



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, July 10, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-0875](#) Safety & Licensing Committee Minutes from 06/26/2024.

Attachments: [S&L Minutes 06-26-24.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[24-0834](#) Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B" Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams, Agent.

Attachments: [Corner Pub Alcohol Lic Non-Renewal MEMO - Atty.pdf](#)
[2024 Corner Pub Non-Renewal Hearing Notice.pdf](#)
[2023 Non-Use of License Letter- Corner Pub.pdf](#)
[CORNER_PUB 2023 Inspection Report.pdf](#)
[CORNER_PUB 2024 Inspection Report.pdf](#)
[Corner Pub 2024.2025 Renewal.pdf](#)
[Kim Williams-inspection letter.pdf](#)

Legislative History

6/26/24 Safety and Licensing held
Committee
Kim Williams addressed the committee

- [24-0848](#) Class "B" Beer and Reserve "Class B" Liquor License application for Jechu LLC d/b/a Mr. Frogs, Julia Nino Gomez, Agent, located at 409 W. College Ave, contingent upon approval from all departments.
Attachments: [Mr Frogs Redacted.pdf](#)
[Memo -Alcohol Beverage License Application of Jechu LLC.pdf](#)
[Julia Gomez Morales denial letter.pdf](#)
[Withdrawal Request-Jechu LLC DBA Mr Frogs alcohol license application.pdf](#)
- Legislative History**
- | | | |
|---------|--------------------------------|------------------------|
| 6/26/24 | Safety and Licensing Committee | recommended for denial |
|---------|--------------------------------|------------------------|
- Julia Nino Gomez addressed the committee. Sandra Munoz, 1625 Coolidge Ct., translated for Ms. Gomez*
- [24-0879](#) Police Department Sole Source Memo for TimeClock Plus LLC Contract.
Attachments: [Aladtec Sole Source - SL 2024.pdf](#)
[Q032584 - Appleton Police Department_preview \(1\) \(1\).pdf](#)
- [24-0866](#) Class "A" Beer & "Class A" Liquor License application for Indianhead Oil Co., LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E. Calumet St, contingent upon approval from the Finance Department.
Attachments: [Indianhead Oil LLC Class A Beer.Liquor App Redacted.pdf](#)
- [24-0869](#) Class "A" Beer & "Class A" Liquor License application for Lindo Michoacan Mexican Restaurant LLC d/b/a Lindo Michoacan, Pedro Juarez, Agent, located at 211 N. Richmond St.
Attachments: [Lindo Michoacan Class A Combo App Redacted.pdf](#)
- [24-0870](#) Class "B" Beer & Reserve "Class B" Liquor License application for Lindo Michoacan Mexican Restaurant LLC d/b/a Lindo Michoacan, Pedro Juarez, Agent, located at 207 N. Richmond St.
Attachments: [Lindo Michoacan Class B Reserve Combo App Redacted.pdf](#)
- [24-0857](#) Class "B" Beer & Reserve "Class B" Liquor License application for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip Bhandari, Agent, located at 1619 W. College Ave, contingent upon approval from the Health and Inspections departments.
Attachments: [Nanglo Momos & Curry Class B Beer.Reserve Class B Liquor App Redacted.pdf](#)
- [24-0882](#) Class "B" Beer & Reserve "Class B" Liquor License application for DCMX LLC d/b/a Gingerootz, Mylee Xiong, Agent, located at 2920 N. Ballard Rd Ste A, contingent upon approval from the Finance Department.
Attachments: [Gingerootz Class B Combo App Redacted.pdf](#)

