



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, February 14, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-0089](#) Safety & Licensing Committee Minutes from 01/10/2024

Attachments: [S&L Minutes 01-10-24.pdf](#)

5. **Public Hearing/Appealances**

[24-0147](#) Demerit Point Violation Appearance for McGuinness Irish Pub - Matthew Miller, Agent

Attachments: [Demerit Point Notification Letter -McGuinness 2024.pdf](#)

6. **Action Items**

[24-0145](#) Proposed Modifications to the Special Event Policy

Attachments: [S&L Memo- Special Event Policy Updates.pdf](#)

[Special Event Policy - 2024 Edits- Formatted.pdf](#)

[24-0086](#) Class "B" Beer / "Class C" Wine license application for Apple Valley Pancake House Inc, Memedali Useini, Agent, located at 1216 W Wisconsin Avenue, contingent upon approval from the Health and Inspection departments

Attachments: [Apple Valley Pancake House.pdf](#)

[24-0091](#) Class "B" Beer / "Class C" Wine license application for Ototo LLC d/b/a Ototo Ramen, Lee Lor, Agent, located at 205 N Richmond St, contingent upon approval from the Health and Inspection departments

Attachments: [Ototo LLC.pdf](#)
[Ototo Ramen-SUP 2-21_Transfer_Report.pdf](#)

[24-0107](#) Class "A"- Beer/ "Class A"- Liquor License Change of Agent application for Walgreens # 12693, New Agent, Andrew S. Krueger, located at 836 E. John St.

Attachments: [Walgreens Change of Agent.pdf](#)

[24-0173](#) Class "A"- Beer/ "Class A"- Liquor License Change of Agent application for Ultimate Mart LLC d/b/a, Pick N Save # 123, New Agent, Timothy Smith, located at N4459 Nelson Rd, Princeton, WI

Attachments: [Pick-N-Save-Change-of-Agent.pdf](#)

[24-0094](#) 2024 Secondhand Article License renewal applications, contingent upon approval from all departments.

Attachments: [Secondhand Article Renewal-2-14-24.pdf](#)

[24-0119](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Cities Chamber Foundation, Rebecca Bartoszek, Person in Charge, located at, 125 N. Superior St, for Appleton's Oktoberfest event on September 28, 2024.

Attachments: [Fox Cities Chamber Foundation Temp B Application 2024.pdf](#)

[24-0153](#) Temporary Class "B" Beer and "Class B" Wine License application for Celebration Lutheran School, Laura Ambroso, Person in Charge, located at, 3100 E Evergreen Dr, for Celebration Gala 2024 event on April 19, 2024

7. Information Items

[24-0056](#) Police Department Forensic Evidence Specialist Memo

Attachments: [Lead FES_.pdf](#)
[Lead Forensic Evidence Specialist.pdf](#)
[Lead FES Request.pdf](#)

[24-0057](#)

Directors Report

1. City Clerk
 - Spring Primary Election Information
2. Police Chief
 - Staffing Study
3. Fire Chief
 - Grant Updates
 - Fall Hiring Process

8. Adjournment

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

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



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
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Meeting Minutes - Final-revised Safety and Licensing Committee

Wednesday, January 10, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

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

Excused: 1 - Croatt

4. Approval of minutes from previous meeting

[24-0010](#)

Safety & Licensing Committee Minutes from 12/13/2023

Attachments: [S&L Minutes 12-13-23.pdf](#)

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

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

Excused: 1 - Croatt

5. Public Hearing/Appearances

6. Action Items

[24-0035](#)

Recommended Denial of an Operator License for Andrew DeRuyter

Attachments: [Andrew DeRuyter Clerk Letter.pdf](#)
[Andrew DeRuyter PD Letter.pdf](#)
[Andrew DeRuyter Operator License Application.pdf](#)
[Memo to Safety and Licensing Regarding License Denial.pdf](#)

Andrew DeRuyter, appeared and addressed the committee.

Van Zeeland moved, seconded by Schultz, to deny the Operator License. Roll Call. Motion carried by the following vote:

Aye: 3 - Schultz, Van Zeeland and Wolff

Nay: 1 - Siebers

Excused: 1 - Croatt

[24-0034](#)

Fire Department Intent to Apply for Firehouse Subs Foundation Grant

Attachments: [01-10-24 Intent to Apply-Laryngoscopes.pdf](#)

Siebers moved, seconded by Van Zeeland, that the Fire Department Intent to Apply be recommended for approval. Roll Call. Motion carried by the following vote:

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

Excused: 1 - Croatt

[24-0036](#)

2024 Secondhand Article, Secondhand Jewelry and Pawnbroker License renewal applications, contingent upon approval from all departments.

Attachments: [Secondhand article renewal 2024.pdf](#)

Siebers moved, seconded by Van Zeeland, that the 2024 Secondhand Article, Secondhand Jewelry and Pawnbroker License Renewals be recommended for approval. Roll Call. Motion carried by the following vote:

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

Excused: 1 - Croatt

7. Information Items

[24-0009](#)

Directors Report

1. City Clerk
 - Spring Primary Election Update
2. Fire Chief
3. Police Chief
 - Hiring/Promotions Update

8. Adjournment

Van Zeeland moved, seconded by Wolff, that the meeting be adjourned at 5:50 p.m. Roll Call. Motion carried by the following vote:

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

Excused: 1 - Croatt



LEGAL & ADMINISTRATIVE
SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

February 5, 2024

**McGuinness Irish Pub
201 S Walnut Street
Appleton, WI 54911**

Attention: Matthew Miller

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as McGuinness Irish Pub, located at 201 S Walnut Street, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, February 14th at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for being Open After Hours/Failure to Vacate on June 3, 2023 which resulted in convictions on January 26, 2024. This violation carries an assessment of 50 demerit points. At this time, the license for this establishment has a total of 50 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.

If you have any questions related to this matter, please contact me at 920-832-6443.

Respectfully,

Kami Lynch, City Clerk



LEGAL & ADMINISTRATIVE
SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

MEMORANDUM

To: Safety & Licensing Committee (Chris Croatt, Chairperson), Common Council

From: Kami Lynch, City Clerk *KL*

Date: February 7, 2024

Re: Updates to the Special Event Policy

In 2023 the Special Events Committee, comprised of City staff from various departments, began the task of re-evaluating the current special events policy and application process. This undertaking involves a phased approach that includes the following steps: research & evaluation, development and modifications, and policy implementation.

The proposed edits to the current special event policy are a result of these first two phases. City Staff on the Special Events Committee sought to clarify existing practices and incorporate new guidance to align this policy with other related City policies. The significant modifications include revisions to the following sections:

Street Closures

The scenarios for street closures require detailed review and the policy edits now capture the various items to be considered for street closures, including temporary traffic control device regulations.

Food Service

A section on food service requirements/expectations was added to the policy as many events include the use of food service/vendors.

Facility Reservations

Many special events require the use of a City park/facility which have their own reservation policies. This section highlights areas of the facility reservation policies that surface frequently in relation to special events.

Parades

The creation of specific parameters for parades is necessary to facilitate parades in ways that seek to provide minimal traffic disruption and enhanced safety protocols.

The goal for the roll-out of the re-designed special event process remains January 2025. These proposed policy revisions will allow the Special Events Committee to proceed with focusing on the other modifications to the current process such as the fee structure and mechanism for which applications are submitted. These changes will come back before the Special Events Committee later this year.

Please reach out to me with any questions you may have on the proposed policy modifications or the future anticipated changes to the process.

CITY OF APPLETON POLICY	TITLE: SPECIAL EVENT POLICY	
ISSUE DATE: September 1996	LAST UPDATE: January 2017	SECTION: City Clerk
POLICY SOURCE: City Clerk	AUDIENCE: City employees, residents, event applicants/holders	TOTAL PAGES: 9 + Fees
Reviewed by Legal Services Date: Nov. 22, 2002 Jan. 24, 2017 January, 2024	Safety & Licensing Approval Date: January 25, 2017	Common Council Approval Date: February 1, 2017

I. PURPOSE

The City is dedicated to making the special event licensing process as efficient as possible by removing unnecessary barriers for applicants while providing sufficient information for City staff to make appropriate decisions. The purpose of this policy is to outline the steps that must be taken for special events to be properly licensed by the City of Appleton.

