



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, November 20, 2019

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[19-1780](#) Approval of minutes from previous meeting

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

4. Public Hearings/Appearances

5. Action Items

[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](#)

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

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

[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](#)

- [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](#)
- [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](#)
- [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](#)
- [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](#)
- [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](#)
- [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](#)
- [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](#)
- [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](#)
- [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](#)

[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](#)

[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](#)

[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](#)

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

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

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

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



City of Appleton

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

Wednesday, October 16, 2019

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order

The meeting was called to order by Chair Lobner at 6:45 p.m.

2. Roll call of membership

Present: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

3. Approval of minutes from previous meeting

[19-1542](#)

Approval of minutes from previous meeting

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

Van Zeeland moved, seconded by Meltzer, that the Minutes be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Absent: 1 - Williams

4. **Public Hearings/Appearances**

5. **Action Items**

Balance of the action items on the agenda.

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

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

[19-1538](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for Dairyland Brew Pub for October 19, 2019, contingent upon approval from all departments.

Attachments: [Dairyland Brew Pub with diagram.pdf](#)

This Report Action Item was recommended for approval.

[19-1536](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Aldi #68, Jamison Pierce, New Agent, located at 116 N. Linwood Ave

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

This Report Action Item was recommended for approval.

[19-1537](#) Class "B" Beer and Reserve "Class B" Liquor License Change of Agent application for The Bar on the Ave, Jamison Pierce, New Agent, located at 427 W. College Ave

Attachments: [Mark R Miller S&L 10-16-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1541](#) Operator's Licenses

Attachments: [Operator's Licenses for 10-16.pdf](#)

This Report Action Item was recommended for approval.

[19-1559](#) Reserve "Class B" Liquor and Class "B" Beer License Permanent Premise Amendment application for Deja Vu Martini Lounge, located at 519 W. College Ave, contingent upon approval from all departments.

Attachments: [Deja Vu Martini Lounge-permanent amendment.pdf](#)

This Report Action Item was recommended for approval.

[19-1544](#) Temporary Class "B" applications filed after the agenda was published.

This Report Action Item was recommended for approval.

6. Information Items

[19-1395](#) Special Events:
YMCA of the Fox Cities Freaky 5K, Pierce Park, October 26, 2019

[19-1550](#) Legal Services Budget 2020

Attachments: [Legal Services 2020.pdf](#)

[19-1551](#) Fire Department Budget 2020

Attachments: [Fire Dpt 2020.pdf](#)

[19-1552](#) Police Department Budget 2020

Attachments: [Police Dpt 2020.pdf](#)

[19-1576](#) CLO Position Change

Attachments: [CLO to ISU Informational Item 2019.pdf](#)

[19-1549](#) Director's Reports

-City Clerk
-Fire Chief
-Police Chief

[19-1545](#) Police Department information on liquor law violation convictions.

7. Adjournment

Van Zeeland moved, seconded by Thao, that the meeting be adjourned at 6:43 p.m.. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

To the Governing Body of the: Town of } 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 <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
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>
TOTAL FEE	\$ <u>267</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Oliver, Fay Banks, Natasha Jerk Joint 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>Oliver</u>	<u>Fay</u>	<u>Victoria</u>	<u>400 N Richmond St #332 Appleton WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Banks</u>	<u>Natasha</u>	<u>M</u>	<u>16651 Clover Ridge Tr. Appleton WI 54915</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(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: Jerk Joint Business Phone Number 920 364-0763

2. Address of Premises 1619 W College Ave Appleton WI 54911 Post Office & Zip Code _____
Suite D

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.)
Store front located in 1619 block building.
Behind Bar on top of cooler & In Kitchen.
In beer cooler. Sealed in dining 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? _____

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 7/22/19 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.) Oliver, FAY V	Title/Member owner	Date 11/1/19
Signature Jay V. Q	Phone Number [REDACTED]	Email Address [REDACTED]

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: FAY Victoria Oliver

2. Name of Business: 1619 D College Ave

3. Address of Business: Appleton WI 54914

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

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

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

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

<u>FAY</u>	<u>V.</u>	<u>Oliver</u>	<u> </u>
First name	Initial	Last name	Date of Birth
<u>Natasha</u>	<u>m</u>	<u>Banks</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

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?