- [24-0891](#) Class "B" Beer and "Class C" Wine License application for Moon Water Cafe LLC d/b/a Moon Water Cafe, Shannon Boegh, Agent, located at 606 North Lawe St.
Attachments: [Moon Water Cafe App Redacted.pdf](#)
- [24-0860](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Spats Food and Spirits LLC d/b/a Spats Food and Spirits, Nicholas Kapleim, Agent, located at 733 W. College Ave., from August 1-August 4, 2024 for Special Event, contingent upon approval from the Inspections and Finance Departments.
Attachments: [Spats Temp Premise Amendment 2024.pdf](#)
- [24-0861](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for TNE Inc d/b/a Emmett's Bar & Grill, Sharon Reader, Agent, located at 139 N. Richmond St., from August 1-August 4, 2024 for Mile of Music Event, contingent upon approval from the Police, Health, Inspections, Public Works, and Finance Departments.
Attachments: [Emmetts Premise Amend. 8.1.24.pdf](#)
- [24-0871](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Wooden Nickel Restaurant & Lounge, Inc d/b/a Wooden Nickel Sports Bar and Grill, Anthony Mueller, Agent, located at 217 E. College Ave., from 11 a.m. to 12 a.m. August 1-August 4, 2024 for Mile of Music, contingent upon approval from all Departments.
Attachments: [Wooden Nickel Temp Premise Amend. 8.1.24.pdf](#)
- [24-0872](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for DDCT, Inc d/b/a Jim's Place, Stacy Hoffman, Agent, located at 223 E. College Ave., from 11 a.m. to 12 a.m. August 1-August 4, 2024 for Mile of Music, contingent upon approval from all Departments.
Attachments: [Jim's Place Temp Premise Amend. 8.1.24.pdf](#)
- [24-0864](#) Cigarette, Tobacco, and Vaping Device License renewal application for Family Dollar Stores of Wisconsin, LLC d/b/a Family Dollar #23800, Joshua Nigbor, Agent, located at 808 W. Wisconsin Ave.
Attachments: [Family Dollar 23800 Redacted.pdf](#)
- [24-0865](#) Cigarette, Tobacco, and Vaping Device License renewal application for Indianhead Oil Co., LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E. Calumet St.
Attachments: [Circle K Tobacco Redacted.pdf](#)

[24-0855](#) Cigarette, Tobacco, and Electronic Vaping Device License renewal application for D8D by 4H4 LLC d/b/a The Dispensary, William Nething, Agent, located at 3020 E. College Ave Ste N.

Attachments: [Dispensary Tobacco App Redacted.pdf](#)

[24-0874](#) Pet Store renewal application for Wild Habitats, Brady Bartel, Applicant, located at 1350 W. College Ave, contingent upon approval from all departments.

Attachments: [Wild Habitats 2024 Renewal Redacted.pdf](#)

[24-0858](#) Salvage Dealer Renewal application for Golper Supply Co Inc, David Golper, Applicant, located at 1810 W. Edgewood Dr, contingent upon approval from the Inspections department.

Attachments: [Golper Supply Co Inc 2024 Renewal Redacted.pdf](#)

[24-0859](#) Salvage Dealer Renewal application for Mach IV Motors LLC, Kara Tullberg, Applicant, located at 600 E. Hancock St, contingent upon approval from the Inspections department.

Attachments: [Mach IV Motors LLC 2024 Renewal Redacted.pdf](#)

[24-0862](#) Temporary Class "B" Beer License application for Sacred Heart Parish, David Erickson, Person in Charge, located at 222 E. Fremont St., contingent upon approval from the Police and Health Departments.

Attachments: [Temp B Sacred Heart 8.17.24 Redacted.pdf](#)

7. Information Items

[24-0880](#) Directors Report
1. City Clerk
2. Fire Chief
3. Police Chief
- Overtime Update

8. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, June 26, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

Present: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

4. Approval of minutes from previous meeting

[24-0856](#)

Safety & Licensing Committee minutes from 06/12/2024

Attachments: [S&L Minutes 06-12-2024.pdf](#)

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

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

5. Public Hearing/Appearances

6. Action Items

[24-0834](#)

Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B" Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams, Agent.

