

# **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
- Approval of minutes from previous meeting

<u>19-1780</u> 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

<u>19-1749</u>	Secondhand Jewelry License Renewal application for Tennies Jewelry, Rebecca L Juedes, Applicant, 208 E. College Ave, contingent upon approval from all departments.
	Attachments: Tennies Jewelry S&L.pdf
<u>19-1752</u>	Secondhand Jewelry License Renewal application for Avenue Jewelers, Jason A Druxman, Applicant, 303 E. College Ave, contingent upon approval from all departments.  Attachments: Avenue Jewlers S&L.pdf
<u>19-1747</u>	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
<u>19-1753</u>	Secondhand Article License Renewal application for Warehouse Office Products, Jeff S Lemery, Applicant, 1825 N. Richmond St, contingent upon approval from all departments. <u>Attachments:</u> Warehouse Office Products S&L.pdf
<u>19-1754</u>	Secondhand Article License Renewal application for Side Quest Gaming, John J Steudel, Applicant, 609A W. College Ave, contingent upon approval from all departments. <u>Attachments:</u> Side Quest Gaming S&L.pdf
<u>19-1755</u>	Secondhand Article License Renewal application for Game Stop #5520, Troy W. Crawford, Applicant, 3825 E. Calumet St, contingent upon approval from all departments. <u>Attachments:</u> Game Stop #5520 S&L.pdf
<u>19-1756</u>	Secondhand Article License Renewal application for Game Stop #3349, Troy W. Crawford, Applicant, 2640 W. College Ave, contingent upon approval from all departments. <u>Attachments:</u> Game Stop #3349 S&L.pdf
<u>19-1757</u>	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
<u>19-1758</u>	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

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

<u>19-1664</u> 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
- <u>19-1783</u> 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

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

<u>19-1542</u> 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

<u>19-1538</u>	Class "B" Beer and "Class B" Liqour 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.					
<u>19-1536</u>	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.					
<u>19-1537</u>	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.					
<u>19-1541</u>	Operator's Licenses					
	Attachments: Operator's Licenses for 10-16.pdf					
	This Report Action Item was recommended for approval.					
<u>19-1559</u>	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.					
<u>19-1544</u>	Temporary Class "B" applications filed after the agenda was published.					
	This Report Action Item was recommended for approval.					

#### 6. Information Items

<u>19-1395</u> Special Events:

YMCA of the Fox Cities Freaky 5K, Pierce Park, October 26, 2019

<u>19-1550</u>	Legal Services Budget 2020		
	Attachments: Legal Services 2020.pdf		
<u>19-1551</u>	Fire Department Budget 2020		
	Attachments: Fire Dpt 2020.pdf		
19-1552	Police Department Budget 2020		
	Attachments: Police Dpt 2020.pdf		
<u>19-1576</u>	CLO Position Change		
	Attachments: CLO to ISU Informational Item 2019.pdf		
<u>19-1549</u>	Director's Reports -City Clerk -Fire Chief -Police Chief		
<u>19-1545</u>	Police Department information on liquor law violation convictions.		

#### 7. Adjournment

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

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

Original Alcohol Bev	Applicant's Wisconsin Seller's Perr	nit Number			
(Submit to municipal clerk.)	FEIN Number				
For the license period beginning	g:	ending: 🔼	<u>6-30-2020</u> (mm dd yyyy)		
	(mm dd yyyy)	-	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of 🧎	<b>( ) )</b>		Class A beer	\$
To the Governing Body of the:	☐ Village of <b>〉</b>	Appletor	<u> </u>	Class B beer	\$ 100
	City of	11		Class C wine	\$ 100
2 + 2 = 2 ·	•	A1.1	D' ( N	Class A liquor	\$
County of Outagar	nie	Aldermanic	by ordinance)	Class A liquor (cider only)	\$ N/A
•		(ii required	by ordinance)	Class B liquor	\$
	•			Reserve Class B liquor	\$
Check one: Individual	Limited Liability	Company		Class B (wine only) winery	\$
☐ Partnership	☐ Corporation/Non	profit Organization	on	Publication fee	\$ 60+7
				TOTAL FEE	\$ 967
Name (individual / partners give last na	_			c : 11 -	
Oliver, tay	BANKS,	Natasha	Jerx.	Soint UC	
	· ·				
An "Auxiliary Questionnaire,					
by each member of a partner each member/manager and a					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	TCUMAHIA
Dliver	TAL	Victoria	4m N Dich	monds + #332	Sugil
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code) APP	<u> </u>
BANKS	A 7. A 21.	,	W9651 Clare	( 1 1 sa tra	letur our
Secretary / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	_ 59913
Georgia / Morrison Last Harrie	( waty	(windate Harrie)	Tiome Address (direct, C	ny of Fost Office, & Zip Code)	•
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
	(i nat)	(Middle Name)	Tionie Address (Gireer, C	ity of Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
			•		
	OCU TOWN	· · · · · · · · · · · · · · · · · · ·	1	00, 2/11	0513
·	erk-Joint			e Number 920 364	1-0 162
<ol> <li>Address of Premises \( \subseteq  \)</li> <li>Premises description: Des</li> </ol>	19 W Collea	car Hi	けるνω丁 Con Post Office & Z	ip Code	
0 0	Surfe D	301	AIC)		
3. Premises description: Des	cribe building or bu	lidings where aid	conol beverages are	to be sold and stored. The rvice, consumption, and/or	
storage of alcohol beverage					
described.)	•	<del>-</del>	•		
Store	front loca	rited in	1619 block	building.	
Polainal Rass					
Berling 1200		of Gode		itchew.	
In beer (10	ooler. Se	<u>rî beva</u>	n dining	KOOM.	
			,		
					7
		WI W			
4. Legal description (omit if st	treet address is give	n above):			
5. (a) Was this premises licer	nsed for the sale of l	iquor or beer dur		/ear?	☐ Yes 😾 N
			ing the past licelise )	(Ca) {	ines And
(b) If yes, under what nam	(b) If yes, under what name was license issued?				

6.	s individual, partners or a beverage server training c	gent of corporation/limited li course for this license period	iability cor	npany subject to coexplain	ompletion of the	e responsible		No
7.	Is the applicant an employ If yes, explain.	ve or agent of, or acting on b	pehalf of a	nyone except the I	named applican	t?	_ 	₩ No
8.	Does any other alcohol be business? If yes, explair	everage retail licensee or w	/holesale	permittee have an	y interest in or	control of this	 _	□ <b>V</b> N∘
9.	(a) Corporate/limited lia of registration.	bility company applicants	s only: In	sert state W 🛚	and d	ate $1/2$	<u></u>	
	company? If yes, exp	on/limited liability company plain					. 🗌 Yes	<b>⊠</b> No
		or any officer, director, sto agent hold any interest in a					 i?	No No
	government, Alcohol and	stand they must register as Tobacco Tax and Trade Bur 882-3277]	eau (TTB)	) by filing (TTB forr	n 5630.5d) befo	re beginning		□ No
11.	Does the applicant unders	stand they must hold a Wisc	consin Sel	ler's Permit? [pho	ne (608) 266-27	776]	·· X Yes	□ No
		stand that they must purcha					[ <b>X</b> Yes	☐ No
the b than	est of the knowledge of the sig \$1,000. Signer agrees to opera- aned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly ate this business according to la solicants, or one member of a partiaccess to any portion of a license	provides m w and that nership app	aterially false informat the rights and respons licant must sign; one o	tion on this applica sibilities conferred corporate officer, o	tion may be required by the license(s) ne member/man	uired to forfeit ), if granted, v ager of Limite	not more vill not be d Liability
Com	panies must sign.) Any lack of a sdemeanor and grounds for rev							
Com a mis				Title/Member		Date	9	
Com a mis	sdemeanor and grounds for revact Person's Name (Last, First, M.I.)			Title/Member  DW NUT  Phone Number	) )	Date Email Address	9	
Com a mís Conta Signa	act Person's Name (Last, First, M.I.)			owner		11/1/1	9	
Conta Conta Signa	sdemeanor and grounds for revact Person's Name (Last, First, M.I.)	vocation of this license.		owner	Signature of Clerk /	Email Address	9	



# City of Appleton Liquor License Questionnaire

I Name of An	olicanti FAU	a Victoria Oli	Nev				
I. Name of Applicant: 1 174 VICTOTO 1							
2. Name of Business: 1019 DOUGE HVC							
3. Address of B	usiness: App	leton WI 549	14				
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:							
-	ers, shareholders of additional sheet	or investors. Include full name, m	niddle initial and date of				
First name	Initial	Last name	Date of Birth				
Natisha	W.	Banks					
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 per	son/corporation y	you are buying the premises and ec	quipment from?				
Name:							
First name	2	Initial Last name					
Address:							
City, State, Zip	:						
7. What was th	e previous name a	and nature of the business operation	ng at this location?				

