



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, December 11, 2019

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[19-1860](#) Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 11-20-19.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[19-1905](#) Request to approve Resolution #9-R-19 and associated Ordinance Language in the attached Staff Memo

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

[Memo Re #9-R-19.pdf](#)

[19-1906](#) Request to Approve Update to Section 19-114 of the Municipal Code.

**Attachments:** [Update to Section 19-114 of the Municipal Code\\_12.05.19\\_.pdf](#)

[19-1829](#) Class "A" Beer and "Class A" Liquor License application for PNB LLC d/b/a Memorial Liquor, Nawaraj Subedi, Agent, located at 415 S. Memorial Dr, contingent upon approval from all departments.

**Attachments:** [Liquor License-Memorial Liquor.pdf](#)

[19-1831](#) Class "A" Beer and "Class A" Liquor License application for University Rx LLC d/b/a RxLink University Pharmacy, Jude P. Jean-Pierre, Agent, located at 133 E. College Ave, contingent upon approval from all departments.

**Attachments:** [Liquor License-RxLink University Pharmacy.pdf](#)

- [19-1830](#) Class "B" Beer and "Class C" Wine License application for Dog Lover Dawn Designs LLC d/b/a Board & Brush Creative Studio, Dawn Smith, Agent, located at 109 N Durkee St, contingent upon approval from all departments.  
**Attachments:** [Liquor License-Board & Brush Creative Studio.pdf](#)
- [19-1841](#) Class "B" Beer and "Class B" Liquor License application for C&K Catering Corporation d/b/a Sushi Lover, Zhen Zhen Sun, Agent, located at 527-529 W. College Ave, contingent upon approval from all departments.  
**Attachments:** [Liquor License-Sushi Lover.pdf](#)
- [19-1799](#) "Class B" Liquor - WINE ONLY License application for McFleshman's Brewing Co. LLC d/b/a McFleshman's Brewing Co., Bobby Fleshman, Agent, located at 115 S. State St, contingent upon approval from all departments.  
**Attachments:** [Liquor License -McFleshman's.pdf](#)
- [19-1710](#) Class "B" Beer and "Class B" Liquor License Transfer of Premise for MJ Author's Kitchen d/b/a Author's Kitchen & Bar, Joshua Sickler, Agent, located at 125 E. College Ave, contingent upon approval from all departments.  
**Attachments:** [Liquor License -Authors Kitchen.pdf](#)
- [19-1859](#) Operator's Licenses  
**Attachments:** [Operator Licenses for 12-11-19.pdf](#)
- [19-1800](#) Secondhand Article License Renewal application for Replay Toys, Chris Freimuth, Applicant, 127 E. Wisconsin Ave, contingent upon approval from all departments.  
**Attachments:** [Replay Toys S&L .pdf](#)
- [19-1824](#) Secondhand Article License Renewal application for Beatnik Betty's Resale Butik, Monika L Austin, Applicant, 214 E College Ave, contingent upon approval from all departments.  
**Attachments:** [Beatnik Bettys Resale S&L.pdf](#)
- [19-1910](#) Secondhand Article License Renewal application for T&S Sports, Michael Milloy, Application, 611 W Northland Ave, contingent upon approval from all departments.  
**Attachments:** [T&S Sports S&L.pdf](#)

[19-1825](#) Secondhand Article License Renewal application for The Exclusive Company, J A Giombetti, Applicant, 770 W Northland Ave, contingent upon approval from all departments.

**Attachments:** [The Exclusive Co.pdf](#)

[19-1903](#) Secondhand Article License Renewal application for Tiffani's Bridal, Tiffani Ebben, Applicant, located at 1314 W College Ave #6, contingent upon approval from all departments.

**Attachments:** [Tiffanis Bridal S&L.pdf](#)

[19-1814](#) Secondhand Jewlery License Renewal application for Kay Jewelers #4739, Megan Stepniewski, Applicant, 3845 E Calumet St, contingent upon approval from all departments.

**Attachments:** [Kay Jewelers #4739 S&L.pdf](#)

[19-1801](#) Cigarette and Tobacco Products Retail License application for Medley Taverns LLC d/b/a Fox River House, 211 S. Walnut St, contingent upon approval from all departments.

**Attachments:** [Medley Taverns LLC - Fox River House S&L 12-11-19.pdf](#)

[19-1897](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Thomas More Congregation, Curt J. Simon, Person in Charge, St Thomas More Fish Fry events, 1810 N McDonald St, February 28, 2020, March 13 & 27, 2020 and April 3, 2020, contingent upon approval from all departments.

**Attachments:** [St Thomas More Congregation-Fish Fries S&L 12-11-19.pdf](#)

[19-1896](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Thomas More Congregation, Curt J. Simon, Person in Charge, 1810 N McDonald St, February 14, 2020, contingent upon approval from all departments.

**Attachments:** [St Thomas More Congregation-Casino Night S&L 12-11-19.pdf](#)

[19-1899](#) Temporary Class "B" License applications filed after the agenda was published.

## 6. Information Items

[19-1834](#) Update on the Regulations of Massage Establishments

**Attachments:** [S L - Resolution 6-R-19 Update \(Massage Establishments\) 12-06-2019.pdf](#)

[19-1887](#)

## Director's Report

1. City Clerk
  - Spring Election Candidate Updates
  - Deputy City Clerk Update
2. Fire Chief
  - Apparatus Purchase
  - Upcoming Retirements
3. Police Chief
  - Staffing Update
  - Neighborhood Night Out Recognition

[19-1902](#)

Police Department information on liquor law violation convictions.

## 7. Adjournment

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

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



# City of Appleton

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

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, November 20, 2019

6:45 PM

Council Chambers, 6th Floor

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### Special

1. Call meeting to order

2. **Roll call of membership**

**Present:** 4 - Williams, Meltzer, Thao and Van Zeeland

**Excused:** 1 - Lobner

3. Approval of minutes from previous meeting

[19-1780](#)

Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 10-16-19.pdf](#)

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

**Aye:** 4 - Williams, Meltzer, Thao and Van Zeeland

**Excused:** 1 - Lobner

4. **Public Hearings/Appealances**

5. **Action Items**

**Balance of the action items on the agenda.**

**Meltzer moved, Van Zeeland seconded, to approve the agenda. The motion carried by the following vote:**

**Aye:** 4 - Williams, Meltzer, Thao and Van Zeeland

**Excused:** 1 - Lobner

[19-1675](#) Class "B" Beer and "Class C" Wine License application for Jerk Joint LLC d/b/a Jerk Joint, Fay Oliver, Agent, located at 1619 W. College Ave Suite D, contingent upon approval from all departments.

**Attachments:** [Liquor License-Jerk Joint.pdf](#)

[19-1683](#) Reserve "Class B" Liquor and Class "B" Beer License application for Core's Lounge LLC d/b/a Core's Lounge, Kor Xiong, Agent, located at 1350 W. College Ave Suite D, contingent upon approval from all departments.

**Attachments:** [Liquor License-Core's Lounge S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1782](#) Operator's Licenses

**Attachments:** [Operator Licenses 11-20-19- S & L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1701](#) Temporary Class "B" Beer and "Class B" Wine License application for Nami Fox Valley, Kathleen Kumbier, Person in Charge, Sacred Heart Parish, December 12, 2019, contingent upon approval from all departments.

**Attachments:** [NAMI Fox Valley Appreciation Event S&L 11-20-19.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1749](#) Secondhand Jewelry License Renewal application for Tennes Jewelry, Rebecca L Juedes, Applicant, 208 E. College Ave, contingent upon approval from all departments.

**Attachments:** [Tennes Jewelry S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1752](#) Secondhand Jewelry License Renewal application for Avenue Jewelers, Jason A Druxman, Applicant, 303 E. College Ave, contingent upon approval from all departments.

**Attachments:** [Avenue Jewelers S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1747](#)

Secondhand Article License Renewal application for Richmond Resale, Dean M VandenHoy, Applicant, 204 N. Richmond St, contingent upon approval from all departments.

**Attachments:** [Richmond Resale S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1753](#)

Secondhand Article License Renewal application for Warehouse Office Products, Jeff S Lemery, Applicant, 1825 N. Richmond St, contingent upon approval from all departments.

**Attachments:** [Warehouse Office Products S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1754](#)

Secondhand Article License Renewal application for Side Quest Gaming, John J Steudel, Applicant, 609A W. College Ave, contingent upon approval from all departments.

**Attachments:** [Side Quest Gaming S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1755](#)

Secondhand Article License Renewal application for Game Stop #5520, Troy W. Crawford, Applicant, 3825 E. Calumet St, contingent upon approval from all departments.

**Attachments:** [Game Stop #5520 S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1756](#)

Secondhand Article License Renewal application for Game Stop #3349, Troy W. Crawford, Applicant, 2640 W. College Ave, contingent upon approval from all departments.

**Attachments:** [Game Stop #3349 S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1757](#)

Secondhand Article License Renewal application for ecoATM LLC, Hunter E. Bjorkman, Applicant, 2700 N. Ballard Rd, contingent upon approval from all departments.

**Attachments:** [ecoATM- Ballard S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1758](#) Secondhand Article License Renewal application for ecoATM LLC, Hunter E. Bjorkman, Applicant, 511 W Calumet St, contingent upon approval from all departments.

**Attachments:** [ecoATM-Calumet S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1759](#) Secondhand Article License Renewal application for ecoATM LLC, Hunter E. Bjorkman, Applicant, 3701 E Calumet St inside Walmart, contingent upon approval from all departments.

**Attachments:** [ecoATM-Walmart S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1784](#) Pawnbroker Renewal application for JGB LLC d/b/a Mister Money USA of Appleton, Gregory A Baer, Applicant, 1933B N. Richmond St, contingent upon approval from all departments.