II. POLICY

Events and planned occurrences on City property [or in city rights-of-way](#) that exceed the normal and ordinary use of such property may be considered special events and subject to review and licensing.

III. DISCUSSION

It is recognized that special events of all sizes often bring benefits to the community. At the same time, the City must have sufficient notice prior to a special event so that the City can evaluate the potential impact the event might have on resources of City departments, City owned properties and facilities, and ultimately on the public. Because events have unique characteristics with different potential impacts on City services, the issuance of a license is considered on a case-by-case basis and in accordance with this policy.

For licensing purposes there are three categories of special events: (i) Small Events, which are events with an anticipated attendance of under 1,000 people, (ii) Large Events, which are events with an anticipated attendance of between 1,000 and 5,000 people, and (iii) Significant Events, which are events with an anticipated attendance of over 5,000 people. Events may take place on one day or for multiple days.

The event category plus the number of days the event will occur will determine (i) the fee for the event, (ii) the license application deadline, and (iii) any other minimum resources required for the event.

IV. DEFINITIONS

Anticipated attendance means an objective estimate made by an applicant of the total number of people who will attend a special event.

Applicant means the person applying for the special event license.

Days means calendar days.

Event category means the size of the event, either a Small Event, Large Event or Significant Event.

Large Event means a special event with an anticipated attendance of between 1,000 and 5,000 people.

License means the license issued by the City Clerk to the applicant for the special event.

Multiple day event means a special event that occurs on more than one day, where the days are consecutive or at a consistent interval (e.g., an event occurring on a consecutive Saturday and Sunday or an event occurring every other Tuesday), at the same start and end time and at the same location. One special event license will be issued for a multiple day event.

Normal and ordinary use means the way City owned property should normally and ordinarily be used, as established by the department that of jurisdiction (e.g., a ball diamond complex's normal and ordinary use is for baseball/softball games, a public streets normal and ordinary use is for vehicular traffic, a sidewalks normal and ordinary use is for pedestrian use). Whether an event is considered within the normal and ordinary use of the property is determined by the City department that maintains jurisdiction over the property.

Significant Event means a special event with an anticipated attendance of over 5,000 people.

Single day event means a special event that does not meet the definition of a multiple day event.

Small Event means a special event with an anticipated attendance of under 1,000 people.

Special event or ***event*** means any planned occurrence in the public right-of-way or on public property including, but not limited to, parades, gatherings, festivals and athletic events, which are not within the normal and ordinary use of that place or which, by the nature of the event, may have a greater impact on City services or resources than would have occurred had the event not taken place. Whether the event is considered within the normal and ordinary use of the public facility or property shall be determined by the City department that maintains jurisdiction over the property. A special event may be a single day event or a multiple day event. [A special event does not include block parties as defined by the Department of Public Works Block Party Policy.](#)

Special Event License Application Form or ***application*** means the application available from the City Clerk that must be approved by the City Clerk on the recommendation of the Special Events Committee in order to obtain a license to hold a special event.

Special Events Committee or ***Committee*** means the committee comprised of City employees representing the following City departments: Community and Economic Development, Health, Human Resources, Fire, Legal Services, Parks, Recreation and Facility Management, Police, Public Works, and Valley Transit.

V. PROCEDURES

A. LICENSE REQUIREMENTS.

1. Application. To obtain a special event license, the applicant must file a completed application with the City Clerk before the last applicable day before the event and pay the license fees. *See Attachment A – Fee Schedule.*
 - (a) Late Applications. Late applications will not be accepted by the City Clerk unless the event is a large or significant event that has been held in the City for at least the past two (2) consecutive years and there are no changes to the event from the previous year. Late applications meeting this standard will be accepted by the City Clerk subject to a late fee. Applications submitted less than thirty (30) days before the event will not be accepted. *See Attachment A – Fee Schedule.*
[All applications submitted less than forty-five \(45\) days from the date of the event waive the ability to appeal non-acceptance of the application or denial of the application.](#)
 - (b) Additional Reservations/Permits/Licenses. Filing an application does **NOT** reserve a park or facility and does **NOT** include applications for any other licenses or permits as may be required.
 - (c) Map/Diagram of Event. A detailed map or diagram indicating the specific location and layout of the event must be submitted with the application. The map should also include any proposed street closures and the proposed route and direction of route, including all turns and the number of traffic lanes to be used, if applicable.
 - i. Street Closure. [Street closures will be reviewed on a case-by-case basis, with an emphasis on minimizing the impact to traffic flow on collector and arterial roadways. Closure of county highways or their detour routes require approval of the county. Closure of interstates or state highways or their detour routes require approval from the Wisconsin Department of Transportation. These approvals may require a pre-approved detour route capable of commercial motor vehicle traffic.](#) If an event includes a request for~~requires~~ a street closure, the applicant or their contractor must provide

an acceptably prepared Traffic Control Plan (TCP) ~~to the Traffic Section~~ for review and approval ~~no less than four~~ six (6) weeks prior to the event for roadways or their detour routes defined as interstates, highways, or arterial roadways, or four (4) weeks prior to the event for other roadways. Roadway designations are defined in the City of Appleton's Temporary Traffic Control Manual. The plan must comply with the Federal Highway Administration's Manual on Uniform Traffic Control Devices, latest edition, and the City of Appleton's Temporary Traffic Control Manual, latest edition. Temporary traffic control devices/services must be provided by a contractor which has extensive experience in the industry and is approved in advance of the event ~~by the Traffic Section~~. It is the responsibility of the applicant or their contractor to ensure the approved ~~barricades~~ temporary traffic control devices are:

- 1) Assembled and delivered to the appropriate locations by noon on the day prior to the event, (unless a different time is pre-approved ~~agreed upon~~).
- 2) Properly configured in accordance with the approved TCP.
- 3) If requested by the Appleton Police Department, removed from the roadway immediately following the end of the event.
- 4) Removed from the city rights-of-way within 48 hours of the end of the event.

† Road closures will use temporary traffic control devices, including barricades, temporary signs, and cones. When deployed on the public right-of-way, these constitute official traffic control devices. They shall not be removed or modified without permission from the City of Appleton or their designee.

ii. Event Route. Event routes, if applicable, must be submitted with the application regardless of historical precedent. Proposed routes may be altered after the license has been issued only at the discretion of the Police Department and the Department of Public Works.

(d) Insurance Events are required to have adequate levels of insurance as determined by the City's Risk Manager and based on the size and type of the event. Applicants must furnish the City Clerk with a valid certificate of insurance covering any and all liability.

(e) Food Service. Events offering food to attendees shall describe the food service being offered and provide a list of food vendors with the special event application. Copies of food vendor's Health Licenses may also be required. Any updates to the vendor lists shall be submitted to the Health Department within two (2) weeks prior to ~~of~~ the event. Food vendors that are not pre-approved may not participate in the event.

2. Meetings

- (a) Special Events Committee Meeting
 - i. The purpose of the Special Events Committee meeting is for Committee members to plan, coordinate and discuss the City resources that will be used for an upcoming special event, to discuss interdepartmentally any concerns or problems with a special event, and to generally provide the other City departments with information that may be relevant to approving and denying special event applications.
 - ii. The Committee meets once a month as determined by the City Clerk.
 - iii. City departments who recommend approving or denying special event applications should ensure at least one member of their department attends each Committee meeting.
 - iv. Applicants may attend Committee meetings to discuss their proposed special event and to receive feedback regarding the likelihood of their application being approved.
 - v. Applicants may request a Special Event Committee Meeting be held on a certain day or time by making the request to the City Clerk. The City Clerk will try to accommodate the request to the extent possible.
- (b) Department Meeting. The City Clerk may schedule a meeting if deemed necessary by the City Clerk or requested by the applicant and/or the affected City department(s) should the applicant make a request for City services. The purpose of the meeting will be to discuss the services requested. The meeting must be held no later than thirty (30) calendar days before the event. If the applicant refuses to meet at the request of the City Clerk, the license may be denied or revoked.