8. Are alcohol sales an existing use in this building? Yes No No If no, When did the operation cease? months ago.
9. Are alcohol sales a new use in this building? Yes No
10. Is your primary business restaurant? YesNo
II. Seating capacity: InsideOutside
12. Operating hours: MON-SAt 11:30 AM-8 pm
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. Behind BAr on top of Cooler, In
the Kitchen Stored In heer Coder. Will
be served In the dining nom
11/1119. Ley VI
Date Signature

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

Priginal Alcohol Be	verage Reta	II License A	pplication	Applicant's Wisconsin Seller's Peri	mit Number
ubmit to municipal clerk.)				FEIN Number	<u> </u>
r the license period beginnir	ng:	ending: 💍	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of `	0		Class A beer	\$
the Governing Body of the:	☐ Village of }	Appletor	<u> </u>	Class B beer	\$
	City of	4		Class C wine	\$
	•	A 1.1	Dist No	☐ Class A liquor	\$
ounty of Outaga	mie	Aldermanic	by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii required	by ordinance)	Class B liquor	\$
	8 A			Reserve Class B liquor	\$
neck one: 🔲 Individual	(X) imited Liabilit			Class B (wine only) winery	
Partnership	☐ Corporation/N	onprofit Organizati	on	Publication fee	\$ 60 + 7
				TOTAL FEE	\$
ame (individual / partners give last i	name first middle corn	orations / limited liability	companies give register	red name)	
^ '		_			
Loves	Lounge				
veach member of a partne	ership, and by eac	ch officer, directo	r and agent of a co y. List the full name Home Address (Street,	this application by each indi orporation or nonprofit orga e and place of residence of ea City of Post Office, & Zip Code)	anization, and b
Variable	Kor		2618 N 271	WI,53683	
/ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
rice President / Member Last Name	(FIRST)	(Middle Name)	Home Address (Street,	City of Post Office, & Zip Gode)	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Гreasurer / 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 Coye	's Loung	7e	Business Pho	one Number	
	35000	Callean Aug	Post Office &	Zip Code 54914	
applicant must include a storage of alcohol bever described.)	éscribe building ór Il rooms including l ages and records.	buildings where al living quarters, if u (Alcohol beverage	cohol beverages ar sed, for the sales, s s may be sold and	re to be sold and stored. The service, consumption, and/or stored only on the premises	
and bar	wede.	301080	177 1 140	7//00/100///	
All bei	reracies	will ube	Stored	in the a	elcor tri
,	11 be in	the bac	k Storage	, in the 2.	also
bar area.					
					····
4. Legal description (omit if		<u> </u>		_	
				e year?	,
(b) If yes, under what na	me was license iss	ued? a	ndem	Wine Beer	: Spirit

Wisconsin Department of Revenue

AT-106 (R. 3-19)

6.	ls i bev	ndividual, partners or a verage server training o	gent of corporation/limited lia ourse for this license period? to tacke res	ability co	mpany subject to c , <b>explain</b>	completion of the	e responsible	Yes	□ No
		Will need	to take resp	ousik	ole bever	age Se	ruer tra	cining	
	_	Cowse							
7.		he applicant an employ res, explain.	e or agent of, or acting on be	ehalf of a	anyone except the	named applicar	nt?	☐ Yes	∑ No
8.			everage retail licensee or wh					☐ Yes	[\(\sum_{\text{CNo}}\)
9.	(a)	Corporate/limited lia	bility company applicants	only: lr	nsert state <u>(Wiscon</u>		ate <u>/////</u> 2	019	
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain					☐ Yes	⊠ No			
	(c)		or any officer, director, stocl gent hold any interest in an					☐ Yes	⊠ No
10.	go۱	vernment, Alcohol and	tand they must register as a lobacco Tax and Trade Bure 382-3277]	au (TTB	) by filing (TTB forn	n 5630.5d) befo	re beginning	<b>∑</b> (Yes	□No
11.	Do	es the applicant unders	tand they must hold a Wisco	nsin Se	ller's Permit? [pho	ne (608) 266-21	776]	🛛 Yes	☐ No
12.			tand that they must purchas					∑ Yes	☐ No
the I than assig Corr	best \$1,0 gned ipani	of the knowledge of the sig 200. Signer agrees to opera I to another. (Individual appl	IING: Under penalty provided by I ner. Any person who knowingly prote this business according to law icants, or one member of a partnet access to any portion of a licensect posterior of this license.	rovides m and that ership app	aterially false informati the rights and respons licant must sign; one o	ion on this applica sibilities conferred corporate officer, o	tion may be require by the license(s), it ne member/manage	ed to forfeit granted, w er of Limite	not more vill not be d Liability
Cont	act Pe	erson's Name (Last, First, M.I.)			Title/Member		Date / A O /	10	
Signature Ocuner 10-21-19 Phone Number Email Address							7		
		Am fin	~g				<b>6000</b>		
TO 5	SE C	OMPLETED BY CLERK							
		ived and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk	Deputy Clerk	· · · · · · · · · · · · · · · · · · ·	
Date	ate license granted Date license issued License number issued								



# City of Appleton Liquor License Questionnaire

1. Name of Appl	licant: Ko	Xiona	
2. Name of Busi	ness: Core	's Lounge LLC	
3. Address of Bu	usiness: <u>1350</u> Apply to	W. College Au S on W± 54914	suite D
4. Have you or a ordinance violat	any member of you	ur organization ever been conv	victed of a misdemeanor or
		olain in detail:	·
-	ers, shareholders or e additional sheets		
First name	Initial	Last name	<u> </u>
First name	Initial	Last name	/
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
6. Name of pers	son/corporation yo	ou are buying the premises and	l equipment from?
Name:		Initial Last name	
Address:	and the second s		
City, State, Zip:			
7. What was the	e previous name a	nd nature of the business oper	ating at this location?
Tandem	Wine. Bee.	r · Spirits	Market Address Andress
Alcohol	/ Retail /	r · Spirits Bar	

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 Make planning to verue
11.	Is your primary business restaurant? Yes No No Make planning to serve fine the Seating capacity: Inside?  Outside Outside Turner.
12.	Operating hours: Monday - Sunday 10 A.M 2:00 A.M
13.	Number of floor personnel 2 Number of door checkers
	In general, state the size, design and type of the proposed establishment and the erational details.  Dinks will be stored in the
	back storage room and bar areas.
	Beaverages will be served in the Main room
	and bor cerea.
	10-21-19 Signature
4 س	C. 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 Phesant 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 PI #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
	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

43. Flavio Sanchez

44. Jacob Schmitt45. Shawn Schober46. Hayley Schueler

47. Jessica Smith48. Kayla Stefku

49. Deaven Stermer50. Tess Stevenson

51. Barry Taylor

52. Matthew Vanden Boogart

53. Allyson Warzyn

54. Madeline Werley-Nieuwenhuis

55. Alexandra Wilfer56. James Willes

57. Derek Wynboom

58.