~~Edward Jones~~ Edward Jones

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 X 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 20 Outside 0

12. Operating hours: Mon-Sat 11:30 AM - 8 pm

13. Number of floor personnel 2 Number of door checkers 0

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

Behind BAR on top of cooler, in
the kitchen. Stored in beer cooler. Will
be served in the dining room

11/11/19
Date

Jay Vh
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 type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 7</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Core's Lounge 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>Xiong</u>	<u>Kor</u>		<u>2618 N 27th St. Sheboygan WI 53083</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 Core's Lounge Business Phone Number _____

2. Address of Premises 1350 W. College Ave Post Office & Zip Code 54914
Suite D Appleton WI 54914

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

Drinks will be served in the main room and bar area.
All beverages will be stored in the 2 door fridge which will be in the back storage room and also bar area.

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? Tandem Wine Beer Spirits

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
Will need to take responsible beverage Server training Course
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 10/11/2019 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>Xiong Kor</u>	Title/Member <u>Owner</u>	Date <u>10-21-19</u>
Signature <u>Xiong Kor</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: Kor Xiong

2. Name of Business: Core's Lounge LLC

3. Address of Business: 1350 W. College Ave Suite D
Appleton WI 54914

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

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

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

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>Kor</u>	<u>KX</u>	<u>Xiong</u>	<u>10 / 27 / 1982</u>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

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?

Tandem Wine · Beer · Spirits

Alcohol Retail/Bar

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

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

10. Is your primary business restaurant? Yes _____ No X *Maybe planning to serve food in the future.*

11. Seating capacity: Inside ? Outside _____
will talk to Steve.

12. Operating hours: Monday - Sunday 10 A.M. - 2:00 A.M.


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

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

Drinks will be stored in the back storage room and bar areas.

Beverages will be served in the Main room and bar area.

10-21-19
Date


Signature

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

Operator Licenses for S & L 11/20/19

1. Miklyn Armstrong	2121 S Jackson St Appleton 54915
2. Samantha Arnold	2301 Pheasant Run Ct #4 Appleton 54914
3. Aaron Beck	855 S Timmers Ln #8 Appleton 54914
4. Leah Becker	22 Brighton Cir Appleton 54915
5. Victoria Bellin	129 E Hancock St Appleton 54911
6. Clinton Boomer	1608 N Morrison Appleton 54911
7. Jian Chen	3500 N Morrison Appleton 54911
8. Grace Claussen	2229 W Pershing St #6 Appleton 54914
9. Michael Cotter	1821 N Racine St Appleton 54911
10. Tyler Daniels	15 Tri-Park Way #401 Appleton 54914
11. Brianna Drab	1705 Oshkosh Ave Oshkosh 54902
12. Lily Enbysk	711 E Boldt Way SPC 461 Appleton 54911
13. Sydney Erno	206 N Meade St Appleton 54911
14. Dominik Facius	58 Fairway Ct Appleton 54915
15. Kaleigh George	1825 N Harriman St Appleton 54911
16. Madeline Gibbs	219 Jacquot St Apt 7 Hortonville 54944
17. Webster Grundy	913 Draper St Kaukauna 54130
18. Nicole Hartl	839 E North St Unit B Appleton 54911
19. Kiandra Hines	3101 N Lawe St Appleton 54911
20. Steven Holum	2885 Glen Creek Pl #5 Appleton 54914
21. Julie Johnson	500 E Eagle Flats Pkwy #313 Appleton 54915
22. Dakota Kafka	855 S Timmers Ln #16 Appleton 54914
23. Darren Keane	820 W Florida Ave Little Chute 54140
24. Virginia Kirk	1212 E Mitchell Ave Appleton 54915
25. Fariba Lale	1602 Highgrove Ct Myrtle Beach SC 29575
26. Nicholas Lamb	315 S Memorial Dr Appleton 54911
27. Xi Lin	W6016 Cameo Ct Appleton 54915
28. Christopher Levy	227 ½ College Ave Appleton 54911
29. Manel Mani	1920 E Pershing St Appleton 54911
30. Brittany Mckenzie	2208 Larkspur Dr Appleton 54915
31. Mauria Michelic	721 N Oneida St Appleton 54911
32. Brooke Meidam	313 W Winnebago St #2 Appleton 54911
33. Kayla Montney	331A E Irving Ave Oshkosh 54901
34. Cole Moureau	1514 N Alvin St Appleton 54911
35. William Murphy	351 Matthew St Kimberly 54136
36. Anton Napieralla	2020 S Maplecrest Dr #5 Appleton 54915
37. Matthew Neill	W7004 Verna Rd Menasha 54952
38. Alexis Nowak-Sell	427 N Pine Grove Ln Hortonville 54944
39. Ryan Oatman	1404 Western Ave #19 Green Bay 54303
40. Michael Patt Jr	1925 N Appleton St Appleton 54911
41. Patrice Price	616 Keyes St Menasha 54952