Attachments: [Corner Pub Alcohol Lic Non-Renewal MEMO - Atty.pdf](#)
[2024 Corner Pub Non-Renewal Hearing Notice.pdf](#)
[2023 Non-Use of License Letter- Corner Pub.pdf](#)
[CORNER_PUB 2023 Inspection Report.pdf](#)
[CORNER_PUB 2024 Inspection Report.pdf](#)
[Corner Pub 2024.2025 Renewal.pdf](#)
[Kim Williams-inspection letter.pdf](#)

Kim Williams addressed the committee

Siebers moved, seconded by Croatt, that the Non-Renewal of License Item be held until the 7/10/24 meeting to allow the agent time to have work inspected by city staff. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

[24-0863](#)

The Safety and Licensing Committee may go into closed session pursuant to State Statute §19.85(1)(a) for the purpose of deliberating the non-renewal of an alcohol license and then may reconvene into open session.

The Committee did not convene into Closed Session.

[24-0848](#)

Class "B" Beer and Reserve "Class B" Liquor License application for Jechu LLC d/b/a Mr. Frogs, Julia Nino Gomez, Agent, located at 409 W. College Ave, contingent upon approval from all departments.

Attachments: [Mr Frogs Redacted.pdf](#)
[Memo -Alcohol Beverage License Application of Jechu LLC.pdf](#)
[Julia Gomez Morales denial letter.pdf](#)

Julia Nino Gomez addressed the committee. Sandra Munoz, 1625 Coolidge Ct., translated for Ms. Gomez

Siebers moved, seconded by Schultz, that the Alcohol License be recommended for denial based upon the criteria in Asst. Attorney Buruin's memo. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

Balance of the action items on the agenda.

Schultz moved, Siebers seconded, to approve the balance of the agenda. The motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

[24-0835](#)

Hop Yard Ale Works Full-Service Retail Outlet Permit for Flicks & Sips on 8/16/2024 in Jones Park.

Attachments: [Ab-105 Flicks Sips_Redacted.pdf](#)

This Report Action Item was recommended for approval

[24-0832](#)

2024-2025 Late Late Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 28, 2024.

Attachments: [Late 2024-25 Alcohol License Renewals S&L.pdf](#)

This Report Action Item was recommended for approval.

[24-0828](#)

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #02921, Stephanie Schroeder, Agent, located at 1901 S. Oneida St.

Attachments: [Walgreens 2921 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0840](#)

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #05102, Sarah Loeck, Agent, located at 700 W. College Ave.

Attachments: [Walgreens 5102 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0826](#)

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #07323, Garrette Kersten, Agent, located at 3330 E. Calumet St.

Attachments: [Walgreens 12693 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0827](#)

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #12019, Amber Janssen, Agent, located at 2803 N. Meade St.

Attachments: [Walgreens 12019 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0825](#)

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #12693, Andrew Krueger, Agent, located at 729 W. Northland Ave.

Attachments: [Walgreens 12693 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0829](#)

Class "B" Beer and Reserve "Class B" Liquor License application for Dairyland Brewing Co LLC d/b/a Dairyland Brew Pub, Dorri Schmidt, Agent, located at 1216 E. Wisconsin Ave, contingent upon approval from the Finance department.

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

This Report Action Item was recommended for approval.

[24-0822](#)

Class "B" Beer & Reserve "Class B" Liquor License application for Mondo Wine LLC d/b/a Mondo on the River, David Oliver, Agent, located at 425 W. Water St, Ste 100, contingent upon approval from Health and Inspections departments.

Attachments: [Mondo Wine LLC Class B Beer.Reserve Class B Liquor 2024 Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0821](#)

"Class C" Wine License application for Bowinator LLC d/b/a Ukiyo, Corbin Schiedermayer, Agent, located at 207 W. College Ave., contingent upon approval from the Inspections and Public Works departments.

Attachments: [Bowinator LLC Ukiyo Class C App Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0808](#) Mobile Home Park License Renewal Application for Fox Valley Estates, located at 106 Primrose Lane, contingent on approval from the Inspections and Finance departments.

Attachments: [Fox Valley Estates- Mobile Home Park Renewal.pdf](#)

This Report Action Item was recommended for approval.

[24-0833](#) 2024-2025 Late Cigarette, Tobacco, and Vaping Device License renewal applications.