838 ½ W 4<sup>th</sup> St Appleton 54914

W6150 County Rd BB Lot 10 Appleton 54914

1010 W Hawes Ave Appleton 54914 W5809 Skippers Ln Appleton 54915 219 Loper Ct Apt4 Neenah 54956 2303 Manitowoc Rd Menasha 54952 16 Easthaven Ct #1 Appleton 54915 1411 ½ N Appleton St Appleton 54911

4012 Towne Lakes Ci Apt 8206 Appleton 54913

228 W 12<sup>th</sup> Apt 1 Kaukauna 54130 5489 Trails End Rd Larsen 54947 1368 Home Ave Menasha 54952 1623 W Reeve St Appleton 54914 601 N Cambridge Dr Appleton 54915 2020 W Prospect Ave Appleton 54914 1160 W Evergreen Dr #1 Appleton 54913



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

#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee Total Amount Paid

+ 7.00

Date Rec'd 11/5/19

Acct. 11030.4322 Acct. 100.2359

Receipt 15658

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

The named organization appli	es for:					
A temporary Class "B" license to sell						
A temporary Class "B" license to sell						period)
SECTION 1 – ORGANIZATION I						
Name of Organization (Bona fide clu NAMI FOX VALI		iety, veteran's orga	nization or fair associa	tion) Date Organize 04/07/1981	ed	
Address 211 E. FRANKLIN S	TREET		City APPLETON	State WI	Zip 54911	
Person in Charge of Event:		ame: Last KUMBIER	First KATHLEE	Middle Initial N M	Date of B	irth
Address 2151 FIESTA CT		City NEENAH		Person in char 1956 ••••••••••••••••••••••••••••••••••••	ge phone num	nber:
President Last EXECUTIVE DIRECTOR PETERSON	F	irst MAREN	Middle Initial	Date of Birth	Male	Female X
Address 621 W 4TH ST APT C.			City APPLETON	State	Zip 5491	1
Vice President Last	F	irst	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	F	irst	Middle Initial	Date of Birth	Male	Female
Address			City	State	Zip	
SECTION 2 – EVENT INFORMA	TION SECTI	ON				
Date(s) of Event: Beginning 12 /	12 <sup>/</sup> 19	Ending: 12 /12	/19 Hours	5:30 AM (PM)	8:30 A	M(PM)
Please describe the type of event you APPR	are going to h ECIATION E	ave: EVENT/HOLIDA	Y TALENT SHOW			
Do you plan to serve food at this eve	nt? No (	Yes If yes, conta	act the Appleton Health	Department. (920.832	.6429)	
Location where beer or wine will be		ED HEART PAI	RISH			
Address 222 E. FREMONT ST.		1-	City APPLETON	State WI	Zip 54915	
Are you requesting an "open concept			Will minors be present		No	Yes
Describe actual location and dimensi	ons of area to 1		If yes, how will you pro	event minors from obta	ining alcoho	olic
Be precise!  GYMNASIUM AT SA	CRED HEAF		beverages? BARTI	ENDERS WILL CH	ECK ID	
SECTION 3 - PENALTY SECTIO	N		F			
This application must be on file in the Office of If the event will last more than four (4) days, th This organization also agrees to comply with al license is granted. The officer(s) of the organiz correct to the best of their knowledge and belief	e application shall laws, resolutions, ation, individually	be filed 15 days prior to ordinances and regulation	the granting of the license. ons (state, federal or local) aff	ecting the sale of fermented 1		
FOR OFFICE USE ONLY	* / /					- 1 1 1 E
Dept. Approve Deny	Ву		Reason			
Police				****		
Fire Health						
Health Inspection						
S&L 11-20-19		te Issued	Exp. Date	License Num		·····



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

FEES ARE NON-REFUNI	<b>DABLE</b> Date	Recv'd 10 / 15/ 19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
🗖 Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$60 CO	Receipt #	14966

Original Application Acct Code: CLLSJW
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

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 INFO	RMATION					
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Juedes Rebea	cal	F	white		u	eenah WI
Street Address 5310 ChROSPECKE Ct,	City		State UIT	zip 54901	Hom	e Telephone Number
SECTION 2 – CONVICTION REC	ORD					
Within the last ten A miso A statu	last ten (10) years? (10) years of: lemeanor? utory violation punishable boty or municipal ordinance v	YES A. NO	YES DAN YES DAN YES DAN	10 10	tion:	
SECTION 3 – BUSINESS INFORM	MATION					· · · · · · · · · · · · · · · · · · ·
Business Name Termiles Jewelry	Street Address 808 E CONEGO	Ave	City	fen WF	zip SF(1)	Telephone Number
Owner's Name Helbecco Juecles	Street Address 5210 Chesapea	ake ct	city	Sh State	zip 54901	Telephone Number
Business Manager's name	Street Address		City ( (	State ( )	Zip ( (	Telephone Number
Building Owner's Name Bricen Frisch	Street Address 5758 I-Ah May	tah Rcl	city OShko	State WF	zip 54901	Telephone Number

	:						,		
st name. address. sex	. race and da	te of birt	h of all p	artners. A	Attach additional sheets,	if necessary	<i>i</i>		
Albert 1							ye et A Ali e		
Name (Last, First, MI)	eficatio	Sex	Race	DOB	Street Address		City	State	Zip
14 5 3 3	• 1								
					-				
ECTION 5 - CORP	ORATE INF	ORMA	TION	l				<u> </u>	
orporation Name								State of Inco	rn.
								State of medi	μ.
ist name, address, sex	, race and da	te of birt	h of all p	artners. /	Attach additional sheets	if necessary	1		
lame (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
	*								
		<u> </u>							
SECTION 6 - DENIA	I TV NIOTIC	-							
SECTION 6 - PENA	LTY NOTIC								
		denied c	or revoke	d for fram	d. misrepresentation or t	alse stateme	ents contained in	the application or f	or anv
understand that this li	cense may be				d, misrepresentation or f	alse stateme	ents contained in	the application or f	or any
understand that this liviolation of Wis. Stats. §	cense may be §§ 134.71, 94	3.34, 948	.62 or 94	8.63.	d, misrepresentation or f				
understand that this liviolation of Wis. Stats. §	cense may be §§ 134.71, 94 swear that th	3.34, 948 ne informa	.62 or 94 ation pro	8.63. vided in the	nis application is true and			owledge. I agree to	inform the
understand that this li violation of Wis. Stats. § Under penalty of law, I s clerk within ten (10) day	cense may be 55 134.71, 94 swear that the ye of any cha	3.34, 948 ne informa	.62 or 94 ation pro	8.63. vided in tl	nis application is true and lied in this application.	l correct to t		owledge. Tagree to	inform the
understand that this liviolation of Wis. Stats. §  Under penalty of law, I state the clerk within ten (10) day  Signature of Applicant:	cense may be	3.34, 948 ne informa	.62 or 94 ation pro	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this liviolation of Wis. Stats. §  Under penalty of law, I state the clerk within ten (10) day  Signature of Applicant:	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this liviolation of Wis. Stats. § Under penalty of law, I state within ten (10) day Signature of Applicant:	cense may be	3.34, 948 ne informa	.62 or 94 ation pro	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this liviolation of Wis. Stats. §  Under penalty of law, I state within ten (10) day  Signature of Applicant:  FOR OFFICE USE O	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this liviciation of Wis. Stats. §  Under penalty of law, I state within ten (10) day  Signature of Applicant:  FOR OFFICE USE OF COMMERCE  POLICE	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this livicidation of Wis. Stats. §  Under penalty of law, 1: clerk within ten (10) day  Signature of Applicant:  FOR OFFICE USE OF  Dept  POLICE	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
understand that this liviolation of Wis. Stats. §  Under penalty of law, I sclerk within ten (10) day  Signature of Applicant:  FOR OFFICE USE OF  Dept  POLICE  FIRE  COM DEVELOPMENT	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the
I understand that this liviolation of Wis. Stats. §  Under penalty of law, I sclerk within ten (10) day  Signature of Applicant:  FOR OFFICE USE OF  Dept  POLICE  FIRE  COM DEVELOPMENT	cense may be 5§ 134.71, 94 swear that the year any chair cha	3.34, 948 ne informa	.62 or 94	8.63. vided in the	nis application is true and lied in this application.	d correct to t	he best of my kr	owledge. I agree to	inform the
violation of Wis. Stats. §	cense may be 5§ 134.71, 94 swear that the year of any cha	3.34, 948 ne informa	By	vided in the state of the state	nis application is true and lied in this application.	l correct to t	he best of my kr	owledge. I agree to	inform the



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

FEES ARE NON-REFUN	DABLE Date	Recv'd 10/15/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 / 75.00	Orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 83	Receipt #	14965

Original Application Acct Code: CLLSJW
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, 4, and 6