- | | |
|---------------------------------|---|
| 42. Skylar Rubick-Kuehnl | 838 ½ W 4 th St Appleton 54914 |
| 43. Flavio Sanchez | W6150 County Rd BB Lot 10 Appleton 54914 |
| 44. Jacob Schmitt | 1010 W Hawes Ave Appleton 54914 |
| 45. Shawn Schober | W5809 Skippers Ln Appleton 54915 |
| 46. Hayley Schueler | 219 Loper Ct Apt4 Neenah 54956 |
| 47. Jessica Smith | 2303 Manitowoc Rd Menasha 54952 |
| 48. Kayla Stefku | 16 Easthaven Ct #1 Appleton 54915 |
| 49. Deaven Stermer | 1411 ½ N Appleton St Appleton 54911 |
| 50. Tess Stevenson | 4012 Towne Lakes Ci Apt 8206 Appleton 54913 |
| 51. Barry Taylor | 228 W 12 th Apt 1 Kaukauna 54130 |
| 52. Matthew Vanden Boogart | 5489 Trails End Rd Larsen 54947 |
| 53. Allyson Warzyn | 1368 Home Ave Menasha 54952 |
| 54. Madeline Werley-Nieuwenhuis | 1623 W Reeve St Appleton 54914 |
| 55. Alexandra Wilfer | 601 N Cambridge Dr Appleton 54915 |
| 56. James Willes | 2020 W Prospect Ave Appleton 54914 |
| 57. Derek Wynboom | 1160 W Evergreen Dr #1 Appleton 54913 |
| 58. | |



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>11/5/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17</u>	Receipt <u>15658</u>

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

The named organization applies for:					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)					
SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) NAMI FOX VALLEY				Date Organized 04/07/1981	
Address 211 E. FRANKLIN STREET		City APPLETON	State WI	Zip 54911	
Person in Charge of Event:		Name: Last KUMBIER	First KATHLEEN	Middle Initial M	Date of Birth ●/●/●
Address 2151 FIESTA CT		City NEENAH	State WI	Zip 54956	Person in charge phone number: ●●-●●●●●●
President EXECUTIVE DIRECTOR	Last PETERSON	First MAREN	Middle Initial H	Date of Birth ●●●●●	Male X
Address 621 W 4TH ST APT C.		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 12 / 12 / 19		Ending: 12 / 12 / 19		Hours 5:30 AM (PM) 8:30 AM (PM)	
Please describe the type of event you are going to have: APPRECIATION EVENT/HOLIDAY TALENT SHOW					
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: SACRED HEART PARISH					
Address 222 E. FREMONT ST.		City APPLETON	State WI	Zip 54915	
Are you requesting an "open concept" license?	No	Yes	Will minors be present?		No Yes
Describe actual location and dimensions of area to be licensed – Be precise! GYMNASIUM AT SACRED HEART PARISH			If yes, how will you prevent minors from obtaining alcoholic beverages? BARTENDERS WILL CHECK ID		
SECTION 3 – PENALTY SECTION					
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.					
Signature of Officer					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L 11-20-19	Date Issued		Exp. Date	License Number	