Attachments: [2024-2025 Late C.T.V Renewals 3rd Round.pdf](#)

This Report Action Item was recommended for approval.

[24-0830](#) Cigarette, Tobacco, and Electronic Vaping Device License application for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip Bhandari, Agent, located at 1619 W. College Ave.

Attachments: [Nanglo Momos & Curry Tobacco Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0831](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Richmond Smokeys Tobacco Inc, Hussein Alobaidi, Agent, located at 2828 N. Richmond St Unit 2.

Attachments: [Richmond Smokeys Tobacco Inc Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0824](#) Temporary Class "B" Beer and "Class B" Wine License application from St. Pius X Parish, Andrew Miles, Person in Charge, located at 500 W. Marquette St, for St. Pius Parish Summer Festival on August 23, 24, and 25, 2024, contingent upon approval from the Health and Fire departments.

Attachments: [Temp B St Pius Parish Summer Festival 2024 Redacted.pdf](#)

This Report Action Item was recommended for approval.

7. Information Items

[24-0836](#) Alcohol License Status Report

Attachments: [2024 Alcohol License Status Report 6-21-24.pdf](#)

[24-0820](#)

Special Events

- African Heritage Inc, Juneteenth Celebration, Jones Park, June 9th 2024
- YMCA of the Fox Cities, Summer Classic, Erb Pool, June 15th and June 16th 2024
- Creative Downtown Appleton, Make Music Day, College Avenue and Houdini Plaza, June 21st 2024
- WIJAM LLC, Sol Dance Music Festival, Jones Park, June 22nd 2024
- Appleton Area National Organization for Women, March Against Dobbs, Pierce Park and Houdini Plaza, June 23rd 2024
- City of Appleton Fireworks, Memorial Park, July 3rd 2024
- YMCA of the Fox Cities, Bird Bath, Erb Pool, July 12th through July 14th 2024

[24-0849](#)

Directors Report

1. City Clerk
2. Fire Chief
3. Police Chief

8. Adjournment

Siebers moved, seconded by Schultz, that the meeting be adjourned at 6:26 p.m. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

CITY ATTORNEY'S OFFICE
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6423
f: 920.832.5962
www.appleton.org

TO: Safety and Licensing Committee, Common Council

From: ACA Zak Buruin

Date: 6/21/24

RE: Corner Pub, Alcohol Beverage Abandonment and Non-Renewal

Wisconsin Statutes §125.12(3) and (2)(ag) authorize an issuing municipality to refuse to renew an alcohol beverage license where the licensee has violated a local regulation adopted under §125.10. Appleton Code §9-52 is such a regulation.

Appleton Code §9-52(9) provides that abandonment of an alcohol beverage license shall be sufficient grounds for revocation or non-renewal of such license. It defines "abandonment" as "continuing refusal or failure of the licensee to use the license for the purpose for which the license was granted by the city council for a period of one (1) year." The Common Council may extend such period if good cause is shown.

On May 30, 2023, the Appleton Health Department conducted an inspection of the Corner Pub, an alcohol beverage licensed establishment located at 1123 N. Mason Street in Appleton. The inspection was prompted by a broken water pipe in the rental unit above the bar, resulting in significant damage to the licensed premises. The inspection report noted several significant areas of concern and several city departments that would need to approve of the repairs and conditions of the bar before it would be able to reopen.

On July 28, 2023, license holder Kim Williams was notified of the situation via a letter from Clerk Lynch. The letter advised Ms. Williams that if her business was not reopened by May 30, 2024, would result in grounds for her alcohol beverage license(s) to be revoked or not renewed. It advised that the letter was intended to provide her ample notice of the potential loss of her alcohol beverage license and to remedy the situation by reopening the business.

On May 30, 2024, the given deadline to reopen, the Appleton Health Department conducted an inspection to determine if the premises was compliant with requirements to reopen. The inspection report noted that the bar area was not complete, and the business did not look as though it was ready to open. It was further noted that multiple city departments were unable to confirm that the establishment was able to resume

operation. The Health, Fire, and Inspections departments had not been able to approve the condition of the premises due to necessary additional work. The establishment could not reopen.