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

SECTION 1 – APPLICANT INFOR	RMATION					1
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Druxman, I	ason A.	M	$\sim$		2	ealle
Street Address	City		State	Zip	Hom	e Telephone Number
303 E. College Are	Appleto		WI	5491		
SECTION 2 – CONVICTION REC	ORD ' '					
Have you, or any other person listed o				ng:		
A felony within the	last ten (10) years? 🛚 🗖	I YES 🗷 N	0 .			
Within the last ten	(10) years of:		- V			·
	lemeanor?		D YES			
A statu	utory violation punishable l	by forfeiture				
A coun	ity or municipal ordinance	violation?	🖺 YES 🗖 I	NO		
For each "YES" response provide	the date of arrest, the n	ature of the	e offense and c	onviction informa	tion:	
For each "YES" response provide	the date of arrest, the n	ature of the	e offense and c	onviction informa	tion:	
For each "YES" response provide to the second of the secon		ature of the	e offense and c	onviction informa	tion:	
		ature of the	e offense and c	onviction informa		Telephone Number
SECTION 3 – BUSINESS INFORM	MATION					Telephone Number
SECTION 3 – BUSINESS INFORM	MATION Street Address					Telephone Number Telephone Number
SECTION 3 - BUSINESS INFORM  Business Name  Avenue Jeweless	MATION  Street Address  303 E、Cが			State	zip 54911	00000
SECTION 3 – BUSINESS INFORM  Business Name  ALEULE Jewellys  Owner's Name	Street Address  303 E. Co		City City	State  State	Zip	Telephone Number
SECTION 3 - BUSINESS INFORM  Business Name  Avenue Jeweless	MATION  Street Address  303 E、Cが			State	zip 54911	00000
SECTION 3 – BUSINESS INFORM  Business Name  ALEULE Jewellys  Owner's Name	Street Address  303 E. Co		City City	State  State	Zip	Telephone Number
SECTION 3 – BUSINESS INFORM  Business Name  ALEULE Jewellys  Owner's Name	Street Address  303 E. Co		City City	State  State	Zip	Telephone Number
SECTION 3 – BUSINESS INFORM Business Name Avenue Jewellys Owner's Name Business Manager's name	Street Address  Street Address  Street Address  Street Address		City City City	State State	zip 5491) zip	Telephone Number  Telephone Number

SECTION 4 – PARTN	ERSHIP II	NFORM						•		
Partnership Name:									<u> </u>	
List name, address, sex,	race and da	te of birt	h of all p	artners. A	ttach additional sheet	ts, if necessary				
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
					·		'			
SECTION 5 – CORPO	RATE INF	ORMA	TION							,
Corporation Name: List name, address, sex,	Ars.	مدار	1	5 E~	Lemelin	Corn		1	of Inco ラフマ	rp.
ist name, address, sex,	race and da	te of birt	h of all p	artners. A	ttach additional spee	ts, if necessary			•••	
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
Jason Dri	18mar	M	N		2951 Chm	nstelle De	o Men.	Sha	WI	5495:
Jason Dri Ioseph Pank	ratz	M	W		2951 chm NZ340	Cheghorn R	21 Whi	fuca	WI	5498
····						, 				, and the second
						<del></del>				
SECTION 6 - PENAL	TY NOTIC	E								
I understand that this lice					I, misrepresentation o	r false statements	contained in	the appl	ication or 1	or any
violation of Wis. Stats. §§										
Under penalty of law, I so clerk within ten (10) days							best of my kn	owledge.	. I agree to	inform the
Signature of Applicant: _		4						Date	10,1	167
FOR OFFICE USE ON	ILY	$\mathcal{I}$				-		<del>,</del>		
Dept	Approve	Deny	Ву			Re	eason	······································		
POLICE										
FIRE										
COM DEVELOPMENT	<del></del>									
CITY SEALER										
Safety and Licensing	Comr	non Cour	ıcil	Date	Issued	Expiration Dat	e	License	e Number	
	_		J							

.

processed 11-11-19



### LICENSE APPLICATION

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

FE	ES ARE NON-REFUN	IDABLE Date	Recv'd [ ] 5 3016
	Pawnbroker	\$210.00	Acct. CLLPWN
	Secondhand Article	\$90.00 \$75.00	orig/rnw (see below)
	Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
D	Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
	Investigation fee	\$ 7.00	Acct. CLCPIF
Tot	alfoonaid & SA	- Pacaint #	15753

Original Application Acct Code: CLLSJW
Renewal Acct Code: CLLSJR

\*Please allow 4 weeks for processing\*

Instructions:	Individual license –	Complete Sections 1, 2, 3 and 6
	Dautaavahin lisansa	Commisso Continue 1 2 2 4 and

Partnership license – Complete Sections 1, 2, 3, 4, and 6

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

Corporate license –	Complete Sections 1, 2,	3, 5, and 6	APPLET	ON, WI 54911		
SECTION 1 – APPLICANT INFOR	DAAATION!					
SECTION 1 – APPLICANT INFOR	CIVIATION					
Applicant Name ( Last, First, M+)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Vandenty 12	er M	) \	CA		A	motor W
Street Address W1939 VC \S C+	Kaukaine		State	52/13c	Hom	e telephone Number
SECTION 2 – CONVICTION REC						
Have you, or any other person listed o	on this application, been co	nvicted of an	y of the following	<b>;</b> ;		
A felony within the Within the last ten	• • •	YES 📵 NO	)			
	lemeanor?		TYES IN	0		
	utory violation punishable b	v forfeiture?				
	nty or municipal ordinance		D YES N			
7, 334.	ity of mamorpar oraniance	, olution.	C 123 C 11			
For each "YES" response provide	the date of arrest, the na	ature of the	offense and co	nviction informati	on:	
·						
				ų,		
0507/01/2 01/01/500 11/500						
SECTION 3 – BUSINESS INFORM	VIATION					te age
Business Name	Street Address	. (	City	State	Zip	Telephone Number
Kichmand Renk	le	st my	Amle	tan WI	54911	
Owner's Name	Street Address		City	State	Zip	Telephone Number
Dean broken hos	W1939 km	sct	Kelle	icac ht	54BC	
Business Manager's name	Street Address		City	State	Zip	Telephone Number
Same						
Building Owner's Name	Street Address		City	State	Zip	Telephone Number
Same Brice	UM WPG	2512ct	1 And	La lut	52/51	

SECTION 4 – PARTI	NEKSHIP II	NFORM	ATION		<b>i</b> r					
Partnership Name										
								,		
List name, address, sex	, race and da	ate of birt	h of all p	partners. I	Attach additional shee	ets, if necessary			•	
Name (Last, First, MI)	.a.,	Sex	Race	DOB	Street Address		City		State	Zip
i i i i i i i i i i i i i i i i i i i			,	4°						
		-			<u>.</u> .					
SECTION 5 - CORP	ORATE INI	FORMA	TION	\						
Corporation Name	•			$\rightarrow$				State	of Inco	
List name, address, sex	race and da	ate of hirt	h of all r	partners	Attach additional shee	ats if nacassary				
						sta, ii necessai y	<u>.</u>		1	:
Name (Last, First, MI)	1	Sex	Race	DOB	Street Address		City	. *	State	Zip
				,						
SECTION 6 - PENA	LTY NOTIC	Œ		3						
Lundoustond that this li		م مامیدام م			d unique puese patei en e	or folga statomout	s soutsined i		lianting of f	<b></b>
I understand that this liction of Wis. Stats. §					a, misrepresentation (	or raise statement	s contained i	n tne app	lication or i	or any
Under penalty of law, I	wear that th	ne inform	ation pro	ovided in t	his application is true?	and correct to the	best of my k	nowledge	e. Tagree to	inform the
clerk within ten (10) day									ž v	
Signature of Applicant:		Cl	<u> </u>		-3 1/0~e	L		Dat	e	21:15
FOR OFFICE USE O	NLY									· · · · · · · · · · · · · · · · · · ·
Dept	Approve	Deny	Ву			· R	eason			
	Approve									
POLICE										
FIRE		*. *							*	
COM DEVELOPMENT							, , , , ,			ř
CITY SEALER										
Safety and Licensing	Com	mon Cour	ıcil	Date	e Issued	Expiration Dat	te	Licens	se Number	
								1		
, ,		1	/	l l	/ /	1	/			



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

FEES ARE NON-REFUNDABLE Date Recv'd 10/17/19									
Pawnbroker	\$210.00	Acct. CLLPWN							
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)							
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)							
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF							
Investigation fee	\$ 7.00	Acct. CLCPIF							
Total fee paid \$ \$3	Receipt #	15034							