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.
Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>10/15/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input 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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82.00</u>		Receipt # <u>14966</u>

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

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>Juedes Rebecca L</u>		Sex <u>F</u>	Race <u>White</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>Neenah WI</u>
Street Address <u>5210 Chesapeake Ct,</u>	City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54901</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>Tennies Jewelry</u>	Street Address <u>208 E College Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>[REDACTED]</u>
Owner's Name <u>Rebecca Juedes</u>	Street Address <u>5210 Chesapeake Ct</u>	City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54901</u>	Telephone Number <u>[REDACTED]</u>
Business Manager's name <u> </u>	Street Address <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>	Telephone Number <u> </u>
Building Owner's Name <u>Brian Frisch</u>	Street Address <u>5758 I-Annaytan Rd</u>	City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54901</u>	Telephone Number <u>[REDACTED]</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

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: Rebecca Jockles Date 10.11.19

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>10/15/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$90.00 / \$75.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Jewelry	\$90.00 / <u>\$75.00</u>	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82-</u>		Receipt # <u>14965</u>

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

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)
Drexman, Jason A.		M	W	●●●●●●	Seattle
Street Address	City	State	Zip	Home Telephone Number	
303 E. College Ave	Appleton	WI	54911	●●●●●●●●●●	
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
Avenue Jewelers	303 E. College Ave	Appleton	WI	54911	●●●●●●●●●●
Owner's Name	Street Address	City	State	Zip	Telephone Number
Business Manager's name	Street Address	City	State	Zip	Telephone Number
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: Avenue Coin Jewelry Corp State of Incorp. WI 1973

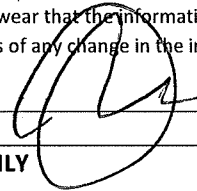
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
Jason Druxman	M	W	●●●●	2951 Chrystella Dr	Menasha	WI	54952
Joseph Pinkratz	M	W	●●●●	N2340 Cleghorn Rd	Wausau	WI	54981

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 10/11/67

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
___/___/___	___/___/___	___/___/___	___/___/___	



processed 11-11-19

LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>11/5/2019</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82</u>		Receipt # <u>15753</u>

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

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

Vanderhoy

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)	Sex	Race	Date of Birth	Place of Birth (City & State)
<u>Vanderhoy Dean M</u>	<u>M</u>	<u>CA</u>	<u>[REDACTED]</u>	<u>Appleton WI</u>
Street Address	City	State	Zip	Home Telephone Number
<u>W1939 Ven's ct</u>	<u>Kaukauna</u>	<u>WI</u>	<u>54130</u>	<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	Street Address	City	State	Zip	Telephone Number
<u>Richmond Realty LLC</u>	<u>2721 N Richmond St</u>	<u>Appleton</u>	<u>WI</u>	<u>54911</u>	<u>[REDACTED]</u>
Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>Dean Vanderhoy</u>	<u>W1939 Ven's ct</u>	<u>Kaukauna</u>	<u>WI</u>	<u>54130</u>	<u>[REDACTED]</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
<u>Same</u>					
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>Jamie Bryce</u>	<u>2127 W Prospect</u>	<u>Appleton</u>	<u>WI</u>	<u>54911</u>	<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