The following day, Clerk Lynch provided written notice to Ms. Williams of the intent to not renew her alcohol beverage license(s) based upon abandonment. The letter provided her with the required opportunity to be heard on the issue of the non-renewal of her alcohol beverage license at the meeting of the Safety and Licensing Committee of the Appleton Common Council on June 26 at 5:30 PM, The same letter advised her of the option to withdraw the renewal application and have the associated license fee refunded.

Based upon the above, the alcohol license in question is considered “abandoned” and is therefore subject to revocation or non-renewal under Appleton Code §9-52(9).



CITY OF APPLETON

OFFICE OF THE CITY CLERK

100 N Appleton Street
Appleton, WI 54911
p: 920.832.6443
f: 920.832.5823
www.appleton.org

May 31, 2024

**Kim Williams
200 E Harding Drive
Appleton, WI 54915**

Re: Notice of Non-renewal of Alcohol License for Corner Pub

Ms. Williams,

The purpose of this letter is to inform you of the status of your alcohol license application for Corner Pub, located at 1123 N Mason Street. On July 28th, 2023, you were sent a letter regarding the abandonment/non-use of your alcohol license. A copy of this letter is enclosed. Pursuant to 9-52(9) of the City of Appleton Municipal Code any licensee granted or issued a license to sell alcohol beverages that abandons such business shall forfeit any right or preference the licensee may have to the holding or renewal of such license. Abandonment shall be sufficient grounds for revocation or non-renewal of any alcohol beverage license. The referenced letter informed you of this and provided that your business must be operational by May 30, 2024 to avoid non-renewal or revocation of your alcohol license. The following departments confirmed on May 30th that your business was not operational and additional work is required before you would be able to re-open: health, fire and inspections.

A hearing for the non-renewal of your alcohol license has been scheduled for Wednesday, June 26th, 2024, before the Safety & Licensing Committee. The hearing will take place at 5:30 p.m. in the Council Chambers – 6th floor at City Hall, 100 N Appleton St., Appleton, WI 54911.

In lieu of the hearing you may surrender your alcohol license by sending an email to kami.lynch@appletonwi.gov stating your intent to surrender the license and withdraw your renewal application. This option allows you to receive a refund for the alcohol license fee.

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

Respectfully,

Kami Lynch, City Clerk

Encl: Abandonment/Non-use of Alcohol License Letter



LEGAL & ADMINISTRATIVE
SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

July 28, 2023

Kim Williams

200 E Harding Drive

Appleton, WI 54915

Re: Abandonment/Non-Use of Alcohol License

Appleton Municipal Code Section 9-52 (9) states that an alcohol license may be revoked or non-renewed for failure to use the license for the purpose in which it was granted for a period of 1 (one) year. As of May 30, 2023 your establishment with the trade name, Corner Pub, located at 1123 N Mason St. has remained closed to the public, and your Class "B" Fermented Malt Beverage & "Class B" Liquor License have not been used. Failure to open your business and use your alcohol license for the intended purpose of a bar/tavern by May 30, 2024 may be grounds for license revocation or non-renewal. This letter is to provide you ample notice of potential non-renewal or revocation should the business not be operational by the time specified.

If you have any questions regarding this matter, please do not hesitate to contact me at the number listed above.

Respectfully,

Kami Lynch
City Clerk

Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CORNER PUB	Facility Type Retail Food - Serving Meals
Facility ID # HSAT-7QWT54	Facility Telephone # 920 073-1097
Facility Address 1123 N MASON ST APPLETON , WI 54914	
Licensee Name KIM-RICK WILLIAMS	Licensee Address 1123 N MASON ST APPLETON , WI 54914

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2023	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
<p>Water pipe broke in rental over bar. Ceiling down to rafters, walls have stud exposed. Can lighting hanging down. Bar needs to be essentially put back together and have all departments sign off prior to reopening. Fire, HVAC, Building, Plumbing, Electrical and Health will all need to come through and inspection prior to opening back up for business.</p> <p>Re attach the faucet on the 4 compartment sink. (Faucet is onsite)</p> <p>Report will be mailed to 200 E. Harding Drive 54915</p>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian


Rick Williams


Michelle Roberts
(920) 832-6429

Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CORNER PUB	Facility Type Retail Food - Serving Meals
Facility ID # HSAT-7QWT54	Facility Telephone # 920 730-1097
Facility Address 1123 N MASON ST APPLETON , WI 54914	
Licensee Name KIM-RICK WILLIAMS	Licensee Address 200 E HARDING DR APPLETON , WI 54915

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2024	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
<p style="color: blue;">Hold from Fire, Electrical, HVAC. Building and Plumbing not onsite to recheck. Inspections will create a CSR with all the notes. No storage under stairs.</p> <p style="color: blue;">4 compartment sink installed. Bar still not completed and looking ready to open. Bar can not be reopened at this time. Final approvals needed from Fire, Electrical, HVAC, Plumbing and Building. Also Health needs to come back and bar should look like it is ready to open.</p> <p style="color: blue;">Report emailed to crystal.k.denton@gmail.com</p>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian


Kim Williams


Michelle Roberts
 (920) 832-6429

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality City of Appleton
License Period 2024-2025

License(s) Requested

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____ |
| <input checked="" type="checkbox"/> Class "B" Beer \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Wine \$ _____ | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____ |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |

License Fees	\$ 500
Publication Fee	\$ 20
Background Check	\$ 7
Total Fees	\$ 527

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Kim Williams		
2. Trade Name or DBA Corner Pub		
3. Premises Address 1123 N. Mason St. Appleton WI 54914		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 10
7. Mailing Address (if different from premises address) 200 E Harding Dr. Appleton WI 54915		
8. FEIN 456-0002312585-03	9. Wisconsin Seller's Permit Number 456-0002312585-03	
10. Premises Phone 920-450-8456	11. Premises Email NONE	
12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body. 1123 North Mason Street - 110x230 sq ft. Tavern - 40x40 sq ft Basement storage		

Part B: Questions		
1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.		
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information Yes No

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

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? Yes No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? Yes No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104. Yes No

2. Agent Last Name	Agent First Name	Agent Phone Number
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Part D: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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

Signature <i>Kim Williams</i>	Date <i>3-11-24</i>	
Name (Last, First, M.I.) <i>Kim M. Williams</i>		
Title <i>owner</i>	Email	Phone <i>920-450-8456</i>

Part E: For Clerk Use Only

Date application was filed with clerk <i>3/11/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Nathan Williams

From: Crystal Williams <crystal.k.denton@gmail.com>
Sent: Tuesday, June 4, 2024 3:02 PM
To: Nathan Williams
Subject: Fwd: Corner Pub
Attachments: image001.jpg; Inspection-Letter_05-30-2024.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

----- Forwarded message -----

From: Michelle Roberts <Michelle.Roberts@appleton.org>
Date: Mon, Jun 3, 2024, 10:29
Subject: Corner Pub
To: crystal.k.denton@gmail.com <crystal.k.denton@gmail.com>

Attached is the notes from Electrical and Fire

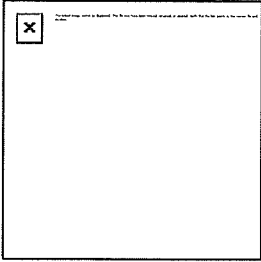
Below is the list of violations that I noticed at the Corner Pub on 1123 N Mason. A licensed electrical contractor will need to apply for a permit and perform the work. Once Kurt creates a CSR I will put the notes in. Let me know if you have any questions.