☐ Original Application Acct Code: CLLSJW
Acct Code: CLLSJR

\*Please allow 4 weeks for processing\*

Instructions:	Individual lic	cense – Complete	Sections 1, 2, 3	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 INFOR	MATION					
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place	e of Birth (City & State)
	C	02-2			- m	nenovinue
Limery Jeff Street Address	<u></u>	201	<u>C</u> .			m
Street Address	City		State	Zip	Hom	e Telephone Number
315 Dwordk	Denmont		w	54208		
SECTION 2 – CONVICTION RECO	ORD			CCC// VVVII-) Language		
Have you, or any other person listed o	on this application, been co	nvicted of ar	y of the follow	ing:		
		YES N				
Within the last ten						
	emeanor?		O YES D	NO.		
A statu	itory violation punishable b	y forfeiture	P D YES D	NO		
	ty or municipal ordinance v		YES D	NO		
			(	•		
For each "YES" response provide t	he date of arrest, the na	ature of the	offense and	conviction informat	ion:	
				****		
***************************************						
SECTION 3 – BUSINESS INFORM				* L		
Warehouse Office PR	oduets		T		1	T =
Business Name	Street Address		City	State	Zip	Telephone Number
Business Name  ovardous offices  Products  Owner's Name	1825 N KI Street Address \$15 Dwo-5/	dynon	1 4/1/1	lister as	54911	0.000
Owner a Harne	Street Address	1.16	City	State	Zip	Telephone Number
cett.	315 100000	Ly CC.	War	and as	5000	
Lemany					-4	
Business Manager's name	Street Address		City	State	Zip	Telephone Number
Some						
Building Owner's Name	Street Address		City	State	Zip	Telephone Number
Some						

SECTION 4 – PART		INFORIVIA	THON		. 12 - 1				:- ::::
artnership Name	<b>::</b>								
st name, address, se	κ, race and d	ate of birth	of all p	artners. A	Attach additional shee	ts, if necessar	У		
lame (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
	ur i			C <sup>2</sup>					
					·				
ECTION 5 – CORP	ORATE IN	FORMAT	ION						1
<u> </u>							•		
orporation Name	e:							State of Inco	rp.
st name, address, se	k, race and d	ate of birth	of all p	artners. A	Attach additional shee	ts, if necessar	1		
ame (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
	·····	,							
ECTION 6 – PENA	LTY NOTIC	CE							
inderstand that this li olation of Wis. Stats.					d, misrepresentation o	r talse stateme	ents contained in	the application or f	or any
nder nenalty of law 1	swear that t	he informat	tion nro	vidad in th	is application is true a	nd correct to t	ha hast of my kn	owlodgo I agree to	inform the
erk within ten (10) da	ys of any cha	inge in the	informa	tion suppl	ied in this application.	nu correct to t	ne best of my kn	owiedge. Tagree to	mom de
			5/	1/2		>		Date 🗷 🔟	
gnature of Applicant.	Contract of the last of the la		11/				•		1 1 29
		//							
				No. of Street,					
OR OFFICE USE Ø		Deny	Ву	- Control of the Cont			Reason		
OR OFFICE USE O	NLY	Deny	Ву				Reason		
OR OFFICE USE @	NLY	Deny	Ву				Reason		
OR OFFICE USE @	NLY	Deny	Ву				Reason		
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OR OFFICE USE O  ept  OLICE  RE  OM DEVELOPMENT	NLY	Deny	Ву				Reason		
OR OFFICE USE O  ept  OLICE  IRE  OM DEVELOPMENT  ITY SEALER  afety and Licensing	Approve	Deny mon Counc		Date	Issued	Expiration		License Number	
OR OFFICE USE O  ept  OLICE  RE  OM DEVELOPMENT  ITY SEALER	Approve			Date	Issued	Expiration		License Number	



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

FEES ARE NON-REFUN	Recv'd 11 /5/19	
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 80	Receipt #	15650

Renewal Acct Code: CLLSJR

\*Please allow 4 weeks for processing\*

Original Application

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

Acct Code: CLLSJW

SECTION 1 – APPLICANT INFO	RMATION					
			I _			
Applicant Name (Last, First, MI)	\	Sex ///	Race	Date of Birth	Place	of Birth (City & State)
Stevdel, John	J	141	Cav		App	platon, W
Street Address	City		State	Zip	Hom	e Telephone Number
1930 NAlvinSt	Appleton		WI	54911		
SECTION 2 – CONVICTION REC	ORD					
Have you, or any other person listed of	on this application, been cor	nvicted of an	y of the followir	ng:		
A felony within the	last ten (10) years?	YES DY NO	)			
Within the last ten	(10) years of:	,				
A misd	lemeanor?		YES 🗖			
A state	utory violation punishable b	y forfeiture				
A cour	nty or municipal ordinance v	iolation?	DYES OX 1	NO		
For each "YES" response provide	the date of arrest, the na	iture of the	offense and c	onviction informa	tion:	
		-				
SECTION 3 – BUSINESS INFORM	MATION					
Business Name	Street Address		City	State	Zip	Telephone Number
Side Rest Caming LC	6094 1/ COLL	060 AL	, Apple	ton WI	54911	
Owner's Name	609A W. COlly Street Address 1930 N Alv	ege 100	City	State	Zip	Telephone Number
1 h Claulal	105 a A/ A1	< C1	A /		1 '	
JOHN STEVER	1430 N AIV	in 5+	PPPH	ton WI	54911	
Business Manager's name	Street Address		City	State	Zip	Telephone Number
Building Owner's Name	Street Address		City	State	Zip	Telephone Number
			City	State	E ip	Telephone Humber

Partnership Name		· .		***************************************					
-									
ist name, address, se	x, race and da	ite of birt	h of all p	artners. A	Attach additional shee	ts, if necessary	•		
Name (Last, First, MI)	0.113	Sex	Race	DOB	Street Address		City	State	Zip
ECTION 5 – COR	PORATE INI	FORMA	TION			full state	e e		
Corporation Nam								State of Inco	rp.
			<del></del>	·	Attach additional shee	ts, if necessary			
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
									•
SECTION 6 - PENA	ALTY NOTIC	:E							
understand that this	license may be	e denied (	or revoke	d for frau	d, misrepresentation o	r false stateme	nts contained in	the application or f	or any
violation of Wis. Stats.	§§ 134.71, 94	3.34, 948	3.62 or 94	18.63.					
					nis application is true a lied in this application		he best of my kr	nowledge. I agree to	inform the
Signature of Applicant	: <u> </u>	n,	At	AA	•	· · · · · · · · · · · · · · · · · · ·		Date [ ]	5,19
FOR OFFICE USE C	ONLY								
Dept	Approve	Deny	Ву			Ī	Reason		
POLICE									
FIRE			1						
FIRE  COM DEVELOPMENT  CITY SEALER									
COM DEVELOPMENT	Comr	non Cour	ncil	Date	e Issued	Expiration (	Date	License Number	



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

FEES ARE NON-REFUN	<b>DABLE</b> Date	Recv'd 10/39/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
🗖 Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 83	Receipt #	15342

0	Original Application	Acct Code: CLLSJW
B	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 INFOR	RMATION						
Applicant Name ( Last, First, MI)	of the state of th	Sex	Race	Date of Bi	irth	Place	of Birth (City & State)
Crawford, Troy	W	M	White			Do	illas TX
Street Address	City		State	Zip	,	Home	e Telephone Number
11233 Seaside Ln	Frisco		14	750	35		
SECTION 2 – CONVICTION REC	ORD						
Have you, or any other person listed o		_		g:			
	7, 7, 7	YES XX	0				
Within the last ten			F2 129				
	emeanor?		YES DO N				
	itory violation punishable b						
A coun	ty or municipal ordinance v	iolation?	YES DO N	IU			
For each "YES" response provide t	the date of arrest, the na	ture of the	e offense and co	nviction in	formati	on:	
·	·						
SECTION 3 – BUSINESS INFORM	MATION						
Business Name	Street Address	uite50	O City		State	Zip	Telephone Number
GameStop #5520	3825 E Calur	ret St	Applet	on	WI	54915	<b>COCCO</b>
Owner's Name	Street Address		City		State	Zip	Telephone Number
GameStop, Tuc.	625 Westpor	+ PKW	4 Grage	vine	TX	76051	00000
Business Manager's name	Street Address	ite 50	City		State	Zip	Telephone Number
Jason Kuppin.	3825 E Calum		١٨.	ton	IW	54915	<b>C00000</b>
Building Owner's Name	Street Address		City		State	Zip	Telephone Number
Eisenhower Properties	11 N Washington	<u> </u>	0 Breen	Bay	WI	54301	COCCO