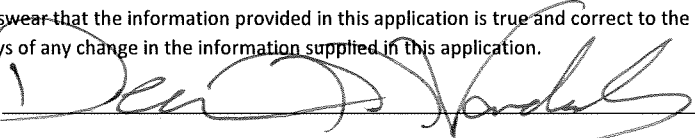
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

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

11/5/19

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>10/17/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82</u>		Receipt # <u>15034</u>

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

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>Lemery Jeff S</u>		Sex <u>M</u>	Race <u>C</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>Marion MI</u>
Street Address <u>315 Dvorak</u>	City <u>Dunmore</u>	State <u>WI</u>	Zip <u>54208</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

<u>Warehouse Office Products</u>					
Business Name <u>warehouse office products</u>	Street Address <u>1825 N Richwood</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>[REDACTED]</u>
Owner's Name <u>Jeff Lemery</u>	Street Address <u>315 Dvorak</u>	City <u>Dunmore</u>	State <u>WI</u>	Zip <u>54208</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>Same</u>	Street Address	City	State	Zip	Telephone Number

(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.

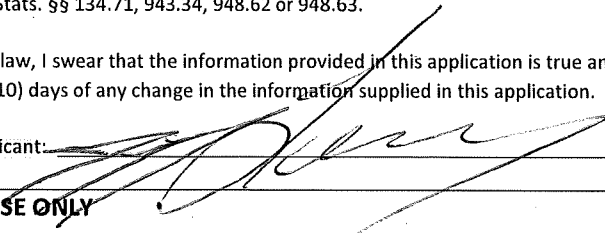
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

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: 10/11/19

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>11/13/19</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>11/5/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82-</u>		Receipt # <u>15650</u>

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

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>Stuedel, John J</u>		Sex <u>M</u>	Race <u>Cau</u>	Date of Birth ●●●●●●	Place of Birth (City & State) <u>Appleton, WI</u>
Street Address <u>1930 N Alvin St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Home Telephone Number ●●●●●●	

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>Side West Lumber LLC</u>	Street Address <u>609A W. College Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number ●●●●●●
Owner's Name <u>John Stuedel</u>	Street Address <u>1930 N Alvin St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number ●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
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:

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 11,05,19

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>10/29/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82</u>		Receipt # <u>15342</u>

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

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>Crawford, Troy W</u>		Sex <u>M</u>	Race <u>White</u>	Date of Birth <u>●/●/●</u>	Place of Birth (City & State) <u>Dallas TX</u>
Street Address <u>11233 Seaside Ln</u>	City <u>Frisco</u>	State <u>TX</u>	Zip <u>75035</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 <u>GameStop #5520</u>	Street Address <u>Suite 500 3825 E Calumet St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>●●●●-●●●●</u>
Owner's Name <u>GameStop, Inc.</u>	Street Address <u>625 Westport Pkwy</u>	City <u>Grangerine</u>	State <u>TX</u>	Zip <u>76051</u>	Telephone Number <u>●●●●-●●●●</u>
Business Manager's name <u>Jason Kuppin</u>	Street Address <u>Suite 500 3825 E Calumet St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>●●●●-●●●●</u>
Building Owner's Name <u>Eisenhower Properties</u>	Street Address <u>11 N Washington #400</u>	City <u>Green Bay</u>	State <u>WI</u>	Zip <u>54301</u>	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: GameStop, Inc State of Incorp. MN

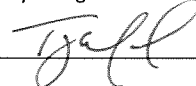
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

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 10/17/19

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>10/29/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>75</u>		Receipt # <u>15342</u>