3. Application Review.

- (a) Department Review. Applications are reviewed by employees from the following City departments: Community and Economic Development, Health, Human Resources (Risk Management), Fire, Legal Services (Clerk's Office), Parks, Recreation and Facility Management, Police, Public Works, and Valley Transit. Each department will recommend either approving or denying the application. The City Clerk will issue the license upon receiving a recommendation for approval from all reviewing departments.
 - i. ~~Each department must recommend approving or denying an application based on the information relevant to that department. A department's decision to recommend approving or denying an application may be based on, but is not limited to, the following:~~ Each department must recommend approving or denying an application based on the information relevant to

that department. A department's decision to recommend approving or denying an application may not be based in any way on the content of any message associated with the planned event. A department's decision to recommend approving or denying an application may be based on, but is not limited to, the following:

- (1) Use of department resources,
- (2) Costs to the department,
- (3) Benefit to the community,
- (4) Any perceived public health or safety problems,
- (5) If the applicant or reoccurring event has a history not complying with this policy and/or other applicable rules or regulations, which has or may have an impact on the department, and
- (6) Use of City property that is relevant to the department.

(b) Recommendation for Denial. If a recommendation for denial is made by a department, an explanation must be provided to the City Clerk which will then be provided to the applicant.

4. ~~Appeals Process. If an application is denied or not accepted by the City Clerk for any reason, the applicant may request the application be submitted to the Common Council by way of the Safety and Licensing Committee for review and a final determination of whether to grant the license.~~ Appeals Process. If an application is denied or not accepted by the City Clerk for any reason, including an inability to pay required fees due to indigency, the applicant may request the application be submitted to the Common Council by way of the Safety and Licensing Committee for review and a final determination of whether to grant the license.

5. Waiver. Some or all of the license requirements may be waived in cases where the United States Secret Service notifies the City of a proposed event in which it will be assisting with security details. It will be at the discretion of the Special Events Committee which requirements will be waived.

B. SAFETY.

1. Security. Events must have a designated head of security and may be required to have additional security personnel at the rate of one (1) security person for every 300 persons present if alcohol is available for consumption or for every 600 persons present if alcohol is not available for consumption. ~~The City of Appleton Police and Fire Departments have~~ the discretion to modify these ratios as they deem necessary and the applicant will be notified of the modification as soon as reasonably possible.

(a) Head of Security. The head of security must, at minimum, be: (i) 18 years of age or older, (ii) clearly identifiable as ~~event staff~~ the head of security at all times during the event, (iii) reachable by phone at all times during the event by any City employee, (iv) able to call 911 during the event, (v) able

to contact and instruct the security personnel, as applicable, during the event, and (vi) be trained as a crowd manager per the adopted fire code.

(b) Security Personnel. Security personnel must, at minimum, be: (i) 18 years of age or older, (ii) clearly identifiable as ~~event staff~~ security personnel at all times during the event, (iii) able to call 911 during the event, (iv) reachable at all times by the head of security during the event, (v) be able to act on instructions from the head of security, or any other authorized person, in case of an emergency, and (vi) be trained as a crowd manager per the adopted fire code.

2. Additional Safety Features. In the event the City of Appleton ~~Police and/or Fire Department~~ has ~~ve~~ a reasonable and justifiable reason to request the applicant have additional safety features at the event beyond what is provided for in the application, the ~~Police and/or Fire~~ Department(s) must let the applicant and the City Clerk know what additional safety features the event will need at the time the application is reviewed by the Department pursuant to ~~section~~ ~~paragraph~~ V(A)3(a) above. If the applicant does not want to provide the additional security features recommended by ~~the City of Appleton~~ ~~the Police and/or Fire Department~~, the Department(s) may recommend denying the event per ~~section~~ ~~paragraph~~ V(A)3(b) above and the applicant may appeal pursuant to ~~section~~ ~~paragraph~~ V(A)4 above.

C. SET-UP, TOILET FACILITIES AND CLEAN-UP.

1. Set-Up Time. Set-up for an event, including, but not limited to, dropping off supplies and erecting tents, shall not take place more than four (4) hours in advance of an event unless approval for earlier set-up has been granted in writing by the department director or designee with jurisdiction over the location of the event.
2. Markings. Any instructions or information about or pertaining to an event applied directly to City property, such as streets, sidewalks and curbs, must be no more than twelve (12) inches in height and two (2) feet in length. Only white, temporary (lasting no longer than thirty [30] days), water-based marking paint or landscape chalk is permitted to be used.
3. Toilets. It is the responsibility of the applicant to ensure the adequate number of toilets are available at the event.
4. Waste Receptacles. It is the responsibility of the applicant to ensure the proper number of waste receptacles are present at the event.
5. Clean-Up. It is the responsibility of the applicant to ensure the location of the event is left in the same condition it was in prior to the event. All clean-up efforts must be completed within four (4) hours after the conclusion of the event unless approval

for additional clean-up time has been granted in writing by the department director or designee with jurisdiction over the location of the event.

D. FACILITY RESERVATIONS

1. Facility reservations related to special events are on a first come, first served basis and may be made no more than one (1) year in advance. Subject to section V(D)2 below.
2. Organizations/groups/individuals that have reserved a City park/facility for a special event have thirty (30) days after the date of the special event to make reservations for the same location, day or weekend for the following year. After thirty (30) days the City park/facility will be open for the public to reserve.

E. PARADES

1. Applicants for parades must complete the supplemental parade questionnaire and submit it with their special event application.
2. Parade routes should seek to have minimal impact on traffic disruption in the proposed area. All parade routes are subject to review, modification and approval by way of the Special Events Committee.
3. The approved safety plan for the parade provided by the Appleton Police Department, must be adhered to. Failure to comply may result in citations or denial of future applications.
4. Throwing and distributing items from parade entries to spectators including but not limited to pamphlets, fliers, toys, stickers, food, or candy is prohibited.
5. Parade units may not operate in a reckless or dangerous manner.

F. FEES.

1. License Fee. Special event license fees are set based upon the amount of resources used by the City for similar events and is based on the event's anticipated attendance, whether there will be street closures, and how far in advance of the event the application is filed with the City Clerk. The license fee must be paid at the time of the application is filed with the City Clerk. *See, Attachment A – Fees.*
2. Late Fee. A late fee of will be added to all applications filed pursuant to sSection V(A)(1)(a) above. *See Attachment A – Fees.*
3. Police Investigation Fee. A background check of all applicants will be conducted by the Police Department and the fee for the background check, \$7.00, is in addition to the license fees.

4. City Events. Events where the applicant is an official, employee or designated agent of the City acting on behalf of the City will not incur any fees.

5. Permits. Charges for park facilities, food sales permits, [Street Occupancy Permit fees](#), tent permit fees, etc., are to be paid **IN ADDITION** to the fees discussed in this policy.

~~5.6.~~ Meter Bags. [A Meter Bag application shall be submitted to the Department of Public Works at the time of submittal of the Special Event application. Charges for meter bags are to be paid per the DPW Downtown Parking and Meter Bag Policy IN ADDITION to the fees discussed in this policy.](#)

~~6.7.~~ Non-Refundable. All fees are non-refundable with the exception of fees for events that are cancelled by the applicant and/or the City due to weather conditions or by the City for the unforeseen or unexpected unavailability of the event venue that is not caused by an act or inaction of the applicant, in which case the fees will revert to a credit the applicant can use for rescheduling the event or for a similar event. The credit must be used within one (1) calendar year from the date of the cancelled event. No cash refunds will be given if the full value of the credit is not used by the applicant. If the event is cancelled by the applicant due to weather conditions, notification to the City Clerk must be made as soon as reasonably possible.

G. EVENT CANCELLATION. The Mayor or designee may cancel an event without prior notice for any condition affecting public health or the safety of the City, or any condition that would affect facilities, grounds, or other natural resources at risk of damage or destruction if the event were permitted to take place.

H. COMPLIANCE. The applicant is responsible for ensuring that the event complies with this policy and all applicable laws and regulations including, but not limited to, statutes, ordinances, traffic rules, park **and trail** rules, health laws, fire codes, [City facility reservation policies and procedures](#), and alcohol licensing regulations. Failure to comply resulting in the City providing services will result in the applicant being billed for the City provided services should the cost of services equal \$50 or more, and may also result in the applicant being prevented from obtaining a special event license in the future.

1. In the event the City bills the applicant for services, the department director or designee with jurisdiction over the services provided will submit a bill to the applicant within thirty (30) days after the conclusion of the event. Payment is due to the City within thirty (30) days after the date on the bill.

2. The applicant may appeal the bill by placing the reason for the appeal in writing and submitting it to the City Clerk prior to the bill's due date. The final determination of the bill will be made by the Common Council by way of the Safety and Licensing Committee.