	<b>::</b>									
List name, address, ser	race and d	ate of hirth	of all n	artners A	ttach additional shee	ets if necessar	· · · · · · · · · · · · · · · · · · ·			
List Harrie, address, ser	y race and a	ate or birth	Oi all p	artifers. F	ittacii additional shet	sta, ii necessui	<b>y</b>			
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	****************	State	Zip
				1						
					1					
								,		
·									,	
SECTION 5 – CORP	ORATE IN	FORMATI	ON	<u> </u>	1					<u> </u>
Corporation Name	· ·				· · · · · · · · · · · · · · · · · · ·			Ctata	of lass.	
Corporation Name	" Gay	ne St	, gor	Tino				State	of Inco	р.
List name, address, ser						ets, if necessar	У	, , , ,		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
SECTION 6 - PENA	LTY NOTIC	CÉ .							<b>L</b>	
I understand that this l	icense may b	e denied or	revoke	d for fraud	l, misrepresentation o	or false statem	ents contained ir	the applic	cation or f	or any
violation of Wis. Stats.	§§ 134.71, 9	43.34, 948.6	2 or 94	8.63.						
Under penalty of law, I							the best of my kr	nowledge.	I agree to	inform t
clerk within ten (10) da	ys of any cha	inge in the ii	nforma	tion suppl	ied in this application					
Signature of Applicant:	-4	jeft						Date	1611	7118
FOR OFFICE USE O	NLY		***************************************		,					
Dept	Approve	Deny	Ву				Reason			
-	Approve	Delly	, by				Reason			
POLICE										•
			-							
FIRE	I									
FIRE COM DEVELOPMENT			1							

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

FEES ARE NON-REFUNDABLE Date Recv'd ( ) 29/19								
🖺 Pawnbroker	\$210.00	Acct. CLLPWN						
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)						
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)						
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF						
🗖 Investigation fee	\$ 7.00	Acct. CLCPIF						
Total fee paid \$	Receipt #	15342						

Renewal Acct Code: CLLSJR

\*Please allow 4 weeks for processing\*

Original Application

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

Acct Code: CLLSJW

SECTION 1 – APPLICANT INFO	RMATION					
		г				6 D) .1 (d), D d)
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Crawford Troy.	$\omega$	M	White		$\mathcal{D} \mathcal{D}$	ellas,TX
Street Address /	City		State	Zip	Hom	e Telephone Number
11233 Seaside Ln	Frisco		TX	75035		llas,TX
SECTION 2 – CONVICTION REC	ORD	1				
University of an artist of the second second			£ &b _ £_!!			
Have you, or any other person listed of		YES 🐧 NO		<b>;</b> :		
Within the last ten		YES ILL INC				
	lemeanor?		YES VO N	0		
	utory violation punishable b	v forfoituro?				
A cour	nty or municipal ordinance v	/iolation?	YES D N	U		
- 1 ((see))						
For each "YES" response provide	the date of arrest, the na	ature of the	offense and co	nviction informat	ion:	
						·····
					·	· · · · · · · · · · · · · · · · · · ·
·						
<b>SECTION 3 – BUSINESS INFOR</b>	MATION					
Business Name	Street Address		City	State	Zip	Telephone Number
C SI = 11 22/10	0.11.		١,,,	, , , , , , , , , ,		
(Jainestop #3547	12640 W (olles	ie Aver	wo Apple	ton WI	154914	
Owner's Name	Street Address	)	City	State	Zip	Telephone Number
GameStop Inc.	625 Westport	+ PKWY	Grape	vine TX	7605	
Business Manager's name	Street Address		City	State	Zip	Telephone Number
Jason Kuppin	2640 W Collec	ie Aru	Appleto	on WI	54914	
Building Owner's Name	Street Address	)	City	State	Zip	Telephone Number
				_		
Bruce Baldwin	5360 Peach St	+A	trie	PA	165651	

SECTION 4 – PART	NERSHIP I								
Partnership Name	:				·				
ist name, address, sex	, race and d	ate of birt	h of all p	artners. A	ttach additional shee	s, if necessary			
Name (Last, First, MI)	turi Naga	Sex	Race	DOB	Street Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
	`\te								
									-
SECTION 5 – CORP	ORATE IN	FORMA	TION						
			11011				•		
Corporation Name	" Ga	mes:	top,	Inc				State of Inco	orp.
ist name, address, sex	c, race and d		h of all p	artners. A	ttach additional shee	s, if necessary			
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
									8
		-							
SECTION 6 – PENA	LTV NOTI								
SECTION 6 - PENA	LITIVOIR	-E							
understand that this li	icense may b	e denied o	or revoke	d for fraud	I, misrepresentation o	· false statements o	ontained in	the application or	for any
violation of Wis. Stats.	§§ 134.71, 9	43.34, 948	3.62 or 94	8.63.					
Jnder penalty of law, I lerk within ten (10) da						nd correct to the be	est of my kn	owledge. I agree	to inform the
Signature of Applicant:		7	N	2				Däte /o /	16 119
		7							-0/[[
FOR OFFICE USE O	INLY								
Dept	Approve	Deny	Ву			Rea	son		
POLICE									
FIRE					<del>.</del>				
COM DEVELOPMENT									
CITY SEALER									
Safety and Licensing	Com	mon Coun	ıcil	Date	Issued	Expiration Date		License Numbe	r
, ,							/		
	-		J	•		1			



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

FEES ARE NON-REFUNI	DABLE Date	Recv'd 10/21/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 (\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
B Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 80-	Receipt #	15092
		7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4

Original Application

Acct Code: CLLSJW

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 INFO	RMATION					
		•				
Applicant Name ( Last, First, MI)	•	Sex	Race	Date of Birth		e of Birth (City & State)
Bjorkman, Hunter E		M	CAU		Atl	anta, GA
Street Address	City	M	State	Zip	Ноп	ne Telephone Number
10121 Barnes Canyon Rd.	San Diego		CA	92121		
SECTION 2 – CONVICTION REC	ORD			and the second s		1940-014 (1961-1966) (4 ново на большения поставления пост
Within the last ten A misd A state A cour  For each "YES" response provide	last ten (10) years?  (10) years of: lemeanor?  utory violation punishable buty or municipal ordinance of	YES No.	O YES IN N O YES IN N O YES IN N O YES IN N	10 10	ion:	
				5.4		
SECTION 3 – BUSINESS INFOR	MATION		à			
Business Name	Street Address		City	State	Zip	Telephone Number
ecoATM, LLC	2700 N. Ballard Ave.		Appletor	ı WI	54911	
Owner's Name	Street Address		City	State	Zip	Telephone Number
ecoATM, LLC	10121 Barnes Canyor	n Rd	San Dieg	go CA	92121	0.0
Business Manager's name Mailing Address:	Street Address		City	State	Zip	Telephone Number
Hunter Bjorkman	10121 Barnes Canyo	n Rd	San Dieg	o CA	92121	
Building Owner's Name	Street Address	and common such substitution and shocked	City	State	2ip	Telephone Number
The Kroger Corp.	1014 Vine Street		Cincinatti	i OH	45202	

Partnership Nam	 e:								
•									
ist name, address, se	ex, race and d	ate of birt	h of all p	artners. A	Attach additional s	heets, if necessa	ry		addition of the control of the contr
Name (Last, First, MI)	<del>) iii iii iii ii ii ii ii ii ii ii ii ii</del>	Sex	Race	DOB	Street Address		City	Sta	te Zip
Annaber and the second			ļ			AND THE PROPERTY OF THE PROPER	DAMAGO INCOCOCOCO MANAGO COMO POR A CONTRACTOR DE CONTRACT		
<u></u>				}					
						AND			
SECTION 5 - COR	PORATE IN	FORMA	TION	·					<b>I</b>
Corporation Nam	·····							State of 1	ncorp.
ecoATM, l	LLC			***************************************				DE	
List name, address, se	ex, race and di	ate of birt	h of all p	artners. A	Attach additional s	heets, if necessa	ry		
Name (Last, First, MI)		Sex	Race	DOB	Street Address	Street Address			te Zip
Maquera, David l	D.	М		99	10121 Barnes	San Di	.ego CA	92121	
Mersten, David R		М			10121 Barnes Canyon Rd.		San Di	ego CA	92121
						A A A A BETTO A A OTHER TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW	- THE CONTROL OF THE		CONCRETE THE PARTY AND ADDRESS OF THE PARTY AN
······									
SECTION 6 - PEN	ALTY NOTIC	Œ							
	t				1 1			Alexandrasia	
l understand that this violation of Wis. Stats					i, misrepresentati	on or raise staten	nents contained in	the application	or for any
Jnder penalty of law,	I swear that ti	ne informa	ation pro	vided in th	nis application is tr	ue and correct to	the best of my kr	owledge. Lagr	ee to inform th
derk within ten (10) d							,		
Signature of Applicant	:	namena en bromoné						Date 10	1716
FOR OFFICE USE (	ONLY	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-6/					•
	·	1							
Dept	Approve	Deny	Ву				Reason		
POLICE									-
FIRE									
COM DEVELOPMENT					· · · · · · · · · · · · · · · · · · ·				
CITY SEALER				<u>,</u>		· · · · · · · · · · · · · · · · · · ·			
Safety and Licensing	Comi	mon Cour	l	Date	Issued	Expiration	l 1 Date	License Num	ber
•						1		1	
11 / 13 / 19	۹	1	1	1		,			