**Attachments:** [Mister Money-Pawnbroker S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1797](#) Taxi-Cab Company and Limousine Service Renewal License Application for Cavanaugh's Carriages, Rodger and Jan Cavanaugh, 3910 Fairview Rd, Neenah, contingent approval from all departments.

**Attachments:** [Cavanaugh's Carriages.pdf](#)

**This Report Action Item was recommended for approval.**

[19-1781](#) Temporary Class "B" License applications filed after the agenda was published.

*No applications were filed.*

## 6. Information Items

[19-1664](#) Special Events:  
Boys & Girls Club of the Fox Valley, Youth on the Move, Houdini Plaza, November 16, 2019  
Dairyland Brew Pub, East Wisconsin Ave Onesie Party/Friendsgiving, East Wisconsin Ave Establishments, November 16, 2019  
Festival Foods, Turkey Trot, Downtown Appleton, November 28, 2019



[19-1785](#)

Director's Reports

-City Clerk

1. Deputy Clerk Position Update

-Fire Chief

1. Hiring Update

2. Changes to the Hiring Requirements

-Police Chief

[19-1783](#)

Police Department information on liquor law violation convictions.

## 7. Adjournment

**Meltzer moved, seconded by Van Zeeland, that the meeting be adjourned at 6:49 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Williams, Meltzer, Thao and Van Zeeland

**Excused:** 1 - Lobner

**Resolution #9-R-19**  
**E-Cigarette/Nicotine Device Use in Young Adults**

Date: July 24, 2019

Submitted by: Cathy Spears, Alderperson District 12

Referred to: Safety & Licensing Committee

Whereas, the CDC and Surgeon General have released advisories alerting the public to the negative health effects of the use of e-cigarettes and especially the negative impact of nicotine on the adolescence population.

Whereas, the brain continues to develop until the age of 25

Whereas, the use of nicotine negatively impacts teens and young adults by actually changing adolescents' brain cell activity in the parts of the brain responsible for attention, learning, and memory

Whereas, it is difficult to distinguish the difference between e-cigarettes that contain nicotine and those that do not.

Therefore be it resolved;

That the Appleton Health Department and Appleton Police Department work together with the Attorney's office to craft the language prohibiting the use and possession of any e-cigarette and or nicotine containing device by anyone under the age that the State Statute age allows for possession and use of nicotine.

The final language is to include recommendations for enforcement and fines.

# LEGAL SERVICES DEPARTMENT

## Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

**TO:** Safety and Licensing Committee

**CC:** Board of Health

**FROM:** Amanda Abshire and Darrin Glad, Assistant City Attorneys

**DATE:** December 3, 2019

**RE:** Resolution #9-R-19 Update

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### **I. History of Resolution #9-R-19**

Resolution #9-R-19 was submitted by Ald. Spears requesting that the Appleton Health Department, Appleton Police Department, and the Attorney's office work together to propose language that would prohibit the use and possession of any vapor products by anyone under the age that the State Statute age sets forth for possession and use of nicotine. This Resolution was passed by Common Council on August 21, 2019.

### **II. Steps Taken**

Director Eggebrecht, Assistant Police Chief Potter and Lieutenant Frisch, and Assistant City Attorneys Glad and Abshire met several times to discuss ways in which the City could effectively address the vaping epidemic. Dir. Eggebrecht pointed out that data from the recent youth risk behavior survey indicated that more Appleton students use vapor products than the State average. Health, Police, and Legal have continued to reach out to representatives from mental health, substance use, nurses from other school districts, prosecutors from other municipalities that have adopted similar legislation, and other police departments to provide a suitable recommendation to combat this epidemic. In doing so, City staff remains committed to improving the health of all by continuing to view this issue through the lens of equity and the Health in All Policies ordinance.

Staff agreed that issuing a citation and securing a conviction was not, by itself, an effective way to change the behavior of youth addiction. Instead, we felt that a collaborative approach where youth are able to receive education and counseling regarding the dangers of vapor products was the best method to combat the youth vaping epidemic.

We also discussed having a process for confiscating and destroying vapor products that are in the possession of those under the legal age to possess nicotine products. After speaking with other schools and prosecutors, we learned that currently many schools confiscate vapor products but without any legislation banning the possession of the product, they sometimes

return the vapor product to parents who request the return of the product. However, if the city makes the possession of these products unlawful, the Appleton Police Department's evidence destruction policy could allow for the seizure and destruction of vapor products by youth offenders.

### III. Proposed Language

The recommended modifications to Appleton's municipal code are set forth below in **bolded print**:

Sec. 10-37. Possession or purchase of cigarettes **nicotine, vapor,** and tobacco products by persons under the age of 18

(a) The provisions W.S.A. §254.92 as amended regarding the possession or purchase of cigarettes, **nicotine,** and tobacco products by persons under the age of eighteen (18), exclusive of any penalty contained therein, is hereby adopted by reference and made an offense punishable as a violation of this Code. **It shall be unlawful for anyone under the age in which that person can possess or purchase cigarettes, nicotine, or tobacco products to possess or purchase vapor products.**

(b) The provisions of W.S.A. §134.66, regarding the sale or gift of cigarettes or **nicotine or** tobacco products, exclusive of any monetary penalty contained therein, is hereby adopted by reference and made an offense punishable as a violation of this Code.

(c) *Definitions. As used in this Section:*

**Vapor product means any noncombustible product or device, regardless of whether it contains nicotine, that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce a vapor that is intended to be inhaled by the person using the product. "Vapor product" includes an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device; and any cartridge or other container of a solution or other substance, regardless of whether it contains nicotine, that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device.**

(d) **Penalty. Any person who violates this section shall be penalized pursuant to section 1-18(b).**

### IV. Effects of Changes Modifications set forth above

Staff from Legal, Health, and the Police Department recommend adopting the language set forth above for several reasons. First, the addition of "nicotine" allows the Code to mirror the language that already exists in State law. Further, by adding the possession of vapor products by anyone not lawfully able to possess nicotine products, we are fulfilling the directive of the Resolution.

The City has previously adopted a bond schedule (Sec. 1-18) setting forth the penalties for violations of the municipal code. The possession of vapor products would mirror what already exists for cigarettes, nicotine, or tobacco products.

- If it is a violation involving the possession or use of the products mentioned above: \$200.50

Additionally, as referenced earlier, the Appleton Police Department could destroy the cigarettes, nicotine, tobacco, and vapor products when possessed by youth in violation of the municipal code consistent with the evidence destruction policy. A policy that allows for the destruction of these items (and is in conformity with Wis. Stat. §968.20) effectively ensures that these products will not be returned to the youth offender.

Finally, it is the intent of City staff to work to collaborate to provide access to programming for violators of this ordinance so that youth can receive education and counseling regarding the dangers of nicotine, vapor, and tobacco products. Youth that successfully complete the City approved programming will receive consideration and may avoid the issuance of a citation, receive a dismissal of the citation, or costs can be waived or reduced upon completion of the programming at the discretion of the police officer and/or prosecutor.

#### **V. Conclusion**

Staff recommends approving the proposed ordinance language set forth within this memo.

Thank you for your consideration. As always, if you have any questions please do not hesitate to contact Director Eggebrecht, Assistant Police Chief Potter, or Assistant City Attorneys Abshire and Glad.



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

TO: Safety & Licensing Committee  
FROM: APD Chief Todd Thomas  
SUBJECT: Update to Section 19-114 of the Municipal Code  
DATE: December 5, 2019

The City of Appleton has several vehicular and pedestrian overpasses of Interstate 41 and State Highway 441 within the city limits. The Wisconsin Department of Transportation (WISDOT) owns and is responsible for the construction and maintenance of these overpasses. The APD receives complaints from time-to-time about persons loitering on the sidewalks of the overpasses trying to attract the attention of motorists on the high-speed highways below for various reasons. This behavior constitutes a distraction to motorists and often provokes police calls. WISDOT agrees the sidewalks on vehicular and pedestrian overpasses are intended to safely move pedestrians and bicyclists. They are not intended to be gathering places to be used to distract motorists below.

Recently, the APD has received a noticeable increase in calls reporting juveniles on the STH 441 pedestrian bridge (Carpenter Street) prompting vehicles passing under to honk horns. This disrupts the peace and quiet of the neighborhood. This behavior includes juveniles reportedly recording videos of themselves doing foolish things to receive internet clicks and recognition on websites like YouTube.

Presently, officers do not have an enforcement tool to use when those loitering on highway overpasses are not otherwise behaving illegally but their behavior is clearly distracting to motorists and places them at risk.

In an effort to reduce distractions for motorists on Appleton's high-speed highways and to reduce repeated horn noises of passing traffic, I recommend a small change to the Municipal Code to include pedestrian bridges to the places where loitering is prohibited, by amending Section 19-114 to read (redline edits included):

**Sec. 19-114. Loitering in off-street parking facilities **and on I-41/STH 441 overpasses/bridges prohibited.****

No person shall enter, remain in or upon, loiter, stand, sit, lie, remain or otherwise occupy any off-street parking facilities **or I-41 & STH 441 overpass or bridge** except for the purpose of motor vehicle parking, **and** the necessary ingress and egress for parking, **or for the customary pedestrian/bicycle use of highway overpasses and bridges.**

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

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

County of outagamie Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Subedi</u>	<u>Narany</u>	<u>-</u>	<u>3045 winnipeg st menasha</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Memorial liquor Business Phone Number 920 560 5578  
 2. Address of Premises 415 S. Memorial dr Post Office & Zip Code appleton, 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
1500 sq ft C-Store, storage, cooler and  
back room.