~~I. ANNUAL REPORTING. By July 30 of every year, a report must be submitted by the City Clerk to the Safety and Licensing Committee and the Common Council documenting the cost of services provided to special events by City departments for the previous year.~~

I. PRECEDENT. Nothing in this policy shall be read to take precedence over any applicable statutes or ordinances.

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Appleton
License Period	23-24

7:123-6:30-24.

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
- Class "B" Beer \$ 100.00 "Class B" Liquor \$ _____
- "Class C" Wine \$ 100.00 "Class A" Liquor (Cider Only) \$ 0
- Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>200.00</u>
Publication Fee	\$ <u>60.00</u>
Background Check	\$ <u>7.00</u>
Total Fees	\$ <u>267.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Apple Valley Pancake house Inc.

2. Trade Name or DBA
Apple Valley Pancake house

3. Premises Address
1216 West Wisconsin Ave Appleton WI 54914

4. County Outagamie 5. Municipality Appleton 6. Aldermanic District _____

7. Mailing Address (if different from premises address) _____

8. FEIN [REDACTED] 9. Wisconsin Seller's Permit Number 456-1029469565-02

10. Premises Photo [REDACTED] 11. Premises [REDACTED]

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.
~~The old home run pizza free standing building AU~~
 previously sold beer and wine. Storage will be in walkin cooler in back of the house, and cooler in front Dining room in server area. It will be served in the Dining room and out door patio. all the receipts in office
 apx 1,000 sqf

Free standing building apx 4,000 sqft

Part B: Questions

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


Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin 2. Date of Registration 2017

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

Name of Parent Company _____ FEIN of Parent Company _____

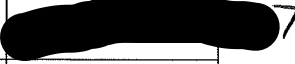
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets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

5. Agent's Last Name Useini Agent's First Name Memedali Phone 

Part D: Individual Information

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

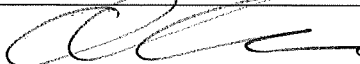
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<u>Useini</u>	<u>Memedali</u>	<u>owner</u>	


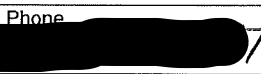
Part E: Attestation

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

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

Signature  Date 1-17-24

Name (Last, First, M.I.) Useini Memedali

Title owner Email  Phone 

Part F: For Clerk Use Only

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

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

Name: Home Run Pizza

(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?

24 months ago.

10. Seating capacity: Inside 65 Outside 20-30

11. Operating hours (Inside the building): 7am - 3pm
Operating hours (Outdoor seating areas): 7am - 3pm

12. Employees/Staff

Number of floor personnel 10-12 Number of door checkers 1

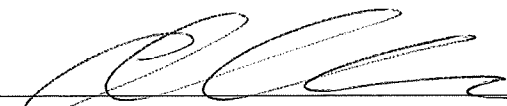
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 4,000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1,000 square feet.

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

pancake house, Breakfast & lunch
7am - 3pm, tue thru Sunday closed Monday


Signature

1-17-24
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Apple Valley pancake house Inc.
(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
Apple Valley pancake house
(Trade Name)

located at 1216 West Wisconsin Ave Appleton WI 54914

appoints Memedali Useini
(Name of Appointed Agent)

1307 Buttonbush way Neenah WI 54956
(Home Address of Appointed Agent)

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

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

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? 33 years

Place of residence last year 1307 Buttonbush way Neenah, WI 54956

For: Apple Valley Pancake house Inc
(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, Memedali Useini, 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] 1-17-24
(Signature of Agent) (Date)

Agent's age [Redacted]

1307 Buttonbush way Neenah WI 54956
(Home Address of Agent)

Date of birth [Redacted]

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

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

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

**Original Alcohol Beverage
License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor \$ _____
 "Class C" Wine \$ 100 "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>200.00</u>
Publication Fee	\$ <u>60.00</u>
Background Check	\$ <u>7.00</u>
Total Fees	\$ <u>267.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Ototo LLC

2. Trade Name or DBA
Ototo Ramen

3. Premises Address
205 N Richmond St.

4. County
Outagamie

5. Municipality
Appleton

6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEI
[REDACTED]

9. Wisconsin Seller's Permit Number
456-1031510544-04

10. Premises
[REDACTED]

11. Premises Email
[REDACTED]

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.
Alcohol will be stored in a dry storage area designated for alcohol in the basement of the building. Alcohol will be sold and consumed only in the dining area. Alcohol is cooled with a cooler by server station.
The total square footage of the premise totals 1220 square feet.

Part B: Questions

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

Part C: For Corporate/LLC Applicants Only

1. State of Registration <i>Wisconsin</i>	2. Date of Registration <i>9/29/23</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name <i>Lee</i>	Agent's First Name <i>Lor</i>	Phone

Part D: Individual Information

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

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

Last Name	First Name	Title	Phone
<i>Lee</i>	<i>Lor</i>	<i>Owner</i>	

Part E: Attestation

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

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

Signature <i>[Signature]</i>	Date <i>1-10-24</i>	
Name (Last, First, M.I.) <i>Lee, Lor</i>		
Title <i>Owner</i>	Email 	Phone

Part F: For Clerk Use Only

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



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Lor Lee

2. Name of Business: Ototo Ramen

(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: 255 N Richmond St.

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>Lor</u>		<u>Lee</u>	
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: _____
 First name Middle Initial Last name

Address: _____
 City State ZIP

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

Name: _____

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

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

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

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

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

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

10. Seating capacity: Inside 20 Outside _____

11. Operating hours (Inside the building): 11 AM - 2 PM, 4:30 PM - 9 PM M-Sat.
Operating hours (Outdoor seating areas): NA

12. Employees/Staff
Number of floor personnel 2 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 1200 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
- c. Below, identify the operational details of the proposed establishment:

Full Service Restaurant

Hours of operation: Monday - Friday 11 AM - 2 PM, 4:30 PM - 9 PM Saturday

[Signature]
Signature

1-10-24
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Ototo 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 Ototo Ramen
(Trade Name)

located at 205 N Richmond

appoints Lor Lee
(Name of Appointed Agent)

3518 S Barker Ln, Appleton WI 54915
(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? ~~20~~ 31 years

Place of residence last year 3518 S Barker Lane, Appleton WI, 54915

For: Ototo 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, Lor Lee, 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] 1-10-24 Agent's age 31
(Signature of Agent) (Date)

3518 S Barker Ln, Appleton WI Date of birth [Redacted]
(Home Address of Agent)

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

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

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



Community and Economic Development

**Transfer of Special Use Permit #2-21 from Jimmy's Chicken and Fish to Ototo Ramen
Restaurant with alcohol sales and service
205 N. Richmond Street**

Date: January 26, 2024

Background/History:

Special Use Permit #2-21 was conditionally approved by the Common Council on July 21, 2021, for a restaurant with alcohol sales and service at 205 N. Richmond Street.

Analysis:

Section 23-66(f)(4) of the Zoning Ordinance states, "Continuation of a special use permit. Once approved, a special use permit shall be allowed to continue and may be transferred to any entity, unless specified otherwise as a condition of approval, as long as all conditions placed on the special use are followed."

Conclusion:

Based upon the above information, Special Use Permit #2-21 and subsequent amendment(s) for a restaurant with alcohol sales and service at 205 N. Richmond Street can be transferred to the applicant upon the issuance of the Liquor License, subject to all of ongoing conditions listed below being complied with pursuant to the above reference Special Use Permit.

- A. The use shall conform to the standards established in Chapter 9, Article III, Alcoholic Beverages, of the Appleton Municipal Code.
- B. The site shall be kept free of litter and debris.
- C. All Zoning, Building, Fire, Engineering, Utility and other Municipal Codes, and all applicable State and Federal laws shall be complied with.
- D. The serving and consumption of alcohol is limited to the interior ground floor of the tenant space, as identified on the attached development plan drawings. Any future expansions for the serving and/or consumption of alcohol may require a major or minor amendment request to this Special Use Permit, pursuant to Section 23-66(g) of the Municipal Code.
- E. This Special Use Permit is needed for on-site alcohol sales and consumption. Compliance with the plan of operation is required at all times. Changes to the plan of operation, including any future changes to the agent/operator, shall be submitted to the Community and Economic Development Department for review and approval.