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

FEES ARE NON-REFUN	DABLE Date Re	ecv'd 10/31/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00(\$75.00)	Orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
D Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 75	Receipt # 15	SD93

\*Please allow 4 weeks for processing\*

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

Acct Code: CLLSJW

Acct Code: CLLSJR

SECTION 1 – APPLICANT INFOR	RMATION		margan ang ang ang ang ang ang ang ang ang			4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Pla	ce of Birth (City & State)
Bjorkman, Hunter E		M	CAU		At	lanta, GA
Street Address	City		State	Zip	Hor	ne Telephone Number
10121 Barnes Canyon Rd.	San Diego		CA	92121		
SECTION 2 – CONVICTION REC	ORD				NO MARIANTO CLUTTERIO DE LA COMPANIONE	иронун чиш осо выпадунник обложно чит дийин сист (Анан Садан Садан Садан Сада (1964 Б. Б. систов на Адан Сада
Within the last ten A misd A statu	last ten (10) years?  (10) years of: lemeanor? litory violation punishable buty or municipal ordinance v	YES IN NO by forfeiture? diolation? ature of the	YES NO NO YES NO NO YES NO NO Offense and co	10 10 10	ion:	
SECTION 3 — BUSINESS INFORM	MATION					
Business Name	Street Address	Part account to	City	State	Zip	Telephone Number
ecoATM, LLC	511 West Calumet Str	reet	Appletor	n WI	54915	0000
Owner's Name	Street Address		City	State	Zip	Telephone Number
ecoATM, LLC	10121 Barnes Canyor	n Rd	San Die	go CA	92121	
Business Manager's name Mailing Address:	Street Address		City	State	Zip	Telephone Number
Hunter Bjorkman	10121 Barnes Canyo	n Rd	San Dieg	o CA	92121	
Building Owner's Name	Street Address	enanteren ATIO MARTONIA TITUATA TITUATA	City	State	Zip	Telephone Number
The Kroger Corp.	1014 Vine Street		Cincinatti	і ОН	45202	

Partnership Name	:								
List name, address, sex	, race and d	ate of birt	h of all p	artners. Al	tach additional sho	ets, if necessa	ry		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
	· · · · · · · · · · · · · · · · · · ·	-							
	· · · · · · · · · · · · · · · · · · ·								
SECTION 5 CORP	ORATE IN	FORMA	TION						
Corporation Name ecoATM, L								State of Inco	rp.
ist name, address, sex	, race and d	ate of birt	h of all p	artners, Al	tach additional she	ets, if necessa	ry		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Žĺp
Maquera, David D	•	M		00	10121 Barnes C	anyon Rd.	San Di	ego CA	92121
Mersten, David R.		М			10121 Barnes C	anyon Rd.	San Di	ego CA	92121
						THE REPORT OF THE PROPERTY OF			
SECTION 6 - PENA	LTY NOTIC	 E	<u></u>						
understand that this li					misrepresentation	or false staten	nents contained in	the application or	for any
violation of Wis. Stats.	§§ 134.71, 9¢	13.34, 948	3.62 or 94	8.63.					
Inder penalty of law, I lerk within ten (10) da							the best of my kn	owledge. I agree t	o inform th
Signature of Applicant:								Date 10	7,19
A A-24-0-2									
FOR OFFICE USE O	NLY								,
Dept	Approve	Deny	Ву				Reason		
POLICE						<del></del>			
FIRE									<u> </u>
COM DEVELOPMENT			-						
CITY SEALER					A. A	<del></del>			
Cofee and Discoving	Come	mon Cour	ncil	Date	Issued	Expiration	) Date	License Number	
Safety and Licensing									



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

FEES ARE NON-REFUN	DABLE Date R	ecv'd 10/31/19
Pawnbroker	\$210.00	Acct. CLLPWN
<b>Secondhand Article Secondhand Article</b>	\$90.00 (\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
🗖 Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 75	Receipt #	15092
Original Applicat	tion Acct Co	ode: <b>CLLSJW</b>

\*Please allow 4 weeks for processing\*

Renewal 🔎

nstructions:	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

Acct Code: CLLSJR

SECTION 1 - APPLICANT INFOR				in the last and the last according to the second of the last according to the last accor			
Applicant Name ( Last, First, MI)			ace	Date of Birth	l l	e of Birth (City & State)	
Bjorkman, Hunter E		M	CAU		At	lanta, GA	
Street Address	City	Si	ate	Zìp	Home Telephone Num		
10121 Barnes Canyon Rd.	San Diego		CA	92121		10000	
SECTION 2 – CONVICTION REC	ORD				en e		
Within the last ten A misd A statu	last ten (10) years?  (10) years of: lemeanor? utory violation punishable buty or municipal ordinance v	YES NO  y forfeiture?  tolation?  uture of the of	DYES DN DYES DN DYES DN	o o o	ation:		
	,	- Lower workstreamers were con-	and the same of the same				
SECTION 3 – BUSINESS INFORM	NATION						
Business Name	Street Address		City	State	Zip	Telephone Number	
ecoATM, LLC	3701 East Calumet St.	(Walmart2958)	Appleton	WI	54915	0.00	
Owner's Name	Street Address	1	City	State	Zip	Telephone Number	
ecoATM, LLC	10121 Barnes Canyon	Rd	San Dieg	o CA	92121		
Business Manager's name Mailing Address:	Street Address		City	State	Zip	Telephone Number	
Hunter Bjorkman	10121 Barnes Canyor	n Rd	San Diego	CA	92121	0.0.0	
Building Owner's Name	Street Address		City	State	Zip	Telephone Number	
The Kroger Corp.	1014 Vine Street		Cincinatti	ОН	45202		

Partnership Name:	l		,						
list name, address, sex	, race and da	ate of birl	th of all p	artners, Al	tach additional she	ets, if necessar	Y		
Name (Last, First, MI)		Sex	Race	Race DOB Street Address			City	State	Zip
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		-							
	***************************************		<u></u>						
SECTION 5 CORP	ORATE INI	FORMA	TION						
Corporation Name ecoATM, Ll	LC							State of Inc	orp.
list name, address, sex	, race and da	ate of birl	th of all p	artners. At	tach additional she	ets, if necessar	<i>y</i>		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
Maquera, David D	•	М			10121 Barnes Ca	nyon Rd.	San Di	ego CA	92121
Mersten, David R.	Mersten, David R. M 10121 Barnes Canyon Rd.		ınyon Rd.	San Di	ego CA	92121			
	, , , , , , , , , , , , , , , , , , , ,								
						A LATE AND A AND CORPORATION OF A STATE OF THE STATE OF T			
SECTION 6 PENAI	TY NOTIC	 :E	<u>L</u>	<u></u>					
understand that this lie	ense may b	e denied	or revoke	d for fraud,	misrepresentation (	or false stateme	ents contained in	the application	or for any
violation of Wis. Stats. §	§ 134.71, 94	13.34, 948	3.62 or 94	8.63.					
Under penalty of law, I : clerk within ten (10) day	swear that th	ne inform	ation pro	vided in thi	s application is true	and correct to	the best of my kn	owledge. I agre	to inform th
					ed in this application			n . 10	17/1
Signature of Applicant:								Date_\U	
FOR OFFICE USE O	NLY								,
Dept	Approve	Deny	Ву				Reason	annandarak kultuk da	7
POLICE									
FIRE				W. L. W. A. A. L. W.					
COM DEVELOPMENT									
CITY SEALER									
Safety and Licensing	Comi	mon Cour	rcil	Date	Issued	Expiration	Date	License Numb	er
	1					1		1	