- Boxes without covers – 314.25
- Open splices – 300.15
- Flex conduit not connected to the light fixtures – 300.12
- Lights not secured to the grid – 410.36(B)
- GFCI protection within 6' of sink – 210.8(B)(5)
- GFCI in unfinished basement – 210.(B)(10)
- NM not secured at panel – 334.30
- EMT conduit not properly secured – 358.30
- Damaged receptacles and covers – 110.12(B)

-Box extensions needed – 314.20

-Box fill – 314.16

Thank you,



Timothy Meyer

Electrical Inspector

City of Appleton, Community Development Department

100 N. Appleton Street, Appleton, WI 54911

O: 920-832-5806 | timothy.meyer@appletonwi.gov

Appleton.org



Appleton Fire Department Inspection Report

Business Information

Occupant Name: Corner Bar **Date Completed:** 05/30/2024
Address: 1123 N MASON ST **IFC Classification:** A2 - Assembly
Business Phone:
Occupant Suite:
City: APPLETON **State:** WI **Postal Code:** 54914

Contact Information

First Name Kim **Last Name** Williams
Cell Phone 920-450-8456

Inspection Information

Inspection Type: Routine

Violations

Complaint Reported Date	Violation Code	Violation Status	Re-Inspection Date	Description	Comments
12:29:26	603.2.2	Violation Noted - Schedule Recheck	06/26/2024	Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.	Multiple junction boxes open, no expose wiring allowed
12:32:31	703.1.3	Violation Noted - Schedule Recheck	06/26/2024	Required fire walls, fire barriers and fire partitions shall be maintained to prevent the passage of fire. Openings protected with approved doors or fire dampers shall be maintained in accordance with NFPA 80.	Breach of fire walls different locations
12:35:07	NFPA 1:14.13.2 .1.1	Violation Noted - Schedule Recheck	06/26/2024	Emergency Lighting – Shall be function tested monthly for not less than 30 seconds and annually function tested for a minimum of 90 minutes. A written record of visual inspections and tests shall be kept for inspection.	Emergency light not working

For a list of companies that may complete this service, please copy the below link and paste it in your browser. Please be aware that this is not a complete list of vendors and is provided as a courtesy.

<https://drive.google.com/open?id=1hXhLNNiIR34frMu-pNc-wLhFRqAnuxd6>

For an example test record, please copy the link and paste it in your browser.

https://drive.google.com/open?id=1MBznFpMIwiBixVvi4et2T-_0bvi8qAAe

Inspected by: DETERT, JEREMIAH

Date Completed: 05/30/2024

12:35:33	315.3.3	Violation Noted - Schedule Recheck	06/26/202 4	Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.	No storage allowed under the stairway to basement unless is protected by sprinkler system
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Violation Documents

Document File Not Found.

Document File Not Found.

Document File Not Found.

Document File Not Found.

Order to Comply

As such conditions are contrary to law, you are hereby required to correct said violations upon receipt of this notice. An inspection to determine whether or not you have complied with this notice will be conducted approximately on or around the date listed above. Failure to comply before the reinspection date may render you liable to the penalties provided by law for such violations, and reinspection or missed appointment fees.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$ 0

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Techu LLC</i>		
2. Business Trade Name or DBA <i>Mr. Frog's Appleton</i>		
3. FEIN	4. Wisconsin Seller's Permit Number <i>456-1030999291-04</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <i>Wisconsin</i>	7. Date of Organization <i>03-18-22</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>409 W. College AV</i>		
10. City <i>Appleton</i>	11. State <i>WI</i>	12. Zip Code <i>54911</i>
13. County <i>Outagamie</i>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Appleton</i>	15. Aldermanic District
16. Premises Phone <i>920) 284-2767</i>	17. Premises Email <i>Juliamorales3900@gmail.com</i>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Alcohol will be served inside the bar and patio Alcohol stored in basement, walking cooler and cooler underneath the bar counter top and shelves and outdoor patio</i>		
20. Mailing Address (if different from premises address) <i>1625 Coolidge CT.</i>		
21. City <i>Appleton</i>	22. State <i>WI.</i>	23. Zip Code <i>54915</i>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity <i>Lil Taco</i>	4b. Business Entity FEIN
--	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