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

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

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**

\_\_\_\_\_  
 \_\_\_\_\_

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

9. (a) **Corporate/limited liability company applicants only:** Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <i>Subeek NAWARAY</i>	Title/Member <i>member</i>	Date <i>12/2/19</i>
Signature <i>NAWARAY</i>	Phone Number 	Email Address

**TO BE COMPLETED BY CLERK**

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





City of Appleton  
Liquor License Questionnaire

1. Name of Applicant: Nawaraj Subedi

2. Name of Business: Memorial liquor

3. Address of Business: 415 S. memorial dr appleton WI

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

AND/OR been convicted of a felony? Yes \_\_\_\_\_ No

If yes to either question, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

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

First name	Initial	Last name	Date of Birth
<u>Nawaraj</u>		<u>Subedi</u>	<u>[Redacted]</u>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

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

Name: N/A  
First name Initial Last name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

C-Store No Gas, liquor, beer, Grozery etc

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

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_  \_\_\_\_\_  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes \_\_\_\_\_  \_\_\_\_\_

11. Seating capacity: Inside \_\_\_\_\_ Outside \_\_\_\_\_

12. Operating hours: \_\_\_\_\_

13. Number of floor personnel \_\_\_\_\_ Number of door checkers \_\_\_\_\_

14. In general, state the size, design and type of the proposed establishment and the operational details.  
1500 sqft C-store, storage, cooler  
and bank room.

12/2/19  
Date

Niraj Raj  
Signature

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06-30-2020  
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
University Rx LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>JEAN-PIERRE</u>	<u>Jude</u>	<u>PIERRE</u>	<u>3916 N. Millwood DR Appleton, WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name RxLink University Pharmacy Business Phone Number 920-202-3772  
 2. Address of Premises 133 E. College Ave Appleton WI Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Alcohol beverages will be sold and stored on the first floor  
3,000 sq ft & lower level storage area 3,000 sq ft.

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 3-2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>JEAN-PIERRE, Jude, P</u>	Title/Member <u>CEO</u>	Date <u>11-25-19</u>
Signature <u>Jude Jean P</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

**TO BE COMPLETED BY CLERK**

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



## City of Appleton

### Liquor License Questionnaire

1. Name of Applicant: Jade P. Jean-Pierre

2. Name of Business: RxLink University PHARMACY

3. Address of Business: 133 E. College Ave, Appleton, WI 54913

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

AND/OR been convicted of a felony? Yes \_\_\_\_\_ No

If yes to either question, please explain in detail: \_\_\_\_\_

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

<u>Jade</u>	<u>P</u>	<u>Jean-Pierre</u>	<u>●●●●</u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: \_\_\_\_\_  
First name Initial Last name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

PAVANA / AVEDA Salon and Spa

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

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

10. Is your primary business restaurant? Yes \_\_\_\_\_ No

11. Seating capacity: Inside \_\_\_\_\_ Outside \_\_\_\_\_

12. Operating hours: \_\_\_\_\_

13. Number of floor personnel \_\_\_\_\_ Number of door checkers \_\_\_\_\_

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

First Floor is 3,000 sf and 1,000 sf plus to be use  
for Retail / Mini Mart for the sale of Beer & Wine  
A Pharmacy and storage space will occupy the rest of  
the space on the first floor -

11-25-19  
Date

Jde Rhee Rhee  
Signature

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 1/1/2020 ending: 06-30-2020  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 7</u>
<b>TOTAL FEE</b>	\$ <u>267</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Dog Layer Dawn Designs LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Smith</u>	<u>Dawn</u>	<u>C</u>	<u>Appleton, WI 54913</u> <u>3570 Devine Lane</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

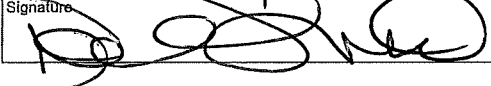

1. Trade Name Board & Beush Creative Studio Business Phone Number 920-903-5019  
 2. Address of Premises 1109 Durkee St. Post Office & Zip Code Appleton, WI 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Studio, 1,000 sqf studio space  
w/ adjoining 105 sqf restaurant space  
stored in back refry in 1,000 sqf studio  
rest on racks in 105 sqf restaurant space  
behind close door

4. Legal description (omit if street address is given above): \_\_\_\_\_  
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No  
 (b) If yes, under what name was license issued? Board & Beush Creative Studio

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 11/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>Smith, Dawn C</u>	Title/Member <u>owner</u>	Date <u>12/2/19</u>
Signature 	Phone Number <u>979-877-9474</u>	Email Address 

**TO BE COMPLETED BY CLERK**

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





# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: Dawn Smith

2. Name of Business: Dog Lovee Dawn Designs, LLC


3. Address of Business: 1109 Dukee DBA Board & Brush

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

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

If yes to either question, please explain in detail: \_\_\_\_\_

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

<u>Dawn</u>	<u>C</u>	<u>Smith</u>	
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

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

Name: Katie Forman

Address: 1109 Dukee St.

City, State, Zip: Appleton, WI 54911

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

Board and Brush, Appleton

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

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

10. Is your primary business restaurant? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Seating capacity: Inside 25 Outside \_\_\_\_\_

12. Operating hours: M-Sunday 6:00pm-9:00pm.

13. Number of floor personnel 3 Number of door checkers \_\_\_\_\_

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

DIY CRAFTING ~~EXP~~ EXPERIENCE  
1,000 sqf studio space w/ adjoining 105 sqf Restaurant  
space. Beer & wine stored in bar/refrig area in  
1,000 sqf studio and in Restaurant space behind closed  
door.

12/2/19  
Date

[Signature]  
Signature

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

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

County of Douglas Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Zhen Zhen Sun / Jun Jie Gao / Juan Yu CLK Catering Corporation

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

President / Member Last Name <u>Sun</u>	(First) <u>Zhen Zhen</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3336 Star Creek Ct. Green Bay, WI 54311</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <del>Jun Jie Gao</del>	(First) <u>Jun Jie</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>801 N. Maple Ave. Green Bay, WI 54303</u>
Treasurer / Member Last Name <u>Yu</u>	(First) <u>Juan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>801 N. Maple Ave. Green Bay, WI 54303.</u>
Agent Last Name <u>Sun</u>	(First) <u>Zhen Zhen</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3336 Star Creek Ct. Green Bay, WI 54311.</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)



1. Trade Name Sushi Lover Business Phone Number \_\_\_\_\_  
 2. Address of Premises 527-531 W. College Ave Post Office & Zip Code Appleton, WI 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Stored in the basement and will put some products in the cooler. The cooler will be in the dining room. When the people ask order the drinks, the server will get it from cooler sell to people. But they can't carry out.

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No  
 According the legal, let the servers know can't sell the Alcohol to the people who under the 20 years old. And check the ID. Don't sell alcohol to the people who drink.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 09/19/19 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>Zhen Zhen Sun</u>	Title/Member <u>Member</u>	Date <u>10/08/2019</u>
Signature <u>Zhen Zhen Sun</u>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

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



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: ZhenZhen Sun

2. Name of Business: Sushi Lover

3. Address of Business: 527-529 W. college. Appleton, WI 54911

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

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

If yes to either question, please explain in detail: \_\_\_\_\_

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

<u>ZhenZhen</u>	<u>ZZS</u>	<u>Sun</u>	<u>          </u> / <u>          </u> / <u>          </u>
First name	Initial	Last name	Date of Birth
<u>Jun Jie</u>	<u>JJG</u>	<u>Gao</u>	<u>          </u> / <u>          </u> / <u>          </u>
First name	Initial	Last name	Date of Birth
<u>Juan</u>	<u>JY</u>	<u>Yu</u>	<u>          </u> / <u>          </u> / <u>          </u>
First name	Initial	Last name	Date of Birth
			<u>          </u> / <u>          </u> / <u>          </u>
First name	Initial	Last name	Date of Birth

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

Name: \_\_\_\_\_  
First name Initial Last name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

IL Angolo Resto-Bar  
Restaurant

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

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

10. Is your primary business restaurant? Yes X No \_\_\_\_\_

11. Seating capacity: Inside 100-120 Outside 0

12. Operating hours: <sup>Mon-Fri</sup> 11-2 / 4:30-9:30 Sat: 12-10pm Sun: 12-8:30pm

13. Number of floor personnel 15-20 Number of door checkers \_\_\_\_\_

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

The restaurant we open is for "All You can Eat".  
People pay about \$20 for Dinner, \$13 for Lunch. They  
can enjoy the sushi and Hibachi food, also included  
the Appetizer, Dessert. And we still hiring the servers  
server for the table. We want all the people can eat the  
sushi, but not worried the price is expensive.

10/08/19  
Date

[Signature]  
Signature

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/01/2019 ending:  / /2020  
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
McFleshman's Brewing Co., LLC.

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fleshman	Bobby	L	421 N. Lawe St., Appleton, WI 54911
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
McCoy Fleshman	Allison	M	421 N. Lawe St., Appleton, WI 54911
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fleshman	Robert	D	1189 Fieldview Dr., Menasha, WI 54952
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fleshman	Jacque	L	1189 Fieldbiew Dr., Menasha, WI 54952
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fleshman	Bobby	L	421 N. Lawe St., Appleton, WI 54911
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Manager - Cowper	Layla	D	1306 W Cedar St., Appleton, WI 54914

1. Trade Name McFleshman's Brewing Co. Business Phone Number 920 903 8002

2. Address of Premises 115 S State St., Appleton, WI Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
5400 sq ft building, 900 sq ft beer garden


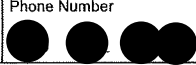

4. Legal description (omit if street address is given above): \_\_\_\_\_

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

(b) If yes, under what name was license issued? McFleshman's Brewing Co., LLC.