Please contact the Community and Economic Development Department at (920) 832-6468 with any questions or requests to amend any conditions.

INTERIOR ALTERATIONS FOR JIMMY'S CHICKEN

APPLETON,

WISCONSIN

ACS
Architectural &
Construction
Services, Inc.
327 Randolph Drive Suite C
APPLETON, WI 54915
TELE: 920-574-2657 FAX: 920-574-2660

INTERIOR ALTERATIONS FOR,
JIMMY'S CHICKEN
APPLETON, WISCONSIN

DATE: JULY 28, 2020
ARCH. K. SPERL
D. BY: S. BURTON
JOB: 20-037
REV: _____

T
1.0

GENERAL NOTES

THESE DRAWINGS COVER STRUCTURAL AND GENERAL CONSTRUCTION WORK ONLY. ALL WORK SHALL CONFORM TO STATE AND LOCAL CODES WHICH GOVERN FOR THE BUILDING SITE, AND SHALL BE DONE IN A WORKMANLIKE MANNER.

THE CONTRACTOR SHALL FAMILIARIZE HIMSELF WITH ALL ARCHITECTURAL, MECHANICAL AND ELECTRICAL DRAWINGS TO VERIFY THE LOCATION AND DIMENSIONS OF CHASES, INSERTS, OPENINGS, SLEEVES, REGLETS, DEPRESSIONS AND OTHER PROJECT REQUIREMENTS NOT SHOWN ON THE STRUCTURAL DRAWINGS.

OPENINGS SHOWN ON THE STRUCTURAL DRAWINGS SHALL NOT BE REVISED WITHOUT WRITTEN APPROVAL FROM THE ARCHITECT.

CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS, ELEVATIONS AND CONDITIONS AND NOTIFY ARCHITECT OF ANY DISCREPANCIES.

THE TYPICAL DETAILS SHOWN ON THE DRAWINGS SHALL BE APPLICABLE TO ALL PARTS OF THE CONTRACT DRAWINGS UNLESS SPECIFICALLY NOTED OTHERWISE.

THE CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR JOB SAFETY DURING CONSTRUCTION.

PROJECT INFORMATION

CONSTRUCTION CLASSIFICATION

BUILDING IS EXISTING - TYPE IIB

OCCUPANCY

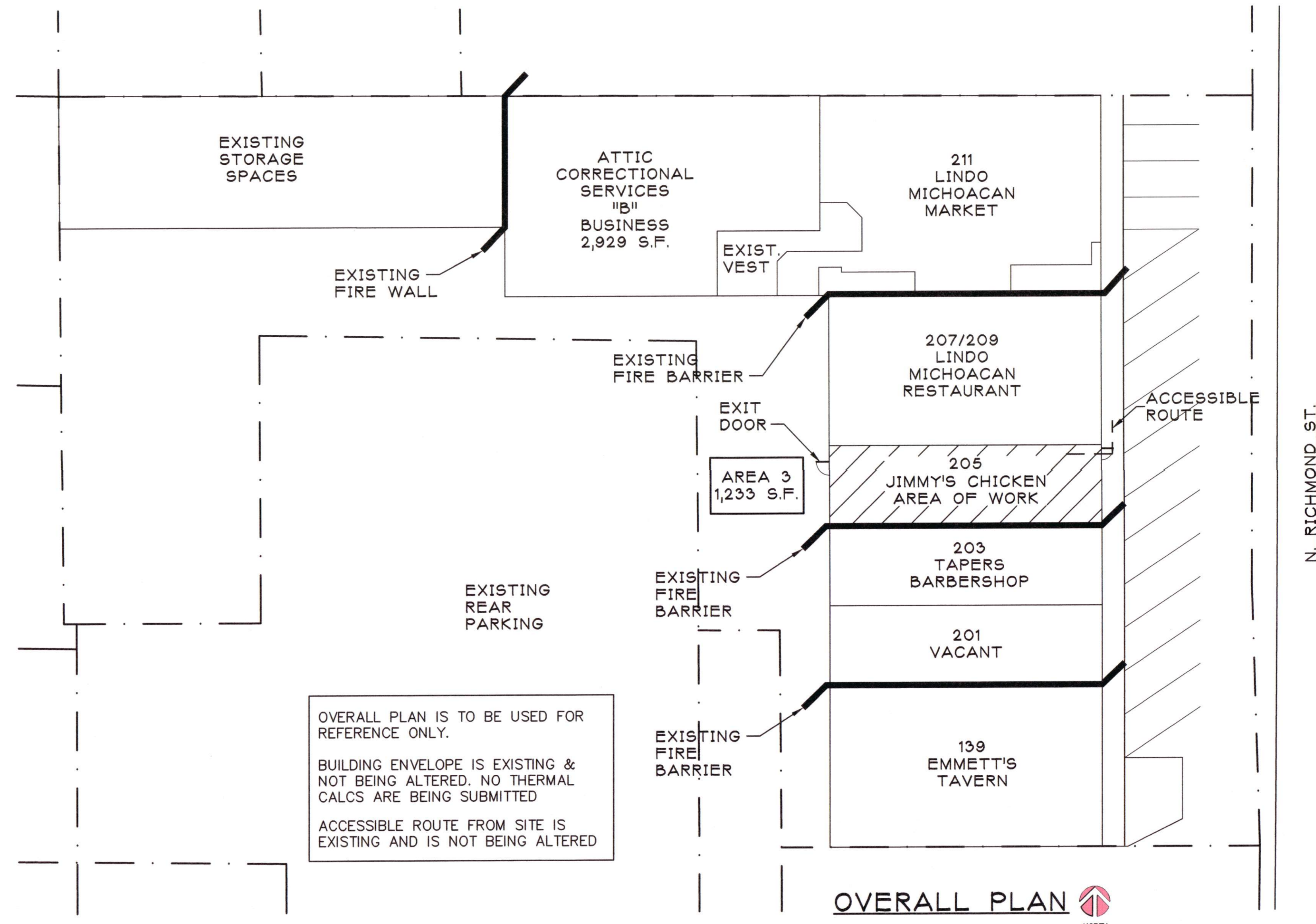
"B" BUSINESS (A-2 < 50 PEOPLE)

SEPARATION

EXISTING FIRE BARRIERS

SHEET INDEX

SHEET	SHEET TITLE
T1.0	GENERAL COVER SHEET
A1.0	ARCHITECTURAL FLOOR PLAN
A2.0	ADA DETAILS

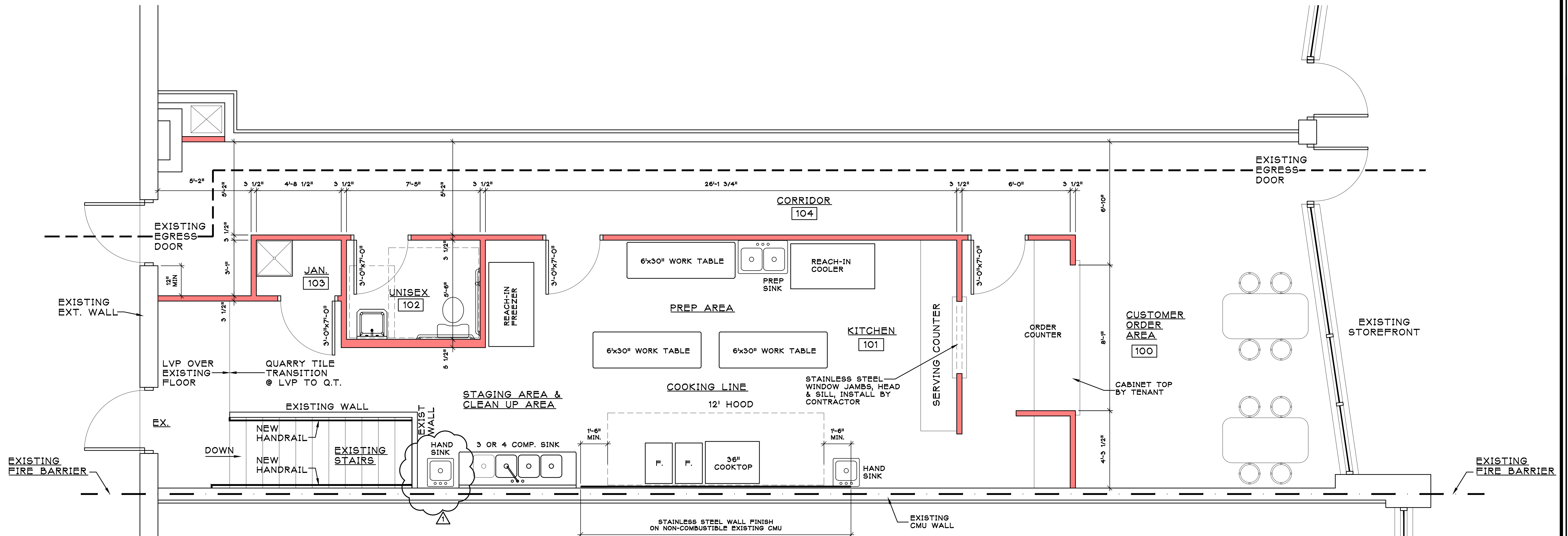


OVERALL PLAN IS TO BE USED FOR REFERENCE ONLY.
BUILDING ENVELOPE IS EXISTING & NOT BEING ALTERED. NO THERMAL CALCS ARE BEING SUBMITTED
ACCESSIBLE ROUTE FROM SITE IS EXISTING AND IS NOT BEING ALTERED