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

FEES ARE NON-REFUN	DABLE Date R	ecv'd \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct, CLCPIF
Total fee paid \$ 2/0+	Receipt #	1144

\*Please allow 4 weeks for processing\*

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

Acct Code: CLLSJW

Acct Code: CLLSJR

SECTION 1 – APPLICANT INFOR	RMATION					
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth ,	Place	of Birth (City & State)
BAER Gregory	A	M	W		Ch	erry Holl NI
Street Address 2705 E. Greenleag	City	<u> </u>	State	Zip	Hom	Telephone Number
970-9 DE	Appleton	No.	Wi	54913		
SECTION 2 – CONVICTION REC		[N. : .	- Na AN		i i	
Have you, or any other person listed of				g:		
A felony within the	* * *	YES 🗖 N	0			
Within the last ten			<b>B B</b>			
	emeanor?		YES 🔁 N			
	itory violation punishable b	-	,			
A coun	ty or municipal ordinance v	iolation?	🖸 YES 👰 N	10		
For each "YES" response provide t	the date of arrest, the na	iture of the	e offense and co	onviction informati	on:	
•						
					· · · · · · · · · · · · · · · · · · ·	
SECTION 3 – BUSINESS INFORM	MATION					
Business Name	Street Address		City	State	Zip	Telephone Number
JGB LLC BIBA	16338 A Pro		- APPLET	61 WI	549/	
Owner's Name	Street Address	MOUN ?	City	State	Zip	Telephone Number
Owner's Name	July 1	_	'		Zih	relephone Number
Gready PSAEL	2705 & Greenley	5 DR	Appleto	on wi	C4913	
Business Manager's name	Street Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	Telephone Number
SAME						
Building Owner's Name	Street Address	Lond	City	/ State	Zip	Telephone Number
Charles Hasen	1933 N. Cico	21 (	Apple to	on WI	54411	000000

Partnership Name	SECTION 4 – PARTNERSHIP INFORMATION										
•	2:		···								<u></u>
ist name, address, se	x, race and da	ate of birth	of all p	artners. At	tach additional she	ets, if necess	ary				
Name (Last, First, MI)		Sex	Race	DOB	Street Address			City	5.1.	State	Zip
			-	TO GROUP I							
<del></del>											
ECTION 5 – CORP	PORATE IN	FORMAT	ION								•
orporation Name	e:								State	of Inco	р.
st name, address, se	x, race and da	ate of birth	of all p	artners. At	tach additional she	ets, if necess	ary				
ame (Last, First, MI)	7	Sex	Race	DOB	Street Address		* /	City	y "Nest"	State	Zip
BAR Com					2705 E. C.	reenless	B	A 001	<u>,                                     </u>		m Kin
BAER, Grey BAER Jenn	my A	M	-W		2705 E. C.		9	APPLE	ton.	M	59913
SAGR Jenn	iber M	F	W	, , ,	2705 2. Ce,	reinley	1x	APPU	for	WI	5413
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											7 .
					•						
ECTION 6 - PENA	LTY NOTIC	Œ								••	<u> </u>
	•				misrepresentation	or false state	ments co	ntained in	the appl	ication or f	or any
olation of Wis. Stats. nder penalty of law, I	§§ 134.71, 94	13.34, 948. ne informa	62 or 94 Lion pro	8.63. vided in thi	s application is true	and correct t					·
olation of Wis. Stats. nder penalty of law, I	§§ 134.71, 94	13.34, 948. ne informa	62 or 94 Lion pro	8.63. vided in thi	s application is true	and correct t					·
olation of Wis. Stats. nder penalty of law, I erk within ten (10) da	§§ 134.71, 94 swear that that says of any cha	13.34, 948. ne informa	62 or 94 Lion pro	8.63. vided in thi	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	·
iolation of Wis. Stats. Inder penalty of law, I Ierk within ten (10) da Ignature of Applicant:	§§ 134.71, 94 I swear that thays of any cha	13.34, 948. ne informa	62 or 94 Lion pro	8.63. vided in thi	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	inform the
olation of Wis. Stats.  nder penalty of law, I erk within ten (10) da ignature of Applicant: OR OFFICE USE O	§§ 134.71, 94 I swear that thays of any cha	13.34, 948. ne informa	62 or 94 tion pro informa	8.63. vided in thi tion supplie	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	inform the
olation of Wis. Stats.  nder penalty of law, I erk within ten (10) da gnature of Applicant:  OR OFFICE USE O	§§ 134.71, 94 I swear that thays of any cha	13.34, 948. The informa	62 or 94 tion pro informa	8.63. vided in thi	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	inform the
olation of Wis. Stats.  nder penalty of law, I erk within ten (10) da gnature of Applicant:  OR OFFICE USE O  ept	§§ 134.71, 94 I swear that the ays of any chap of any chap of any chap of any chap of a system of a sy	13.34, 948. The informa	62 or 94 tion pro informa	8.63. vided in thi tion supplie	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	inform the
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olation of Wis. Stats.  nder penalty of law, I erk within ten (10) da gnature of Applicant:  OR OFFICE USE O  ept  OLICE  RE	§§ 134.71, 94 I swear that the ays of any chap of any chap of any chap of any chap of a system of a sy	13.34, 948. The informa	62 or 94 tion pro informa	8.63. vided in thi tion supplie	s application is true ed in this application	and correct t	o the bes	it of my kn	owledge	l agree to	inform the
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understand that this I iolation of Wis. Stats. Inder penalty of law, I lerk within ten (10) da ignature of Applicant: OR OFFICE USE O Dept OLICE IRE OM DEVELOPMENT ITTY SEALER afety and Licensing	§§ 134.71, 94  I swear that the ays of any change of any change of any change of any change of a swear that the ays of any change of any chang	13.34, 948. The informa	62 or 94 tion pro informa	8.63. vided in thi tion supplie	s application is true d in this application	and correct t	Reas	it of my kn	owledge Date	l agree to	inform the



for

#### TAXICAB COMPANY AND LIMOUSINE SERVICE

FEES ARE NON-REFUNDABLE License fee EACH Vehicle \$30.00	Date Recv'd _	_/_/_	
Investigation fee \$\frac{\partial}{2}\$ \$ 7.00	Acct. CLLPIF Receipt	5	000
Original Application  Renewal – License #			

Name of Company	naca di's Ca	- ev(2909		Business Phone	836-2013
Business Street Address		Rd /	City Neep	State Wi	Zip 54954
Owner's Name	aer-Jan	Councilla	of Birth	)	Individual Partnership
Owner's Name			of Birth		Corporation
SECTION 2 - VEH	ICLES TO BE OPERATED	) (4	ttach additional sh	eets if necessary)	
Vehicle Number	Capacity	Make/Model		DOT Licen	se Plate Number
***************************************		Horse &	-Carrer	905	
				,	
			<del></del>		***************************************
-					
SECTION 3 - CON	IPANY HISTORY				
s the company curre	ntly licensed in any other m	unicipality? YES Nূ	O If Yes, what m	nunicipality?	
Has the company eve	er been denied a license by a	ny municipality? YES N	o If Yes, please	explain:	
Have any of the own	ers ever been convicted of a	crime? YES N	O If Yes, please	explain:	
Describe the basic op	perations of the company:	/		`	
If Ab a book and in large	Dorvine		vev		ehecle 5
made for off street p	,	pal Code requires that off-street pa	rking is provided to	ir. It applicable, what	t provisions have been
SECTION 4 – INSU	IBANCE NOTICE				
SECTION 4 - INSC	JRANCE NOTICE				
Insurance Covera	BE: Ene				(0)
Insurance Carrier	: 100 0 00 C	Ingavance	_		au
		( T	1/0.0	Camo	788-
Insurance Agent	Name and Phone Numb	per: Duren	" = 1 W)	Camp	100
Policy Number:	Q0624	153241		\	
Policy Portod.	624	11a- 6/21	1176		
Policy Period:	$-\omega \omega \tau$	11-1 OF	1/2-0		
	,	and certify the information		· ·	="
authorized repre-	and a time of the antitue	btaining this permit/license.	Lhave reviewe	d and understand	l the incurance

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