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 04/20/16 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) Cowper, Layla, D	Title/Member Manager	Date 09/16/20
Signature 	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

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





## City of Appleton Liquor License Questionnaire

1. Name of Applicant: Bobby L. Fleshman
2. Name of Business: MoFleshman's Brewing Co., LLC.
3. Address of Business: 115 S. State St., Appleton, WI 54911
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes \_\_\_\_\_ No X  
 AND/OR been convicted of a felony? Yes \_\_\_\_\_ No X  
 If yes to either question, please explain in detail: \_\_\_\_\_

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

<u>Bobby L. Fleshman</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name	Initial	Last name	Date of Birth		
<u>Allison</u>	<u>M</u>	<u>Fleshman</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name	Initial	Last name	Date of Birth		
<u>Robert</u>	<u>D</u>	<u>Fleshman</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name	Initial	Last name	Date of Birth		
<u>Jacque</u>	<u>L</u>	<u>Fleshman</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name	Initial	Last name	Date of Birth		

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

Name: Jamie Royce  
First name Initial Last name

Address: 115 S State St

City, State, Zip: Appleton, WI 54911

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

It did not have a business name. It was being used for storage, a non-operating business, vacant

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

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

10. Is your primary business restaurant? Yes \_\_\_\_\_ No

11. Seating capacity: Inside 80 Outside 130

12. Operating hours: T-Th: 3pm-10pm, F: 3pm-12am, Sa: 12pm-12am, Su: 12pm-6pm

13. Number of floor personnel 2 Number of door checkers 1

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

5400 sq. ft building and are operating a microbrewery @ this location. We have a tasting room + beer garden. We will serve wine, cider, and mead that we make in addition to beer we make.

9/15/19  
Date

Bobby J  
Signature

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

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: July 1 2019 ending: June 30 2020  
(mm dd yyyy) (mm dd yyyy)

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

County of \_\_\_\_\_ Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name (Last) <u>Joshua Sickler</u>	(First)	(Middle Name) <u>David</u>	Home Address (Street, City or Post Office, & Zip Code) <u>629 12th St Menasha</u>
Full Name (Last) <u>Michael Hryston</u>	(First) <u>Michael</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>419 E Pershing St</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>MJ Authur's Kitchen</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>629 12th St Menasha 54911</u>
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Sickler</u>	(First) <u>Joshua</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>629 12th St Menasha</u>
-----------------------------------	--------------------------	---------------------------	--

### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Joshua Sickler</u>	(First) <u>Joshua</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>629 12th St Menasha</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Authur's Kitchen Bar Business Phone Number (920) 951-6300  
 2. Address of Premises 125 E College Ave Post Office & Zip Code 54911

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

Storage of all liquor will be stored - and served in bar area, to all tables will be used in kitchen for cooking behind bar storage in basement area will be sold in top floor of restaurant. main level.

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

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Sickler Joshua D</i>	Title / Member <i>owner</i>	Date <i>5-20-2019</i>
Signature <i>[Signature]</i>	Phone Number <i>[Redacted]</i>	Email Address <i>[Redacted]</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>6-12-19</i>	Date reported to council / board <i>6-19-19</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Operator Licenses for 12/11/19 S & L

1. Jesse M. Amico 2511 N Locust St Appleton 54914
2. Adam M. Bordeaux PO Box 813 Appleton 54912
3. Michael J. Brandt 1623 N Owaissa St Appleton 54911
4. Gina De Coster 3108 S Stonemeadow Way #8 Appleton 54915
5. Darrion L. Englund 2501 Honey Lou Ct #8 Appleton 54915
6. Erik J Fritsch 623 Paris St Menasha 54952
7. Jonathon E Grishaber 101 Hidden Ridges Way Combined Locks 54113
8. Monique L Hess 500 Schindler Place Apt J Menasha 54952
9. Lapraino E Hill 35 Woodmere Ct #7 Appleton 54914
10. Elizabeth James N2028 Domain Dr Kaukauna 54130
11. Shanna R. Jasmin 1201 Bartell Ct #31 Appleton 54914
12. Bret A. Killeen 840 Zemlock Ave Neenah 54956
13. Callie Jo Knapp 440 Washington St Wrightstown 54180
14. Russell T. Leary 811 W Franklin St Appleton 54914
15. Austin M. Long 1408 S Lawe St Appleton 54915
16. Jacqueline D. Maynard 217 E 16<sup>th</sup> St Kaukauna 54130
17. Gwendolyn A. Morrison W6435 Sonny Dr Apt 1 Menasha 54952
18. Allison J. Navin 3444 E Paris Way Apt 6 Appleton 54913
19. Eduardo C. Olson W6150 County Rd BB Lot 56 Appleton 54914
20. Marcy Patenaude 1610 E Amelia St Appleton 54911
21. Tanya M. Pfeiffer 945 Manor Pl Little Chute 54140
22. Joseph J. Posephny 219 Jacquot St #6 Hortonville 54944
23. Paul T. Power 39 Welcome Cir Appleton 54915
24. Benjamin Robarge 23 Welcome Cir Appleton 54915
25. Michael C. Robertson 2597 W Waukau Ave Oshkosh 54904
26. Ashley L Shea 340 W 17<sup>th</sup> Ave Oshkosh 54902
- 27.



# LICENSE APPLICATION

for  
**PAWNBROKER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>11/20/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$ <u>80-</u>		Receipt # <u>26-1</u>

<input type="checkbox"/> Original Application	Acct Code: <b>CLLSJW</b>
<input checked="" type="checkbox"/> Renewal	Acct Code: <b>CLLSJR</b>

*\*Please allow 4 weeks for processing\**

Instructions: Individual license – Complete Sections 1, 2, 3 and 6  
 Partnership license – Complete Sections 1, 2, 3, 4, and 6  
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
**OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET**  
**APPLETON, WI 54911**

SECTION 1 – APPLICANT INFORMATION					
Applicant Name ( Last, First, MI) <u>Freimuth, Chris L</u>		Sex <u>M</u>	Race <u>WH</u>	Date of Birth <u>●●●●</u>	Place of Birth (City & State) <u>Appleton, WI</u>
Street Address <u>1503 S. Lawe St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>59915</u>	Home Telephone Number <u>●●●●●●</u>	
SECTION 2 – CONVICTION RECORD					
Have you, or any other person listed on this application, been convicted of any of the following:					
A felony within the last ten (10) years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Within the last ten (10) years of:					
A misdemeanor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
A statutory violation punishable by forfeiture? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
A county or municipal ordinance violation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____					
_____					
_____					
_____					
SECTION 3 – BUSINESS INFORMATION					
Business Name <u>Replay Taps</u>	Street Address <u>127 E Wisconsin Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>659-0869</u>
Owner's Name <u>Chris Freimuth</u>	Street Address <u>1503 S Lawe St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>●●●●●●</u>
Business Manager's name <u>"</u>	Street Address	City	State	Zip	Telephone Number <u>11</u>
Building Owner's Name <u>Grant Hoffman</u>	Street Address	City	State	Zip	Telephone Number <u>●●●●●●</u>

(OVER)

**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name: State of Incorp.

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 6 – PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: *Chris Fremont* Date 11/28/19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>12/11/19</u>	<u>12/18/19</u>	<u>  /  /  </u>	<u>  /  /  </u>	



# LICENSE APPLICATION

for  
**PAWNBROKER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>12/2/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 / <u>\$75.00</u>	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 / \$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$ <u>80</u>		Receipt # <u>60-0006</u>

<input type="checkbox"/> Original Application	Acct Code: <b>CLLSJW</b>
<input checked="" type="checkbox"/> Renewal	Acct Code: <b>CLLSJR</b>

*\*Please allow 4 weeks for processing\**

Instructions: Individual license – Complete Sections 1, 2, 3 and 6  
 Partnership license – Complete Sections 1, 2, 3, 4, and 6  
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
**OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET**  
**APPLETON, WI 54911**

## SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI) <u>Austin, Monika L</u>		Sex <u>F</u>	Race <u>WH</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>CSUWASH, WI</u>
Street Address <u>1701 Spearoad</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Home Telephone Number <u>[REDACTED]</u>	

## SECTION 2 – CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years?  YES  NO

Within the last ten (10) years of:

A misdemeanor?  YES  NO

A statutory violation punishable by forfeiture?  YES  NO

A county or municipal ordinance violation?  YES  NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3 – BUSINESS INFORMATION

Business Name <u>BEATRICK BEATRICK RES</u>	Street Address <u>res 2142 Colloge</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>882-4148</u>
Owner's Name <u>MONIKA AUSTIN</u>	Street Address <u>1701 S. SPEAROAD</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>[REDACTED]</u>
Business Manager's name <u>SAME</u>	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>NOOR BAHIA</u>	Street Address <u>19052 Spring Valley</u>	City <u>menasha</u>	State <u>WI</u>	Zip <u>54952</u>	Telephone Number <u>[REDACTED]</u>

(OVER)



**SECTION 4 – PARTNERSHIP INFORMATION**

**Partnership Name:**

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 – CORPORATE INFORMATION**

**Corporation Name:** \_\_\_\_\_ **State of Incorp.** \_\_\_\_\_

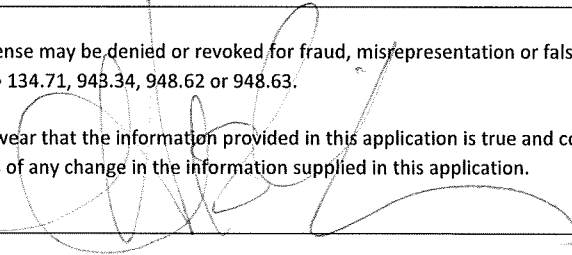
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 6 – PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