OVERALL PLAN

WISCONSIN
KELLY S. SPERL
A-7897
APPLETON, WI
ARCHITECT
8-6-2020

INTERIOR ALTERATIONS FOR,
JIMMY'S CHICKEN
APPLETON, WISCONSIN



CAPCITIES
 EMPLOYEES - 4 PEOPLE
 SEATING - 8 PEOPLE

 SPACE HAS EXISTING
 BASEMENT WHICH
 IS NOT BEING ALTERED

FLOOR PLAN
 SCALE: 3/8" = 1'-0"


GENERAL NOTES
 VINYL BASE BY TENANT
 PAINTED WALLS


KITCHEN
 FLOOR - NON-SLIP QUARRY TILE
 TENANT PROVIDED, INSTALLED BY CONTRACTOR
 WALLS - FRP

JANITOR
 FLOOR - QUARRY TILE & VINYL BASE
 TENANT PROVIDED, INSTALLED BY CONTRACTOR
 WALLS - PAINTED GWB

UNISEX
 FLOOR - CERMIC TILE FLOOR & BASE
 PROVIDED & INSTALLED BY CONTRACTOR
 WALLS - PAINTED GWB

CEILINGS
 KITCHEN, JANITOR, UNISEX - VINYL COVERED GWB
 ORDER AREA, CORRIDOR - 2x2 A.C.T.

 *JANITOR, UNISEX & KITCHEN TO RECIEVE
 5/8" CEMENT BOARD TO ACCEPT NEW
 QUARRY TILE ON CERAMIC TILE

DATE: JULY 28, 2020
 ARCH. K. SPERL
 D. BY: S. BURTON
 JOB: 20-037
 REV.  ADDITIONAL HAND SINK 8-12-20

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 Walgreen Co.
(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 Walgreens 12693

located at 729 W NORTHLAND AVE APPLETON, WI 54914 -1426
(Trade Name)

appoints Andrew Scott Krueger

836 E. John St. Appleton WI 54911
(Name of Appointed Agent)
(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).
Agent for Walgreens in Bellevue, WI

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? [Redacted]

Place of residence last year 836 E. John St. Appleton, WI 54911

For: Walgreen Co.
(Name of Corporation / Organization / Limited Liability Company)

By: Brian Brown
(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, Andrew Scott Krueger, 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] 1-18-2024 Agent's age [Redacted]
(Signature of Agent) (Date)
836 E. John St. Appleton, WI 54911 Date of birth [Redacted]
(Home Address of Agent)

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

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

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

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 Ultimate Mart, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pick 'n Save #123
(Trade Name)

located at 2700 N Ballard Rd Appleton, WI 54911

appoints Timothy Smith
(Name of Appointed Agent)
N4459 Nelson Rd Princeton, WI 54968
(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? 26 YEARS

Place of residence last year Same as Above

For: Ultimate Mart, LLC
(Name of Corporation / Organization / Limited Liability Company)
By: [Signature]
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Timothy Smith, 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] 1-24-2024 Agent's age [Redacted]
(Signature of Agent) (Date)
N4459 Nelson Rd Princeton, WI 54968 Date of birth [Redacted]
(Home Address of Agent)

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

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

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

Date FEB 08 2024

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Recp # 6274-06

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

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or Individual name if sole proprietor) Ultimate Mart, LLC	
2. Trade Name or DBA Pick 'n Save #123	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) Smith, Timothy J.			
2. Relationship to Registered Entity (Title) Agent		3. Email [REDACTED]	4. Phone [REDACTED]
5. Home Address N4459 Nelson Rd			
6. City Princeton	7. State WI	8. Zip Code 54968	9. Date of Birth [REDACTED]
10. Drivers License/State ID Number [REDACTED] 6		11. Drivers License/State ID State of Issuance WI	

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

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Roundy's	
Employer's Address 2700 Ballard Road Appleton	Dates Employed (MM/YYYY - MM/YYYY) 2-28-05 to Present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

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

Part F: Questions

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

ILLINOIS

2. How long have you continuously lived in Wisconsin prior to the date of application? Years 26 Months —

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

Part G: Attestation

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

Signature: [Handwritten Signature] Date: 1-24-2024

Secondhand Article

Company	Address	Agent
eco ATM	3701 E Calument St(Walmart)	Sean Flaherty
eco ATM	2700 N Ballard Rd (Kroger)	Sean Flaherty



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

CASH OR CHECK ONLY!

Application MUST be on file
10 days prior to event

Note: Please allow 2-3 weeks for application processing

FEES ARE NON-REFUNDABLE		Date Rec'd FEB 06 2024
<input checked="" type="checkbox"/> License Fee (CLCSPB) \$10.00 per event	Total \$ 17.00	
<input checked="" type="checkbox"/> Investigation Fee \$7.00	Receipt # 6256-02	

SECTION 1 - PERSON IN CHARGE - Answer all questions completely. Please PRINT clearly			
Name (First, MI, Last) Rebecca L. Bartoszek		Date of Birth [REDACTED]	Gender Female
Address 125 N. Superior Street		City Appleton	State WI Zip 54911
Phone Number (Required) [REDACTED]		Email Address [REDACTED]	
SECTION 2 - ORGANIZATION INFORMATION			
Name of Organization (Bona fide club, lodge or society, veteran's organization, or fair association) Fox Cities Chamber Foundation			Date Organized September 29, 1976
Address 125 N. Superior Street		City Appleton	State WI Zip 54911
Organization Phone Number (Required) 920-734-7101		Organization Email Address	
ORGANIZATION MEMBERS			
President (First, MI, Last) Rebecca L. Bartoszek		DOB 2/14/1969	Gender Female
Address 125 N. Superior Street		City Appleton	State WI Zip 54911
Vice President (First, MI, Last) Thomas S. Lehr		DOB 1/5/1959	Gender Male
Address 125 N. Superior Street		City Appleton	State WI Zip 54911
Secretary (First, MI, Last)		DOB	Gender
Address		City	State Zip
Treasurer (First, MI, Last)		DOB	Gender
Address		City	State Zip
SECTION 3 - EVENT INFORMATION SECTION			
Event Name: Appleton's Oktoberfest			
Describe the event: Family friendly community festival supporting nonprofits in our community - includes bars, stages, arts and crafts, and more			
Date(s) of Event: September 28, 2024		Event Hours: 5:00 AM - 6:00 PM	
Do you plan to serve food at this event? <input checked="" type="radio"/> YES <input type="radio"/> NO IF YES, contact the Appleton Health Department. (920-832-6429)			
Location where beer or wine will be sold or served: See bar locations on attached map			
Address		City Appleton	State WI Zip 54911
Temporary Class "B" license or Temporary "Class B" license (select one or both)			
A temporary Class "B" license to sell <u>FERMENTED MALT BEVERAGES</u> at picnics or similar gathering under s. 125.26(6) Wis. Stats.			<input checked="" type="checkbox"/>
A temporary "Class B" license to sell <u>WINE</u> at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12-month period).			<input type="checkbox"/>

Describe actual location and dimensions of area to be licensed: **BE PRECISE!**
 See attached map of details on College Avenue from Richmond Street to Lawe Street

