	Contact Telephone No. <u>920.205.9508</u>	Date of Birth 000000

SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) <u>City Center Plaza - 10 College Ave., Appleton, 54911</u>	
List ALL dates the market will be held <u>13 Saturdays - November - January, see attached letter for Feb thru Apr.</u>	
Number of Vendors <u>45</u>	Estimated number of persons attending the event <u>Up to 500</u>

SECTION 3 - ADDITIONAL INFORMATION

	NO	YES	Action to be taken
Are you requesting any street closures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please indicate which street and from what point to what point?
NOTE: A permit cannot be issued for a major thoroughfare (arterial or collector streets; federal, state and county highways; bus routes) unless traffic flow can, in the opinion of the Traffic Section, be reasonably accommodated on adjacent streets.			
Are you requesting any special parking restrictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe toilet facilities available to participants:
Will the event be held in an Appleton Park or utilize any park facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please explain. What Park? Contact the Appleton Parks and Recreation to reserve this park. (920.832.5905)
Will the event be held indoors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, what building (Provide street address) <u>10 College Ave.</u>
Will a tent or any other temporary structure be erected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Appleton Fire Department will need to review your structure plans (920.832.5810)
Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, please explain: <u>Only licensed & approved vendors</u> Contact the Appleton Health Department (920.832.6429)
Will alcoholic beverages be served/sold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)

SECTION 3 - ADDITIONAL INFORMATION (CONTINUED)

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A license WILL NOT be issued without an approved Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300)

SPECIAL NOTE: Dumpsters and barricading of streets will NOT be provided by the City. You will be responsible to contract these services with an outside provider. For additional information, please contact the City of Appleton's Traffic Section (920.832.5580)

SECTION 4 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: _____

Insurance Agent Name and Phone Number: _____

Policy Number: _____

Policy Period: _____

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 and to indemnify, defend and 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.

Signature Wynona Hagedahl

SECTION 5 - FEE STRUCTURE

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each (<u>45</u> X \$12.00) = \$ 0.00 <u>540</u>

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Police	X		S. Miller	10/11/19
Fire	X		S. Petersen	10/21/19
Health	X		Steve Kihl	9/23/19
Inspection	X		Dale V.	9/20/19
Community Development	X		Don Hamp	9/20/19
City Sealer	X		E. Maggib	9/23/19
DPW	X		Ross Buetan	9/23/19
P+R				

Date Issued _____

Lic # _____

Common Council _____

exp date _____

S+L _____

September 19, 2019

To: City of Appleton, City Clerk

Re: Additional information on Indoor Market

In addition to hosting the Downtown Appleton Indoor Market inside City Center, November through January, we also have selected three additional dates to feature market, as well.

Date: February 8, 2020 March 21, 2020 April 11, 2020

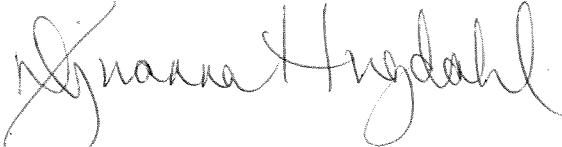
Time: 9 a.m. to 3 p.m.

Place: Fox Cities Exhibition Center

What: Public Market

To clarify, the indoor market will run every Saturday, November through end of January, 2020; for a total of thirteen weeks. Then, in February, March and April, market will be held in conjunction with the Public Market; inside the Fox Cities Exhibition Center, on the above listed dates. The public market will include downtown businesses, food, music, children activities and non-profits, bringing the community and new and refreshed indoor market opportunity.

Sincerely,



Djuanna Hugdahl
Community Partnership Director
Appleton Downtown Inc.



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

License Fees (See Section 5) \$ _____	ChargeCode: CLLFAR
Investigation Fee - REQUIRED + \$7.00	ChargeCode: CLCPIF
Total Amount Paid \$ _____	Date Rec'd ____/____/____
FEES ARE NON-REFUNDABLE	
	Receipt # _____

FARM MARKET APPLICATION

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

Name of Organization AD1 / Creative Downtown Appleton			
Street Address 355 W. college Ave	City Appleton	State WI	Zip 54911
Telephone Number 920-951-9112	Contact Person Divanna Huguah	Contact Telephone No. 920-200-9508	Date of Birth 11/14/1988

SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) Fox Cities Exhibition Center	
List ALL dates the market will be held 2/8/20, 3/21/20, 4/11/20	
Number of Vendors 45	Estimated number of persons attending the event up to 500

SECTION 3 - ADDITIONAL INFORMATION

	NO	YES	Action to be taken
Are you requesting any street closures?	X		If Yes, please indicate which street and from what point to what point?
NOTE: A permit cannot be issued for a major thoroughfare (arterial or collector streets; federal, state and county highways; bus routes) unless traffic flow can, in the opinion of the Traffic Section, be reasonably accommodated on adjacent streets.			
Are you requesting any special parking restrictions?	X		If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used?			Describe toilet facilities available to participants:
Is this event on private property?	X		If Yes, please contact Community Development at (920-832-6468)
Will the event be held in an Appleton Park or utilize any park facilities?	X		If Yes, please explain. What Park? Contact the Appleton Parks and Recreation to reserve this park. (920.832.5905)
Will the event be held indoors?		X	If Yes, what building (Provide street address) 355 W. Lawrence St
Will a tent or any other temporary structure be erected?		X	The Appleton Fire Department will need to review your structure plans (920.832.5810)
Will food be prepared and/or served at the event?		X	If Yes, please explain: Only approved vendors. Contact the Appleton Health Department (920.832.6429)

Will alcoholic beverages be served/sold?	NO X	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)
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SECTION 3 – ADDITIONAL INFORMATION (CONTINUED)

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?		X	A license WILL NOT be issued without an approved Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300) <i>on file</i>

SPECIAL NOTE: Dumpsters and barricading of streets will NOT be provided by the City. You will be responsible to contract these services with an outside provider. For additional information, please contact the City of Appleton's Traffic Section (920.832.5580)

SECTION 4 – INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: _____

Insurance Agent Name and Phone Number: _____

Policy Number: _____

Policy Period: _____

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 and to indemnify, defend and 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.