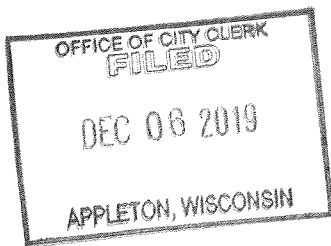
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant:  Date: 11/23/2019

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing ____/____/____	Common Council ____/____/____	Date Issued ____/____/____	Expiration Date ____/____/____	License Number
--	----------------------------------	-------------------------------	-----------------------------------	----------------



# LICENSE APPLICATION

for  
**PAWNBROKER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>12/6/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$ <u>82</u>		Receipt # <u>91-0001</u>

<input type="checkbox"/> Original Application	Acct Code: <b>CLLSJW</b>
<input checked="" type="checkbox"/> Renewal	Acct Code: <b>CLLSJR</b>

**\*Please allow 4 weeks for processing\***

Instructions: Individual license – Complete Sections 1, 2, 3 and 6  
 Partnership license – Complete Sections 1, 2, 3, 4, and 6  
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
**OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET**  
**APPLETON, WI 54911**

## SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
Milloy, Michael J		M	white	●●/●●/●●	Milwaukee, WI
Street Address	City	State	Zip	Home Telephone Number	
N1775 Shadybrook lane	Greenville	WI	54942	●●●●-●●●●	

## SECTION 2 – CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years?  YES  NO

Within the last ten (10) years of:

A misdemeanor?  YES  NO

A statutory violation punishable by forfeiture?  YES  NO

A county or municipal ordinance violation?  YES  NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3 – BUSINESS INFORMATION

Business Name	Street Address	City	State	Zip	Telephone Number
T+S sports	611 W Northland Ave	Appleton	WI	54911	920-735-0432
Owner's Name	Street Address	City	State	Zip	Telephone Number
Mike Milloy	N1775 Shadybrook lane	Greenville	WI	54942	●●●●-●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
R. Lewis + R. Lewis LLC	P.O. Box 22190 Green Bay	Green Bay	WI	54305	●●●●-●●●●

**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name: State of Incorp.

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 6 – PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: *[Handwritten Signature]* Date 11/28/19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>12/11/19</u>	<u>12/18/19</u>	<u>  /  /  </u>	<u>  /  /  </u>	



# LICENSE APPLICATION

for  
**PAWNBROKER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

FEES ARE NON-REFUNDABLE		Date Recv'd <u>12/2/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 / <u>\$75.00</u>	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 / \$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$ <u>82-</u>		Receipt # <u>60-0007</u>

<input type="checkbox"/> Original Application	Acct Code: <b>CLLSJW</b>
<input checked="" type="checkbox"/> Renewal	Acct Code: <b>CLLSJR</b>

**\*Please allow 4 weeks for processing\***

Instructions: Individual license – Complete Sections 1, 2, 3 and 6  
 Partnership license – Complete Sections 1, 2, 3, 4, and 6  
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
**OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET**  
**APPLETON, WI 54911**

## SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)	Sex	Race	Date of Birth	Place of Birth (City & State)
<u>The Exclusive Company</u>				
Street Address	City	State	Zip	Home Telephone Number
<u>700 W Northland</u>	<u>Appleton</u>	<u>WI</u>	<u>54914</u>	<u>920-731-6010</u>

## SECTION 2 – CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

- A felony within the last ten (10) years?  YES  NO
- Within the last ten (10) years of:
- A misdemeanor?  YES  NO
  - A statutory violation punishable by forfeiture?  YES  NO
  - A county or municipal ordinance violation?  YES  NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: \_\_\_\_\_

## SECTION 3 – BUSINESS INFORMATION

Business Name	Street Address	City	State	Zip	Telephone Number
<u>The Exclusive Company</u>	<u>700 W Northland</u>	<u>Appleton</u>	<u>WI</u>	<u>54914</u>	<u>731-6010</u>
Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>JA Giombetti</u>	<u>385 N Main</u>	<u>Oshkosh</u>	<u>WI</u>	<u>54901</u>	<u>235-1452</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
<u>Mark Willstrom</u>	<u>700 W Northland</u>	<u>Appleton</u>	<u>WI</u>	<u>54914</u>	<u>731-6010</u>
Building Owner's Name	Street Address	City	State	Zip	Telephone Number

**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name: The Exclusive Company Corp State of Incorp. WI

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
<u>JA Giombetti</u>				<u>378 N Main</u>	<u>Brookesh</u>	<u>WI</u>	<u>54901</u>

**SECTION 6 – PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: [Signature] Date 10/23/19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number



# LICENSE APPLICATION

for  
**PAWNBROKER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

12519

FEES ARE NON-REFUNDABLE		Date Recv'd	
<input type="checkbox"/>	Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/>	Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/>	Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/>	Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input checked="" type="checkbox"/>	Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$			Receipt # <b>86-5001</b>

<input type="checkbox"/>	Original Application	Acct Code: <b>CLLSJW</b>
<input type="checkbox"/>	Renewal	Acct Code: <b>CLLSJR</b>

\*Please allow 4 weeks for processing\*

Instructions: Individual license – Complete Sections 1, 2, 3 and 6  
 Partnership license – Complete Sections 1, 2, 3, 4, and 6  
 Corporate license – Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
**OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET**  
**APPLETON, WI 54911**

SECTION 1 – APPLICANT INFORMATION					
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
Edden Tiffani R		F	C	●●●●●	Appleton, WI
Street Address	City	State	Zip	Home Telephone Number	
W7234 School Rd.	Greenville	WI	54942	●●●●●●●●	
SECTION 2 – CONVICTION RECORD					
Have you, or any other person listed on this application, been convicted of any of the following:					
A felony within the last ten (10) years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Within the last ten (10) years of:					
A misdemeanor?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A statutory violation punishable by forfeiture?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A county or municipal ordinance violation?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____					
_____					
_____					
_____					
SECTION 3 – BUSINESS INFORMATION					
Business Name	Street Address	City	State	Zip	Telephone Number
Tiffani's Bridal	1314 W. College Ave #16	Appleton	WI	54914	●●●●●●●●
Owner's Name	Street Address	City	State	Zip	Telephone Number
Tiffani Edden	W7234 School Rd.	Greenville	WI	54942	●●●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
Bernie Laird	1314 W. College Ave #1	Appleton	WI	54914	●●●●●●●●

(OVER)

**SECTION 4 – PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 – CORPORATE INFORMATION**

Corporation Name:

State of Incorp.

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 6 – PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: *Jiffani Ehl* Date 11, 23, 19

**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>12, 11, 19</u>	<u>12, 18, 19</u>	<u>  /  /  </u>	<u>  /  /  </u>	



1/27/19

# LICENSE APPLICATION

for  
 PAWNBROKER  
 SECONDHAND ARTICLE DEALER  
 SECONDHAND JEWELRY DEALER  
 SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

FEES ARE NON-REFUNDABLE		Date Recv'd
<input type="checkbox"/>	Pawnbroker \$210.00	Acct. 11030.4316
<input checked="" type="checkbox"/>	Secondhand Article \$90.00 / \$75.00	Acct. 11030.4316
<input type="checkbox"/>	Secondhand Jewelry \$90.00 / \$75.00	Acct. 11030.4316
<input type="checkbox"/>	Secondhand Mall/Flea \$165.00	Acct. 11030.4316
<input checked="" type="checkbox"/>	Investigation fee \$7.00	Acct. 100.2359
Total fee paid \$ <u>82</u>		Receipt # <u>51-0503</u>

Original Application  
 Renewal

Instructions: Individual license - Complete Sections 1, 2, 3 and 6  
 Partnership license - Complete Sections 1, 2, 3, 4, and 6  
 Corporate license - Complete Sections 1, 2, 3, 5, and 6

Return application and required fees to:  
 OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET  
 APPLETON, WI 54911

## SECTION 1 - APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Stepniewski, Megan, L</u>	Sex <u>F</u>	Race <u>Caucasian</u>	Date of Birth <u>●●/●●/●●</u>	Place of Birth (City & State) <u>West Allis, WI</u>
Street Address <u>247 S. Westhaven Dr. Apt K203</u>	City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54904</u>	Home Telephone Number <u>●●●●●●●●</u>

## SECTION 2 - CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years?  YES  NO

Within the last ten (10) years of:

A misdemeanor?  YES  NO

A statutory violation punishable by forfeiture?  YES  NO

A county or municipal ordinance violation?  YES  NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3 - BUSINESS INFORMATION

Business Name	Street Address	City	State	Zip	Telephone Number
<u>KAY JEWELERS #4739</u>	<u>3845 E. CALUMET ST.</u>	<u>APPLETON</u>	<u>WI</u>	<u>54915</u>	
Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>STERLING INC.</u>	<u>375 GLENT RD</u>	<u>AKRON</u>	<u>OH</u>	<u>44333</u>	<u>(330) 665-6564</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
<u>Megan Stepniewski</u>	<u>3845 E. Calumet St Suite B</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>	<u>●●●●●●●●</u>
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>HORIZON PLAZA PAUL KOISTER</u>	<u>3500 EAST DESTINATION DR. #200</u>	<u>APPLETON</u>	<u>WI</u>	<u>54915</u>	<u>(●●) ●●-●●●●</u>



**SECTION 4 -- PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

**SECTION 5 -- CORPORATE INFORMATION**

Corporation Name:

State of Incorp.