Will minors be present? If YES, how will you prevent minors from obtaining alcoholic beverages?
 YES NO ID checks at each wristband location plus police presence

SECTION 4 – 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: *[Signature]* EVP/CFO 12/4/2023

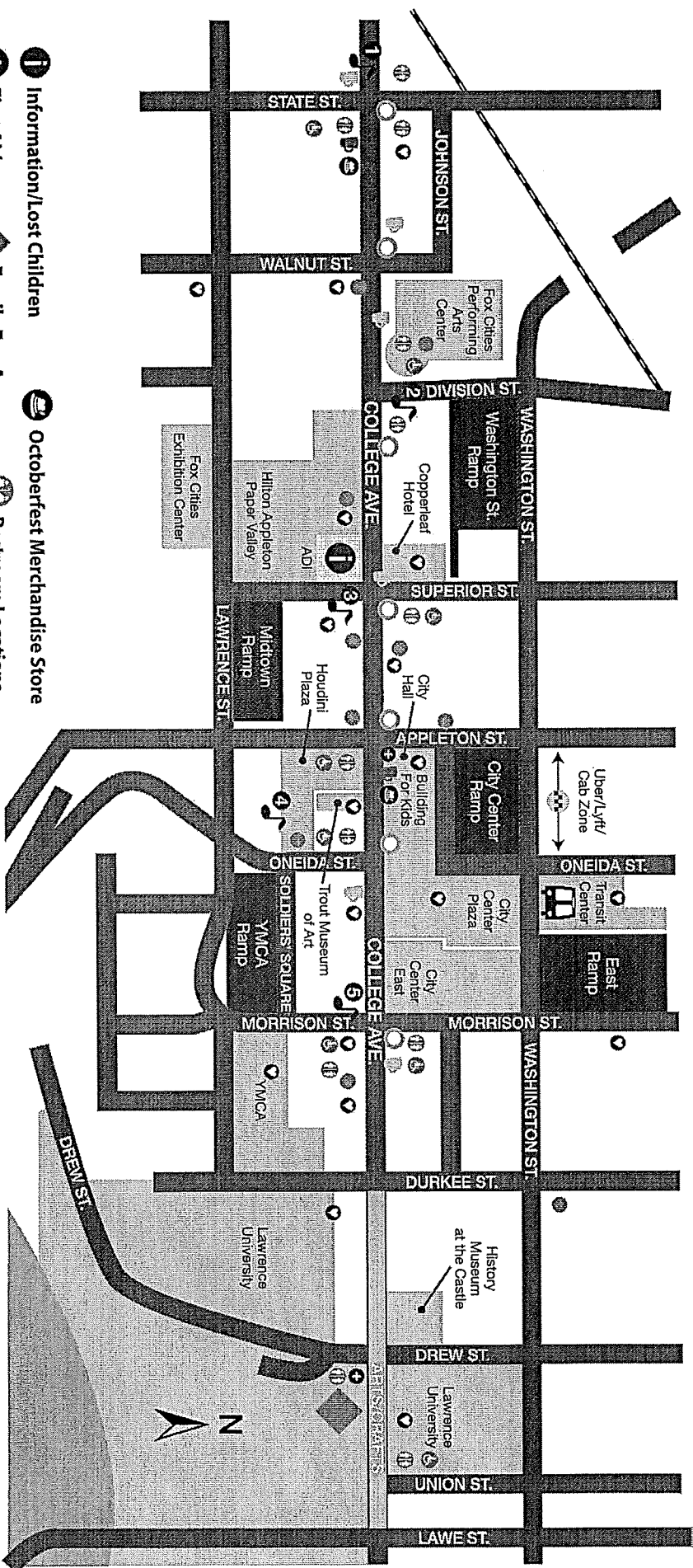
FOR OFFICE USE ONLY

Dept.	Approve	Deny	Staff Member	Reasoning
Police				
Fire				
Health				

Date Sent for Review	Issue Date	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	_____

Return to the Office of the City Clerk: 100 N Appleton St, Appleton, WI 54911

-  Information/lost Children
-  First Aid
-  Defibrillators
-  Beer Stands
-  Entertainment Stages
-  Family Fun Area
-  ATMs
-  Specialty Beer Stands
-  Wristbands
-  Octoberfest Merchandise Store
-  Restroom Locations
-  Handicap Accessible Toilets
-  Arts & Crafts Area
-  Uber/Lyft/Cab Zone





POLICE DEPARTMENT

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

To: Alderperson Hartzheim, HR/IT Committee Chairperson
Alderperson Croatt, Safety and Licensing Committee Chairperson

From: Chief Polly Olson

Date: February 14, 2024

Subject: Action Item – HR/IT
Informational Item – S&L

We are committed to regularly monitoring operations within the department to look for opportunities to streamline services and maximize productivity. Our evidence unit has undergone significant changes in the last few years and has been fully civilianized. Our current table of organization structure has our Investigative Services Lieutenant providing day-to-day supervision to this unit, in addition to ten detectives.

In 2018, we created two LEAD positions, one located in clerical and one for our front desk operations. These positions are responsible for the schedule, for assisting with minor personnel issues, and for resolving any other issues which do not require intervention by a supervisor. The success we have found with this management structure can be easily replicated in our evidence unit. We would propose creating a LEAD Forensic Evidence Specialist.

Our evidence unit is currently fully staffed with three positions. All three employees are highly skilled and capable of taking on the added responsibilities of this new role. Not only would this increase productivity in the unit, but it would also help with retention and succession planning efforts.

The estimated financial impact will be about \$2000 per year. This can be paid for with overtime savings due to a more efficiently operating unit and closer monitoring of overtime use.

I have attached a memo from Captain Mike Wallace which provides some additional information.

Chief Polly Olson



Lead Forensic Evidence Specialist

Class Code:
240-28 (CC-5)

Bargaining Unit: Non-union Non-Exempt

CITY OF APPLETON
Established Date: Jun 22, 2015
Revision Date: Jul 30, 2019

SALARY RANGE

\$23.25 - \$32.55 Hourly

NATURE OF WORK:

Under general supervision of the Investigative Services Unit Lieutenant, this person performs complex gathering, analysis and preservation techniques on evidence connected with criminal activity in the City of Appleton. This individual should possess effective skills and abilities in evidence gathering and preservation, some knowledge of the judicial system as it pertains to the preservation of evidence, the ability to identify and secure evidence, logical thinking in the linking of evidence to criminal activities, and an ability to properly re-create and display evidence gathered for presentations.

JOB FUNCTIONS:

ESSENTIAL JOB FUNCTIONS

- Provide oversight of the Evidence Unit calendar to ensure effective operations.
- Provide effective direction, instruction, and guidance regarding workload priorities and evidence and property room procedures.
- Periodically review goals, and progress, with team members
- Keep the Investigative Services Lieutenant apprised of personnel matters so they can be addressed.
- Successfully complete advanced training for crime technology, scene management, video/photo operations, using U.V. and I.R. and alternate light sources.
- Identify, collect, package, and label evidence (i.e., lift fingerprints, blood samples, etc.) from search warrants and crime scenes.
- Operate evidence gathering equipment, which includes but is not limited to; video camera, ultra-violet lighting, scales, test kits, etc.
- Assist with search warrants by taking photos to document the location of where evidence is found.
- Analyze, sort and preserve evidence from search warrants and crime scenes.
- Perform laboratory examinations of evidence, including specialized processing involving physical, chemical, and digital methods and maintains accountability for activity in the crime lab.
- Keep crime van stocked with materials to collect evidence for self and other officers to use.
- Inventory and maintain a supply of resources used in the collection of evidence and the sealing of crime scenes.
- Fill out necessary forms, itemize, individually package, and mail evidence to crime labs for analysis, and inventory evidence when it is returned.