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

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>Crawford, Troy, W</u>		Sex <u>M</u>	Race <u>White</u>	Date of Birth <u>●/●/●●</u>	Place of Birth (City & State) <u>Dallas, TX</u>
Street Address <u>11233 Seaside Ln</u>	City <u>Frisco</u>	State <u>TX</u>	Zip <u>75035</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 <u>GameStop #3349</u>	Street Address <u>2640 W College Avenue</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>	Telephone Number <u>●●●●●●●●</u>
Owner's Name <u>GameStop, Inc.</u>	Street Address <u>625 Westport Pkwy</u>	City <u>Grapevine</u>	State <u>TX</u>	Zip <u>76051</u>	Telephone Number <u>●●●●●●●●</u>
Business Manager's name <u>Jason Kuppin</u>	Street Address <u>2640 W College Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>	Telephone Number <u>●●●●●●●●</u>
Building Owner's Name <u>Bruce Baldwin</u>	Street Address <u>5360 Peach St #A</u>	City <u>Erie</u>	State <u>PA</u>	Zip <u>16565</u>	Telephone Number <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:

GameStop, Inc

State of Incorp.

MN

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: _____

J. Fall

Date 10/16/19

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

FEES ARE NON-REFUNDABLE		Date Recv'd
<input type="checkbox"/> Pawnbroker	\$210.00	10/21/19
<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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 82-		Receipt # 15092

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

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)
Bjorkman, Hunter E		M	CAU	●●●●	Atlanta, GA
Street Address	City	State	Zip	Home Telephone Number	
10121 Barnes Canyon Rd.	San Diego	CA	92121	●●●●●●	
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
ecoATM, LLC	2700 N. Ballard Ave.	Appleton	WI	54911	●●●●●●
Owner's Name	Street Address	City	State	Zip	Telephone Number
ecoATM, LLC	10121 Barnes Canyon Rd	San Diego	CA	92121	●●●●●●
Business Manager's name Mailing Address:	Street Address	City	State	Zip	Telephone Number
Hunter Bjorkman	10121 Barnes Canyon Rd	San Diego	CA	92121	●●●●●●
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
The Kroger Corp.	1014 Vine Street	Cincinnati	OH	45202	●●●●●●

(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:
ecoATM, LLC

State of Incorp.
DE

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
Maquera, David D.	M		●●●●	10121 Barnes Canyon Rd.	San Diego	CA	92121
Mersten, David R.	M		●●●●	10121 Barnes Canyon Rd.	San Diego	CA	92121

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 10/17/19

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>11/13/19</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>10/21/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>75</u>		Receipt # <u>15092</u>

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

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) Bjorkman, Hunter E		Sex M	Race CAU	Date of Birth ●●●●	Place of Birth (City & State) Atlanta, GA
Street Address 10121 Barnes Canyon Rd.	City San Diego	State CA	Zip 92121	Home Telephone Number ●●●●●●	

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 ecoATM, LLC	Street Address 511 West Calumet Street	City Appleton	State WI	Zip 54915	Telephone Number ●●●●●●
Owner's Name ecoATM, LLC	Street Address 10121 Barnes Canyon Rd	City San Diego	State CA	Zip 92121	Telephone Number ●●●●●●
Business Manager's name Mailing Address: Hunter Bjorkman	Street Address 10121 Barnes Canyon Rd	City San Diego	State CA	Zip 92121	Telephone Number ●●●●●●
Building Owner's Name The Kroger Corp.	Street Address 1014 Vine Street	City Cincinnati	State OH	Zip 45202	Telephone Number ●●●●●●

(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:
ecoATM, LLC

State of Incorp.
DE

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
Maquera, David D.	M		●●	10121 Barnes Canyon Rd.	San Diego	CA	92121
Mersten, David R.	M		●●	10121 Barnes Canyon Rd.	San Diego	CA	92121

SECTION 6 -- PENALTY NOTICE

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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 10/17/19

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>11/13/19</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>10/21/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<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. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>75-</u>		Receipt # <u>15092</u>