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
SEE ATTACHED ①							

**SECTION 6 -- PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: Megan Stepniowski Date 11/27/19

**FOR OFFICE USE ONLY**

Dept	Approve	Ony	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number

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

**STERLING INC.  
SCHEDULE OF OFFICERS**

**DIRECTORS**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>RESIDENCE ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SEX RACE</u>	<u>EXPIRATION OF TERM</u>	<u>PHONE NUMBER</u>
J. LYNN DENNISON	375 GHENT RD. AKRON, OH 44333	333 N. PORTAGE PATH #33 AKRON, OH 44303	●●●●	F W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
VINCENT CICCOLINI	375 GHENT RD. AKRON, OH 44333	2731 LAST VALLEY LN HUDSON OH 44236	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
STASH PTAK	375 GHENT RD. AKRON, OH 44333	3222 DOWLING DRIVE FAIRLAWN, OH 44333	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●

**OFFICERS**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>RESIDENCE ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SEX RACE</u>	<u>EXPIRATION OF TERM</u>	<u>PHONE NUMBER</u>
J. LYNN DENNISON PRESIDENT	375 GHENT RD. AKRON, OH 44333	333 N. PORTAGE PATH #33 AKRON, OH 44303	●●●●	F W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
VINCENT CICCOLINI TREASURER	375 GHENT RD. AKRON, OH 44333	2731 LAST VALLEY LN HUDSON OH 44236	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
STASH PTAK SECRETARY	375 GHENT RD. AKRON, OH 44333	3222 DOWLING DRIVE FAIRLAWN, OH 44333	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●

\* Sterling Inc. demands that the personal identification information required for the Application not be publically disclosed, except as required under the Freedom of Information Act and/or similar statutes. Please redact the personal identification information from being pre-printed on our renewals or other documentation to avoid unauthorized persons from gaining access.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Receipt #: 18-0001

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Medley Taverns, LLC			Federal Employer Identification No. (FEIN) [Redacted]		
Trade or Business Name (if different than Legal Name) Fox River House			Telephone Number ( [Redacted] ) [Redacted]		
Business Address (License Location) 211 S. Walnut St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality Appleton	State WI	Zip Code 54911	of: <u>Appleton</u>		County Dane
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)


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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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



OFFICE OF CITY CLERK  
FILED  
NOV 26 2019  
"meeting community needs"  
"enhancing quality of life"  
APPLETON, WISCONSIN

**FEES ARE NON-REFUNDABLE** Date Rec'd 12/4/19  
 License Fee - \$10.00 per event Acct. 11030.4322  
 Investigation Fee + 7.00 Acct. 100.2359  
 Total Amount Paid 47 Receipt 72-0003

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

**The named organization applies for:**

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) St Thomas More Congregation - Fish Fry Committee Date Organized 09/01/1963

Address 1810B N McDonald St City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Simon First Curt Middle Initial J Date of Birth ●●●●

Address 3116 E Greenleaf Dr City Appleton State WI Zip 54913 Person in charge phone number: ●●●●●●●●

President Last Wood First Lincoln Middle Initial  Date of Birth ●●●● Male  Female

Address 1825 N McDonald St City Appleton State WI Zip 54911

Vice President Last  First  Middle Initial  Date of Birth  Male  Female

Secretary Last  First  Middle Initial  Date of Birth  Male  Female

Treasurer Last  First  Middle Initial  Date of Birth  Male  Female

Address  City  State  Zip

**SECTION 2 - EVENT INFORMATION SECTION \*\*See Attached for more Dates**

Date(s) of Event: Beginning 02 / 28 / 20 Ending: 2 / 28 / 20 Hours 4:00 AM PM 9:00 AM PM \*\*

Please describe the type of event you are going to have:  
Fish Fry Dinners

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

Location where beer or wine will be sold:  
Lower Level Cafeteria at St. Thomas More Parish

Address 1810 N McDonald St City Appleton State WI Zip 54911

Are you requesting an "open concept" license? No  Yes  Will minors be present?  Yes

Describe actual location and dimensions of area to be licensed - Be precise!  
Lower Level Cafeteria at St Thomas More Parish  
If yes, how will you prevent minors from obtaining alcoholic beverages?  
The beverage area will be supervised at all times by an adult & ID will be checked

**SECTION 3 - PENALTY SECTION**

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

Signature of Officer Don. M. Nash

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L Council Date Issued Exp. Date License Number

St. Thomas More Church  
Fish Fry Committee  
1810 N. McDonald St.  
Appleton, WI 54911

**ADDITIONAL FISH FRY DATES**

March 13, 2020	4:00 p.m. to 9:00 p.m.
March 27, 2020	4:00 p.m. to 9:00 p.m.
April 3, 2020	4:00 p.m. to 9:00 p.m.



OFFICE OF CITY CLERK  
FILED  
NOV 26 2019  
"meeting community needs"  
APPLETON, WISCONSIN  
.....enhancing quality of life"

**FEES ARE NON-REFUNDABLE** Date Rec'd 12/4/19  
 License Fee - \$10.00 per event Acct. 11030.4322  
 Investigation Fee + 7.00 Acct. 100.2359  
 Total Amount Paid 17- Receipt 22-0004

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

**The named organization applies for:**

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) **St Thomas More Congregation - Casino Night** Date Organized **09/01/1963**

Address **1810B N McDonald St** City **Appleton** State **WI** Zip **54911**

Person in Charge of Event: Name: Last **Simon** First **Curt** Middle Initial **J** Date of Birth

Address **3116 E Greenleaf Dr** City **Appleton** State **WI** Zip **54913** Person in charge phone number:

President Last **Wood** First **Lincoln** Middle Initial  Date of Birth Male  Female

Address **1825 N McDonald St** City **Appleton** State **WI** Zip **54911**

Vice President Last  First  Middle Initial  Date of Birth  Male  Female

Address  City  State  Zip

Secretary Last  First  Middle Initial  Date of Birth  Male  Female

Address  City  State  Zip

Treasurer Last  First  Middle Initial  Date of Birth  Male  Female

Address  City  State  Zip

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning **02 / 14 / 20** Ending: **2 / 14 / 20** Hours **4:00** **AM** **PM** **11:00** **AM** **PM**

Please describe the type of event you are going to have:  
**Dinner & Casino Night**

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

Location where beer or wine will be sold:  
**Lower Level Cafeteria, Fellowship Hall and Gym at St. Thomas More Parish**

Address **1810 N McDonald St** City **Appleton** State **WI** Zip **54911**

Are you requesting an "open concept" license?  No  Yes Will minors be present?  Yes  No

Describe actual location and dimensions of area to be licensed -  
Be precise!  
**Lower Level Cafeteria, Fellowship Hall & Gym at St Thomas More Parish**  
If yes, how will you prevent minors from obtaining alcoholic beverages?  
**The beverage area will be supervised at all times by an adult & ID will be checked**

**SECTION 3 - PENALTY SECTION**

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

Signature of Officer *Don Simon*

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number



## LEGAL SERVICES DEPARTMENT

### Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

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**TO:** Safety and Licensing Committee

**CC:** Ald. Coenen

**FROM:** Darrin Glad, Assistant City Attorney

**DATE:** December 9, 2019

**RE:** Resolution #6-R-19 Update

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#### **I. History of Resolution #6-R-19**

Resolution #6-R-19 was submitted by Ald. Coenen requesting that the City of Appleton explore creating an ordinance requiring massage business establishments to be licensed by the City with a free/low fee license and allow City employees to enter the business anytime during business hours to perform inspections. This Resolution was passed by Common Council on September 4, 2019.

#### **II. Steps Taken**

Prior to the Resolution being passed by Council, Lt. Miller and Assistant City Attorney Glad met several times to discuss ways in which the City could effectively address repeated law enforcement issues that were consistently occurring in unlicensed massage business establishments.

After passage of the Resolution, Assistant City Attorney Glad reached out to several municipalities that regulate massage establishments to obtain information regarding enforcement of their particular regulations. Two municipal attorneys relayed that their larger-sized municipalities do not take enforcement action against the unlicensed massage business establishments despite their respective municipal codes requiring local licensing. A third municipality did not respond to the inquiry.

Assistant City Attorney Glad continued discussions with various staff at APD including Chief Thomas, Lt. Miller, Lt. Lewis, and Sgt. Ryan. Discussions centered on continued issues with massage business establishments, this resolution, and the pending State legislation related to massage and bodywork therapy. Simultaneous with City discussions, there was legislation pending at the State level addressing similar concerns. Throughout these discussions with City staff there was a consensus that if the State legislation were to pass, then the need for local regulation by licensing the massage business establishments seemed less critical and/or unnecessary. Staff closely monitored the legislation and on November 21, 2019, Governor Evers signed into law 2019 Act 41 which both criminalizes any violation of Chapter 460 of the

Wisconsin State Statutes, which regulates massage and bodywork therapy, and allows municipalities to enact ordinances prohibiting an individual from violating the State licensing requirements. A copy of Chapter 460 as modified by 2019 Act 41 is attached.

With the passage of this law, staff believes that the time is right to create an ordinance under this newly-adopted state statute as well as continue to monitor the effectiveness of enforcement actions taken under the new ordinance and current laws, including the laws available under our nuisance abatement. Staff will also continue to explore creating an ordinance requiring massage business establishments to be licensed by the City in the event that the new State legislation does not empower the City with enough enforcement action to be effective.

### III. Proposed Language

The recommended modifications to Appleton's Municipal Code are to create a new section under Chapter 10, Miscellaneous Offenses that would read as follows:

#### Sec. 10-50. Massage Therapy and Bodywork Therapy

- (a) For purposes of this section, the definitions set forth in W.S.A. § 460.01 are hereby adopted and incorporated as part of this section.
- (b) No person may violate the prohibitions under W.S.A. § 460.02 unless the person is licensed as required under W.S.A. Chapter 460 as required under W.S.A. § 460.02.
- (c) No person may employ or contract for the services of an individual to provide massage therapy or bodywork therapy who is required to be licensed under W.S.A. § 460.02 unless the individual is licensed under W.S.A. Chapter 460.
- (d) **Penalties.** Any person who shall violate any provision of this section may be subject to a forfeiture of no more than one hundred dollars (\$100) for the first offense and no more than two hundred fifty dollars (\$250) for the second and subsequent offenses. Each day that a violation occurs shall be considered a separate offense.