- Prepare photo logs, crime scene worksheets, and other reports – both verbal court presentations and written documentation – regarding evidence gathered. Reports may include narratives, diagrams, fingerprints, actual articles discovered, etc.
- Re-create and display evidence gathered for presentations.
- Photograph death scenes, overall body pictures, and autopsies to document the process.
- Empty and catalog items left in evidence lockers by officers.
- Process digital photos, video, and audio recordings, then organize, fill, and inventory pictures as evidence to document crimes.
- Print disposition sheets, process the returned paperwork, handle evidence accordingly, and update associated files.
- Coordinate the proper release of evidence to rightful owner, where appropriate, including setting up the appointment and making the actual return.
- Coordinate and develop training of various department officers in evidence gathering techniques.
- Prepare manuals, kits, etc., used in training of these officers.
- Offer assistance to officers concerning investigations.
- Ability to examine and evaluate acts, events, and other information and draw valid conclusions, logical thinking in the linking of evidence to criminal activities.
- Fingerprint citizens and assist officers with fingerprinting arrests as necessary.
- Set up and manage departmental digital evidence program including digital photography, digital video, digital audio recordings, and other digital evidence as needed.
- Oversee the administration of policies and procedures related to the evidence and property control function.
- Review and write policies related to the evidence and property control function, and the preservation and collection of physical evidence.
- Develop standard operating procedures for the Evidence Unit and other areas of the department when said procedures affect the quality and integrity of evidence.
- Maintain Evidence Unit equipment, booking room equipment, associated software, and vendor information.
- Produce and review procedural manuals to assist officers with evidence collection, packaging, log in and operation of other Evidence Unit equipment.
- Attend internal briefings held during complex investigations.
- Produce castings and comparative photographs of footprints, tire tracks, and other impressions.
- Search for and develop latent fingerprints at crime scenes, from logged in evidence, and deceased individuals.
- Manage the Evidence Unit equipment inventory and plan for periodic replacement of equipment.
- Keep abreast of current technology and evaluate the potential benefits of implementing technology to improve the overall level of service thereby facilitating solving crimes.
- Maintain regular punctual and predictable attendance, work overtime and extra hours as required, including call-ins as required.

OTHER JOB FUNCTIONS

- Other tasks as assigned.

REQUIREMENTS OF WORK:

This position requires 4-5 years of experience, or an equivalent combination of training, education and experience.

- Knowledge of available computer programs and audio/visual equipment (i.e. MS Office programs (Word, Excel, GroupWise, PowerPoint), computers, printers, projectors, etc.
- Knowledge of Federal, state and local laws, court cases related to job functions and ordinances.
- Knowledge of current law and case decisions relating to laws of arrest, search and seizure, interrogations, and the handling of evidence.
- Knowledge of departmental rules of conduct, regulations and policies.
- Knowledge of crime scene management.
- Ability to orally communicate in an efficient and effective manner with police officers and other civilian employees.
- Ability to provide complex oral and written instructions clearly so that the desired end result can be met.
- Ability to communicate in writing in a clear, accurate and concise manner.

- Ability to prepare clear and comprehensive reports of investigations, offenses, arrests, special projects, and other activities.
- Ability to respond to complex oral and written instructions so that the desired end result can be met.
- Conducts test using various lab equipment, chemicals, and instrumentation to obtain results.
- Ability to work independently of direct supervision, in an effective and efficient manner.
- Ability to plan and schedule your own work to meet time constraints and changing priorities.
- Ability to work in a team environment.
- Ability to analyze problems and formulate policies and procedures as appropriate solutions to the problems.
- Ability to plan and schedule training activities for members of the department to comply with department/state policy or law.
- Ability to work varied hours or overtime.
- Ability to maintain confidentiality in the release of information.
- Skilled in the operation of specialized investigative equipment to include, but not limited to Evidence Unit equipment, sensitive crime kits, drug test kits, etc.
- Skill in the operation of departmental equipment, including but not limited to camera equipment, first responder medical apparatus, etc.
- Skill in the operation of various department computer systems.
- Ability to multi-task in a fast paced environment.

SUPPLEMENTAL INFORMATION:

COMPETENCIES

Adaptability/Flexibility
Communication
Customer Focus
Positive Attitude
Technical Skills

To learn more about these competencies click [here](#)

JOB TASK ANALYSIS:

JOB ANALYSIS/REQUIREMENTS

JOB TITLE: PROPERTY EVIDENCED CLERK

REVISED DATE: September 2014

REVIEW DATE: September 2014

N = Never

O = Occasionally: 1 to 33% of the time on job

F = Frequently: 34 to 66% of the time on job

C = Constantly: More than 67% of the time on job

A. PHYSICAL DEMANDS	N	O	F	C
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Lifting: Light - max. 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Lifting: Moderate - max. 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lifting: Heavy to moderate - max. 45 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lifting: Heavy - max. 65 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Carrying est. wt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pushing est. wt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pulling est. wt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pulling hand over hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Climbing stairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Climbing: use of legs and arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Stooping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Repeated bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Reaching: <input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Repetitive finger movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. May use hands for grasping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. May use hands for manipulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. May use hands for twisting of wrist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. May use hands for flex. ext. of wrist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. May use hands for reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. May use hands for overhead work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Repetitive twisting or pressure involving wrists or hands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Both hands required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Both legs required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Ability of rapid mental/muscular coordination simultaneously	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Oral communication: speaks clearly in <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32. Hearing-conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Intense visual concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Specific visual requirements	Near: <input type="checkbox"/>		Far: <input type="checkbox"/>	
35. Depth perception	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
36. Color vision: Distinguish basic shades	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
37. Color vision: Distinguish basic colors	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
38. Operation of crane, truck or motor vehicle	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
39. Other:				
B. WORKING-CONDITIONS	N	O	F	C
1. Outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alternating between Outside and Inside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heat between 90-100 degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat over 100 degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cold below 55 degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Temperature changes: <input type="checkbox"/> excessive <input type="checkbox"/> frequent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Wetness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dry atmospheric conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Confined spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heights (list maximum:)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constant noise above 85 decibels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Intermittent noise above 85 decibels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fumes: <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Dust: More than nuisance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Gases: Types:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Chemicals: Types:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Grease and oils: Types:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Working with machinery with moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Working with moving vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Working with ladders/scaffolding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Working below ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Working with hands in water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Working alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Work intensity: <input type="checkbox"/> sedentary <input type="checkbox"/> light <input type="checkbox"/> light/medium <input checked="" type="checkbox"/> medium <input type="checkbox"/> heavy Hours/day: Days/week: Days overtime/week Varies				



Appleton Police Department

Compassion. Integrity. Courage.

222 South Walnut Street
(920) 832 - 5500



Appleton, WI 54911 - 5899
Fax (920) 832-5553

<http://www.appleton.org/police>

January 11, 2024

Chief Olson,

The Evidence Unit at APD has undergone significant changes over the past several years. We have now transitioned to a fully civilianized Evidence Unit. While I believe that this change has been a positive change for our agency, I feel that there are opportunities to improve the performance of the unit and the services they provide.

Having supervised the evidence unit before, during, and after the transition to full civilian staffing, I have had an opportunity to observe, and assess, the overall performance of the unit for the duration of this transition.

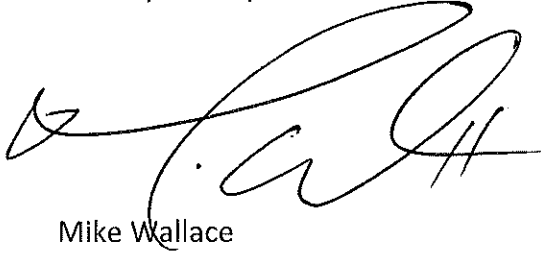
The Evidence Unit currently falls under the supervision of the Investigative Services Lieutenant. This is a challenging position as it would be extremely rare that the Lieutenant would have any experience working in evidence or property room management. While all our civilian staff possess a high level of skill, education, and ability in their field, there are often differences in opinion about specific methods that they should employ to carry out their duties. These matters are often resolved by the Investigative Services Lieutenant who lacks professional experience or training in these matters.

I would like to request your approval for one of the Forensic Evidence Specialists to be classified as a Lead Forensic Evidence Specialist. This position would be responsible for:

- Providing oversight of the Evidence Unit calendar to ensure effective operations
- Providing effective direction, instruction, and guidance regarding workload priorities and evidence and property room procedures
- Periodically reviewing goals and progress with team members
- Keeping the Investigative Services Lieutenant apprised of personnel matters so they can be addressed.

The proposed creation of a Lead Forensic Evidence Specialist will have an estimated financial impact of \$2,000 annually.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'M. Wallace', with a stylized flourish at the end.

Mike Wallace

Captain of Investigative and Support Services

Appleton Police Department