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

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)
Bjorkman, Hunter E		M	CAU	●●●	Atlanta, GA
Street Address	City	State	Zip	Home Telephone Number	
10121 Barnes Canyon Rd.	San Diego	CA	92121	●●●●●●	
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
ecoATM, LLC	3701 East Calumet St. (Walmart2958)	Appleton	WI	54915	●●●●●
Owner's Name	Street Address	City	State	Zip	Telephone Number
ecoATM, LLC	10121 Barnes Canyon Rd	San Diego	CA	92121	●●●●●
Business Manager's name Mailing Address:	Street Address	City	State	Zip	Telephone Number
Hunter Bjorkman	10121 Barnes Canyon Rd	San Diego	CA	92121	●●●●●
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
The Kroger Corp.	1014 Vine Street	Cincinnati	OH	45202	●●●●●

(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:
ecoATM, LLC

State of Incorp.
DE

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
Maquera, David D.	M		●●●●	10121 Barnes Canyon Rd.	San Diego	CA	92121
Mersten, David R.	M		●●●●	10121 Barnes Canyon Rd.	San Diego	CA	92121

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 Wls. 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 10/17/19

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>11/13/19</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>11/12/19</u>
<input checked="" type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input 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. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>217</u>		Receipt # <u>5704</u>

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

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>BAER Gregory A</u>		Sex <u>M</u>	Race <u>W</u>	Date of Birth <u>●/●/●●</u>	Place of Birth (City & State) <u>Cherry Hill NJ</u>
Street Address <u>2705 E. Greenleaf DR</u> <u>970-9</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54913</u>	Home Telephone Number <u>cell</u> <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 <u>JGB LLC DBA</u> <u>MUSTER Money-usage</u> <u>Appleton</u>	Street Address <u>1933B N. Richmond St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>●●●●●●●●</u>
Owner's Name <u>Gregory Baer</u>	Street Address <u>2705 E. Greenleaf DR</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54913</u>	Telephone Number <u>●●●●●●●●</u>
Business Manager's name <u>SAME</u>	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>Charlie Hagen</u>	Street Address <u>1933 N. Richmond</u> <u>St Appleton, WI</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <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

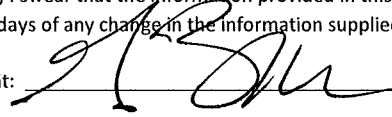
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
BAER, Gregory A	M	W	●●	2705 E. Ceresney Dr	Appleton	WI	54913
BAER Jennifer M	F	W	●●	2705 E. Ceresney Dr	Appleton	WI	54913

SECTION 6 – PENALTY NOTICE

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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 10 / 31 / 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
11 / 20 / 19	11 / 20 / 19	/ /	/ /	



FEES ARE NON-REFUNDABLE

Date Recv'd 11/19/19
 License fee EACH Vehicle \$30.00 Acct. CLLTSE
 Investigation fee 37 \$ 7.00 Acct. CLLPIF 5 000 5
 Total fee paid \$ _____ Receipt _____

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application
 Renewal – License # _____

SECTION 1 – APPLICANT INFORMATION

Name of Company <u>Carmichael's Carriages</u>		Business Phone <u>920-836-2013</u>	
Business Street Address <u>3910 Fairview Rd</u>		City <u>Weaver</u>	State <u>NC</u>
Owner's Name <u>Rodger - San Carmichael</u>		Date of Birth <u>[REDACTED]</u>	<input type="checkbox"/> Individual
Owner's Name _____		Date of Birth _____	<input checked="" type="checkbox"/> Partnership
			<input type="checkbox"/> Corporation

SECTION 2 – VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
		<u>Horse & Carriages</u>	

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality? YES NO If Yes, what municipality?

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

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

Describe the basic operations of the company:
Driving horses on various vehicles

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

SECTION 4 – INSURANCE NOTICE

Insurance Coverage: Eric

Insurance Carrier: ~~State~~ Insurance

Insurance Agent Name and Phone Number: Darren Van Camp - 788-4800

Policy Number: 2062415324

Policy Period: 6/24/19 - 6/24/20

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