### IV. Effects of Changes Set Forth Above

Staff from the Legal Services Department and the Police Department recommend adopting the language set forth above for several reasons. First, the new state law criminalizes violations of Chapter 460 and any rule promulgated under that Chapter. This will allow law enforcement to enter into business establishments in order to ensure compliance with the entirety of that Chapter. Also by criminalizing this Chapter, law enforcement is now empowered with other investigatory tools and will have the ability to investigate law violations much easier than before. Prior to the new State legislation, regulation through a local licensing system was viewed as a promising way to regulate this area; however, the new State legislation diminishes the need to create a local licensing structure because the new laws remove previous barriers to regulate this area. Additionally, as referenced earlier, repeat violations could result in nuisance abatement actions which will add to the enforcement options available.

Finally, it is the intent of City staff to continue to monitor the effectiveness of the new State law and the new ordinance, if passed. If these new measures prove to fall short, then staff will explore creating an ordinance to regulate massage business establishments through a low fee license.



**V. Conclusion**

Staff recommends approving the proposed ordinance language set forth within this memo.

Thank you for your consideration. As always, if you have any questions please do not hesitate to contact Assistant City Attorney Glad.

City Law A19-0939

## CHAPTER 460

## MASSAGE THERAPY AND BODYWORK THERAPY

460.01	Definitions.		
460.02	License required.		instructor requirements.
460.03	Applicability.	460.10	Continuing education.
460.04	Duties of affiliated credentialing board.	460.11	Practice requirements.
460.05	Licensure of massage therapists and bodywork therapists.	460.12	Duty to make reports.
460.06	Examinations.	460.13	Advertising.
460.07	Display of certificate; expiration and renewal.	460.14	Disciplinary proceedings and actions.
460.08	Temporary license.	460.145	Employment of unlicensed persons.
460.09	Reciprocal license.	460.15	Penalty.
460.095	Massage therapy and bodywork therapy school, training program, and	460.17	Local regulation.

**Cross-reference:** See also chs. [MTBT 1](#), [2](#), [3](#), [4](#), and [5](#), Wis. adm. code.

#### 460.01 Definitions.

In this chapter:

(1g) “Adjunctive therapy” means any of the following:

(a) The use of a device that simulates or enhances a manual action.

(b) The application of water, lubricants, or other non-prescription topical agents to the skin.

(c) The application of heat or cold to the skin in the absence of an electromagnetic device.

(1r) “Affiliated credentialing board” means the massage therapy and bodywork therapy affiliated credentialing board.

(2m) “License holder” means a person granted a license under this chapter.

(3) “Manual action” includes holding, positioning, rocking, kneading, compressing, decompressing, gliding, or percussing the soft tissue of the human body or applying a passive range of motion to the human body without joint mobilization or manipulation.

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

(6) “Sexual contact” has the meaning given in s. [939.22 \(34\)](#).

(7) “Sexual intercourse” has the meaning given in s. [948.01 \(7\) \(a\)](#).

**History:** 2001 a. 74; 2009 a. 12, 355; 2017 a. 364.

**460.02 License required.** Except as provided in s. [460.03](#), no person may provide massage therapy or bodywork therapy, designate himself or herself as a massage therapist or bodywork therapist or masseur or masseuse, or use or assume the title “massage therapist and bodywork therapist” or “massage therapist” or “bodywork therapist” or “masseur” or “masseuse” or any title that includes “massage therapist,” “bodywork therapist,” or “bodyworker,” or append to the person’s name the letters “M.T.,” “R.M.T.,” “L.M.T.,” “C.M.T.,” “B.T.,” “B.W.,” “L.B.W.,” “R.B.W.,” or “C.B.W.,” or use any other title or designation that represents or may tend to represent that he or she is licensed under this chapter, unless the person is licensed under this chapter.

**History:** 2001 a. 74; 2009 a. 355.

**460.03 Applicability.** A license under this chapter is not required for any of the following:

(1) A person holding a license, permit, registration, or certification granted by this state or the federal government who engages in a practice of massage therapy or bodywork therapy within the scope of his or her license, permit, registration, or certification and who does not imply that he or she is licensed under this chapter. A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(2) A person who is authorized to practice massage therapy or bodywork therapy in another state or country and is providing a consultation to or demonstration with a license holder. A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(2m) (a) A person who does any of the following and who satisfies the requirements of par. (b):

1. Uses touch, words, and directed movement to deepen a client’s awareness of his or her existing patterns of movement and to suggest to the client new patterns of movement.

2. Uses touch to affect the energy systems of the human body.

3. Uses touch and education to effect change in the structure of the body while engaged in the practice of structural integration.

(b) The person is recognized by or meets the established standards of either a professional organization or credentialing association that recognizes a person in a practice after that person demonstrates an adequate level of training and competency and adherence to ethical standards.

(c) A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(3) A person who manipulates only the soft tissues of the hands, feet, or ears of the human body, provided that the services are not represented or implied to be massage therapy or bodywork therapy.

**History:** 2001 a. 74; 2009 a. 355; 2011 a. 260 s. 80.

**Cross-reference:** See also chs. [MTBT 1](#), [2](#), [3](#), [4](#), and [5](#) Wis. adm. code.

#### 460.04 Duties of affiliated credentialing board.

(1m) The affiliated credentialing board shall prepare an examination on state laws and administrative rules governing massage therapy and bodywork therapy.

(2) The affiliated credentialing board shall promulgate rules that establish all of the following:

(a) Standards that govern the professional conduct of license holders in practicing massage therapy or bodywork therapy. The standards shall prohibit a license holder from having sexual contact or sexual intercourse with a client.

(b) Criteria for approving a training program for purposes of s. [460.05 \(1\) \(e\) 1](#). Rules promulgated under this paragraph shall

require the training program to meet the requirements under s. 460.095 and to consist of at least 600 classroom hours.

(c) Requirements and procedures for obtaining the informed consent of a client under s. 460.11 (1) and for making a report required under s. 460.12 (1).

(d) A definition of “sexually oriented business” for purposes of s. 460.11 (3).

(e) A requirement that an applicant for a license under this chapter submit evidence satisfactory to the affiliated credentialing board that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

(f) Requirements to be satisfied by a person seeking a temporary license under s. 460.08. The rules promulgated under this subsection shall require the person to be a graduate of a massage therapy or bodywork therapy school or program and may require the holder of a temporary license to make disclosures to clients and to practice under the supervision of a massage therapist or bodywork therapist licensed under this chapter.

(g) A requirement that an applicant for a license under this chapter pass an examination on state laws and administrative rules governing massage therapy and bodywork therapy.

**History:** 2001 a. 74; 2007 a. 104; 2009 a. 355.

**Cross-reference:** See also chs. MTBT 1, 2, 3, 4, and 5, Wis. adm. code.

**460.05 Licensure of massage therapists and bodywork therapists.** (1) The affiliated credentialing board shall grant a license as a massage therapist or bodywork therapist to a person who satisfies all of the following:

(a) The person is 18 years of age or older.

(b) The person has graduated from high school or attained high school graduation equivalency as determined by the department of public instruction under s. 115.29 (4).

(c) The person submits an application for the license to the affiliated credentialing board on a form provided by the affiliated credentialing board.

(d) The person pays the fee specified in s. 440.05 (1).

(e) Except as provided in sub. (2), the person submits evidence satisfactory to the affiliated credentialing board that he or she has done all of the following:

1. Graduated from a school of massage therapy or bodywork therapy approved by the department under s. 440.52 that meets the requirements under s. 460.095 or completed a training program approved by the affiliated credentialing board under the rules promulgated under s. 460.04 (2) (b).

2. Completed at least 6 classroom hours in the laws of this state and rules of the affiliated credentialing board relating to the practice of massage therapy or bodywork therapy in a course of instruction approved by the affiliated credentialing board.

(f) The person passes the examinations under s. 460.06.

(g) The person submits evidence satisfactory to the affiliated credentialing board that he or she has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

(h) The person has not been convicted of any of the following:

1. An offense under s. 940.22, 940.225, 944.15, 944.17, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.081, 948.085, 948.09, 948.095, or 948.10.

2. An offense under federal law or a law of any other state that is comparable to an offense under subd. 1.

(i) The person submits evidence satisfactory to the department that he or she has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

(2) The affiliated credentialing board may waive a requirement specified in sub. (1) (e) if a person establishes, to the satisfac-

tion of the affiliated credentialing board, that he or she has education, training, or other experience that is substantially equivalent to the requirement.

(4) The affiliated credentialing board may assign a unique license number to each person licensed under this chapter.

**History:** 2001 a. 74; 2005 a. 22, 25, 254, 277; 2007 a. 104; 2009 a. 355 ss. 21, 28 to 34; 2013 a. 362; 2017 a. 59, 128.

**460.06 Examinations.** The affiliated credentialing board may not grant a license under this chapter unless the applicant achieves a passing grade on the following examinations:

(1) A nationally administered, entry-level competency examination for therapeutic massage and bodywork therapy that meets generally accepted psychometric principles and standards or a substantially equivalent examination approved by the affiliated credentialing board.

(2) The examination on state laws and administrative rules governing massage therapy and bodywork therapy required under s. 460.04 (2) (g).

**History:** 2001 a. 74 s. 16; 2009 a. 355; 2013 a. 168 s. 21.

**460.07 Display of certificate; expiration and renewal.**

(1) Each person who is licensed under this chapter shall conspicuously display the license in the place of business where he or she practices massage therapy or bodywork therapy so that the license can easily be seen and read.