Signature *Kyanna Hugdahl* 9-30-19

SECTION 5 – FEE STRUCTURE

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each (_____ X \$12.00) =

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
Community				

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
 [Redacted]

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>Sole Proprietorship - Andrew Thornell</i>			Federal Employer Identification No. (FEIN) [Redacted]	
Trade or Business Name (if different than Legal Name) <i>Marley's Smoke Shop</i>			Telephone Number <i>(920) 637-0721</i>	
Business Address (License Location) <i>530 W. College Ave</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <i>(920) 733-5700</i>
Municipality <i>Appleton</i>	State <i>WI</i>	Zip Code <i>54911</i>	County <i>Outagamie</i>	
Mailing Address (if different than Business Address) <i>N4076 Pope Rd</i>		Municipality <i>Waupaca</i>	State <i>WI</i>	Zip Code <i>54981</i>

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) _____
- Wisconsin Corporation - Enter date incorporated: _____
- Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes No

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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.

Andrew Thornell
(Owner / Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

rec 14736
10-7-19
\$100

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) UNIVERSITY RX LLC			Federal Employer Identification No. (FEIN) 		
Trade or Business Name (if different than Legal Name) Rx LINK UNIVERSITY PHARMACY			Telephone Number (920) 470-7480		
Business Address (License Location) 133 E. College Ave		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 202-3772	
Municipality Appleton	State WI	Zip Code 54912	of: Appleton	County outagamie	
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 6-10-2019
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>9/12/19</u>
License Fee - \$10.00 per event (1)	Acct. <u>11030.4322</u>	<u>CLCSP</u>
Investigation Fee + 7.00	Acct. <u>100.2359</u>	<u>CLCPIF</u>
Total Amount Paid <u>117-</u>	Receipt	<u>130119</u>

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:					
<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 permits 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) Fox Cities Ice Dog Hockey., Ice Dog Booster Club.				Date Organized 01/01/2003	
Address 1914 PO Box 54912		City Appleton	State WI	Zip 54912	
Person in Charge of Event:		Name: Last Laird	First Nick	Middle Initial B	Date of Birth ●●●●
Address 2314 N Appleton St.		City Appleton	State WI	Zip 54911	Person in charge phone number: ●●●●●●
President Last Laird		First nick	Middle Initial b	Date of Birth ●●●●	Male male
Address 2314 N Appleton St		City Appleton	State WI	Zip 54911	Female
Vice President Last Feucht		First Sarah	Middle Initial m	Date of Birth ●●●●	Male female
Address 749 Verbrick Ave		City Appleton	State WI	Zip 54911	Female
Secretary Last		First	Middle Initial	Date of Birth	Male
Address		City	State	Zip	Female
Treasurer Last		First	Middle Initial	Date of Birth	Male
Address		City	State	Zip	Female
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning 11 / 09 / 2019 Ending: 03 / 29 / 2020 Hours 7:00pm AM PM 10:00pm AM PM					
Please describe the type of event you are going to have: US Amateur Elite Hockey, USA Hockey, Great Lakes Hockey League - Games					
Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold: Appleton Family Ice Center, Booth located in rear of bldg.					
Address 1717 E. Witzke Boulevard		City Appleton	State WI	Zip 54911	
Are you requesting an "open concept" license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Will minors be present?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Describe actual location and dimensions of area to be licensed – Be precise! Beer Garden located in rear of bldg.			If yes, how will you prevent minors from obtaining alcoholic beverages? Id checks. Braclets for of age consumption.		
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	Council	Date Issued	Exp. Date	License Number	

2019-2020 Fox Cities Ice Dogs

Friday October 25 th @Fon du lac+	8:00pm	 Saturday March 7 th Fond du Lac	7:30pm
Friday November 1 st @Calumet	6:30pm	Saturday March 14 th @Marquette	6:00pm
Saturday November 2 nd @Portage	6:30pm	Friday March 20 th @Fond du Lac	8:00pm
 Saturday November 9 th Marquette	7:30pm	 Saturday March 21 st Eagle River	7:30pm
Saturday December 7 th @West Bend	8:00pm		
 Friday December 13 th Fond du Lac	7:30pm	GLHL LEAGUE TOURNAMENT	
 Friday December 20 th West Bend	7:30pm	 March 27-29 in Appleton	
 Saturday December 21 st DePere	7:30pm		
 Friday January 3 rd Mosinee*	7:30pm	Bold --Indicates home games	
Saturday January 4 th @Mosinee*	8:00pm	*-- indicates Paper Cup	
Friday January 10 th @DePere	8:00pm	+--indicates Exhibition	
Saturday January 11 th @West Bend	8:00pm		
 Friday January 24 th Calumet	7:30pm	Game Times at dates subject to change	
 Saturday January 25 th Portage Lake	7:30pm		
Friday February 7 th @Eagle River	8:00pm		
Saturday February 15 th @Fond du Lac	8:00pm		
 Saturday February 22 nd West Bend	7:30pm		