(2) Renewal applications shall be submitted to the department on a form provided by the department on or before the applicable renewal date specified under s. 440.08 (2) (a) and shall include all of the following:

(a) The renewal fee determined by the department under s. 440.03 (9) (a).

(b) If applicable, proof of completion of continuing education under s. 460.10.

(c) Evidence satisfactory to the affiliated credentialing board that the applicant has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

(d) Evidence satisfactory to the affiliated credentialing board that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

**History:** 2001 a. 74; 2007 a. 20, 104; 2009 a. 355.

**460.08 Temporary license.** The affiliated credentialing board may grant a temporary license for a period not to exceed 6 months to an applicant who satisfies the requirements established in the rules under s. 460.04 (2) (f). A temporary license may not be renewed.

**History:** 2009 a. 355.

**460.09 Reciprocal license.** Upon application and payment of the fee specified in s. 440.05 (2), the affiliated credentialing board shall grant a massage therapist or bodywork therapist license to a person who holds a similar license in another state or territory of the United States or another country if the affiliated credentialing board determines that the requirements for receiving the license in the other state, territory, or country are substantially equivalent to the requirements under s. 460.05.

**History:** 2001 a. 74; 2009 a. 355.

**460.095 Massage therapy and bodywork therapy school, training program, and instructor requirements.**

Each massage therapy or bodywork therapy school located in this state and each massage therapy or bodywork therapy training program offered in this state shall do all of the following:

(1) Provide and require as a prerequisite to graduation completion of a course of instruction on state laws and regulations applicable to massage therapy and bodywork therapy.

(2) Administer, score, and require as a prerequisite to graduation, the examination required under s. 460.06 (2).

(3) Ensure that each instructor hired by the school or training program on or after December 1, 2010, to teach courses in anatomy, physiology, kinesiology, and pathology has at least one of the following:

(a) Professional training and 2 years of experience in a health-related field.

(b) Two years of post-secondary education and training.

(4) Ensure that each instructor hired by the school or training program on or after December 1, 2010, to teach courses in theory and the practice of massage therapy or bodywork therapy is licensed under this chapter and has at least one of the following:

(a) Two years experience as a practicing professional.

(b) Formal education and training as a massage therapy or bodywork therapy instructor.

**History:** 2009 a. 355.

**460.10 Continuing education.** (1) The affiliated credentialing board may promulgate rules establishing all of the following:

(a) Requirements and procedures for a license holder to complete continuing education programs or courses of study to qualify for renewal of his or her license. The rules promulgated under this paragraph may not require a license holder to complete more than 24 hours of continuing education programs or courses of study in order to qualify for renewal of his or her license.

(b) Qualifications applicable to providers of continuing education programs and courses required under par. (a).

(2) The affiliated credentialing board may waive all or part of any requirement established in rules promulgated under sub. (1) (a) if it determines that prolonged illness, disability, or other exceptional circumstances have prevented a license holder from completing the requirement.

**History:** 2001 a. 74; 2009 a. 355; 2011 a. 260.

**460.11 Practice requirements.** (1) A license holder may not practice massage therapy or bodywork therapy on a client unless the license holder first obtains the informed consent of the client and has informed the client that he or she may withdraw the consent at any time.

(2) A license holder shall keep confidential any information that a client in confidence gives to the license holder and any other information that the license holder obtains about a client in the course of practicing massage therapy or bodywork therapy that a reasonable person in the client's position would want kept confidential, unless the information is otherwise required by law to be disclosed or the client specifically authorizes the disclosure of the information.

(3) A license holder may not, whether for compensation or not, practice massage therapy or bodywork therapy for a sexually oriented business, as defined by the affiliated credentialing board by rule.

**History:** 2001 a. 74; 2009 a. 355.

**460.12 Duty to make reports.** (1) A license holder shall submit a report to the affiliated credentialing board if he or she has reasonable cause to believe that another license holder has committed a crime relating to prostitution under ss. 944.30 to 944.34 or has had sexual contact or sexual intercourse with a client. If the report relates to sexual contact or sexual intercourse with a client, the report may not identify the client unless the client has provided written consent for disclosure of this information.

(2) The affiliated credentialing board may use a report made under sub. (1) as the basis for an investigation under s. 460.14 (1). If, after an investigation, the affiliated credentialing board has reasonable cause to believe that a license holder has committed a crime, the affiliated credentialing board shall report the belief to

the district attorney for the county in which the crime, in the opinion of the affiliated credentialing board, occurred.

(3) If, after an investigation, the affiliated credentialing board determines that a report submitted under sub. (1) is without merit, the affiliated credentialing board shall remove the report from the record of the license holder who is the subject of the report.

(4) All reports and records made from reports under sub. (1) and maintained by the affiliated credentialing board, the department, district attorneys, and other persons, officials, and institutions shall be confidential and are exempt from disclosure under s. 19.35 (1). Information regarding the identity of a client with whom a license holder is suspected of having sexual contact or sexual intercourse shall not be disclosed by persons who have received or have access to a report or record unless disclosure is consented to in writing by the client. The report of information under sub. (1) and the disclosure of a report or record under this subsection does not violate any person's responsibility for maintaining the confidentiality of patient health care records, as defined in s. 146.81 (4) and as required under s. 146.82. Reports and records may be disclosed only to the affiliated credentialing board, the department, and the appropriate staff of a district attorney or a law enforcement agency within this state for purposes of investigation or prosecution.

(5) (a) In this subsection, "violation" means a violation of any state or local law that is punishable by a forfeiture.

(b) A license holder shall submit a written report to the affiliated credentialing board if he or she is convicted of a felony or misdemeanor, or is found to have committed a violation, in this state or elsewhere, and if the circumstances of the felony, misdemeanor, or violation substantially relate to the practice of massage therapy or bodywork therapy. The report shall identify the date, place, and nature of the conviction or finding and shall be submitted within 30 days after the entry of the judgment of conviction or the judgment finding that he or she committed the violation. If the report is submitted by mail, the report is considered to be submitted on the date that it is mailed.

**History:** 2001 a. 74; 2009 a. 355.

**460.13 Advertising.** Except as provided in s. 460.03 (1) and (2), a license holder may not advertise that he or she practices massage therapy or bodywork therapy unless the advertisement includes a statement that the license holder is a "licensed massage therapist and bodywork therapist" or "licensed massage therapist" or "licensed bodywork therapist."

**History:** 2001 a. 74; 2009 a. 355; 2011 a. 260 s. 80.

**460.14 Disciplinary proceedings and actions.** (1) Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board may make investigations and conduct hearings to determine whether a violation of this chapter or any rule promulgated under this chapter has occurred.

(2) Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board may reprimand a license holder or deny, limit, suspend, or revoke a license under this chapter if it finds that the applicant or license holder has done any of the following:

(a) Made a material misstatement in an application for a license or for renewal of a license.

(b) Subject to ss. 111.321, 111.322, and 111.335, been convicted of an offense the circumstances of which substantially relate to the practice of massage therapy or bodywork therapy.

(c) Advertised in a manner that is false, deceptive, or misleading.

(d) Advertised, practiced, or attempted to practice under another's name.

(e) Subject to ss. 111.321, 111.322, and 111.34, practiced massage therapy or bodywork therapy while his or her ability to practice was impaired by alcohol or other drugs.

(f) Intentionally made a false statement in a report submitted under s. 460.12 (1).

(g) Engaged in unprofessional conduct in violation of the standards established in rules promulgated under s. 460.04 (2) (a).

(h) Engaged in conduct while practicing massage therapy or bodywork therapy that jeopardizes the health, safety, or welfare of a client or that evidences a lack of knowledge of, inability to apply, or the negligent application of, principles or skills of massage therapy or bodywork therapy.

(j) Violated this chapter or any rule promulgated under this chapter.

**(2m)** Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board shall revoke a license under this chapter if the license holder is convicted of any of the following:

(a) An offense under s. 940.22, 940.225, 944.15, 944.17, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.081, 948.085, 948.09, 948.095, or 948.10.

(b) An offense under federal law or a law of any other state that is comparable to an offense under par. (a).

**(3)** The affiliated credentialing board may restore a license that has been suspended or revoked on such terms and conditions as the affiliated credentialing board may deem appropriate.

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

**History:** 2001 a. 74; 2005 a. 277; 2009 a. 355; 2013 a. 362; 2017 a. 128; 2019 a. 41.

**460.145 Employment of unlicensed persons.** No person may employ or contract for the services of an individual to provide massage therapy or bodywork therapy who is required to be

licensed under s. 460.02 unless the individual is licensed under this chapter.

**History:** 2019 a. 41.

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

**History:** 2001 a. 74; 2009 a. 355; 2019 a. 41.

**460.17 Local regulation. (1)** A city, village, town, or county may not enact an ordinance that regulates the practice of massage therapy or bodywork therapy by a person who is licensed by the affiliated credentialing board under this chapter. No provision of any ordinance enacted by a city, village, town, or county that is in effect before February 1, 1999, and that relates to the practice of massage therapy or bodywork therapy, may be enforced against a person who is licensed by the affiliated credentialing board under this chapter.

**(2) (a) 1.** A city, village, or town may enact and enforce an ordinance that prohibits an individual from violating the prohibitions under s. 460.02 unless the individual is licensed under this chapter as required under s. 460.02.

2. A city, village, or town may enact and enforce an ordinance that prohibits a person from employing or contracting for the services of an individual to provide massage therapy or bodywork therapy who is required to be licensed under s. 460.02 unless the individual is licensed under this chapter.

(b) Law enforcement personnel of a city, village, or town may issue citations for violations of a local ordinance described in par. (a), and the city, village, or town may impose forfeitures, not to exceed the amount specified in s. 460.14 (4), for violations of such an ordinance.

**History:** 2001 a. 74 s. 19; 2009 a. 355; 2019 a. 41.