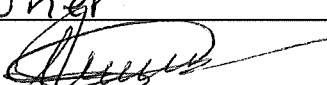
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
<i>Nino Gomez</i>	<i>Julia</i>	<i>owner</i>	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name <i>Nino Gomez</i>	First Name <i>Julia</i>	M.I.
Title <i>owner</i>	Email	Phone
Signature 	Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Julia Nino Gomez

2. Name of Business: Julia & Sons DBA Mr Frog's Appleton
 (Check Applicable Box(s) to identify primary business activity)

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

3. Address of Business: 409 W. College Av. Appleton WI. 54911

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

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

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

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

<u>Julia</u>		<u>Nino Gomez</u>	
First name	M.I.	Last name	Date of Birth
<u>Alejandro</u>		<u>Morales</u>	
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Julia & Sons
 First name Middle Initial Last name

Address: _____
 City State ZIP

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

Name: ~~Bob~~ Mr. Frogs

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

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

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

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

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

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

01-31-24 months ago.

10. Seating capacity: Inside 120 Outside 80

11. Operating hours (Inside the building): Monday-Sunday 11am to 2am
Operating hours (Outdoor seating areas): Monday-Sunday 11am to 2am

12. Employees/Staff

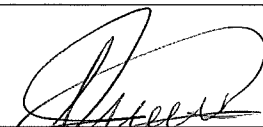
Number of floor personnel 5 Number of door checkers 2

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

- a. Gross floor building area of the premises to be licensed: 2600 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 2500 square feet.
- c. Below, identify the operational details of the proposed establishment:

Night club/Bar

Monday thru Sunday 11am to 2am


Signature

01/22/24
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of ~~MANNA WISCONSIN~~ LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Mr. Frogs Appleton
(Trade Name)

located at 409 W Colleague Ave Appleton, WI 54911

appoints Julia Nino Gomez
(Name of Appointed Agent)
1625 Coolidge Ct Appleton WI 54915
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 24 yrs

Place of residence last year 1625 Coolidge Ct. Appleton WI. 54915

For: Julia Nino Gomez
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Julia Nino Gomez, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 01/22/24 Agent's age _____
(Signature of Agent) (Date)
1625 Coolidge Ct. Appleton WI. 54915 Date of birth _____
(Home Address of Agent)

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

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

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



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

CITY ATTORNEY'S OFFICE
100 North Appleton Street
Appleton, WI 54911
p: 920.832.6423
f: 920.832.5962
www.appleton.org

TO: Common Council, Safety and Licensing Committee

From: ACA Zak Buruin

Date: 6/20/24

RE: Alcohol Beverage License Application of Jechu LLC.,
DBA Mr. Frog's Appleton: Julia Nino Gomez (Owner), Alejandro Morales
(partner, shareholder, or investor)

Legal Standard:

Issuance of alcohol beverage licenses is governed by §125.12(3m). This says that "If a municipal governing body or duly authorized committee of a city council decides not to issue a new license under this chapter, it shall notify the applicant for the new license of the decision not to issue the license. The notice shall be in writing and state the reasons for the decision."

Issuance of a new alcohol beverage license is not limited by the same statutory constraints that restrict a municipality's ability to suspend, revoke, or refuse to reissue an existing alcohol beverage license. Per §125.51(1)(a), municipalities may grant alcohol beverage license as they deem "proper." Such a decision is subject to review only to determine if the municipality acted capriciously and abused its discretion by treating similarly situated individuals differently.

Through the power granted by the state, municipalities are charged with reasonable regulation the distribution of alcohol in the interests of public health, safety, peace, comfort, and the happiness of society. Examples of such concerns could include the impact upon traffic, impact upon the peace, quiet and cleanliness of the area, lack of parking, proximity to similar establishments, residential areas, schools, churches, or hospitals, and the ability of the police to always provide sufficient services to the balance of the community.

It is the committee and council's obligation to consider the information available rationally and fairly in light of the legitimate concerns that may exist with respect to public health and safety. As long as four criteria are met, a court should not disturb a municipality's licensing decision:

1. The municipality kept within its jurisdiction.
2. The municipality acted according to law.
3. The municipality's decision was not arbitrary, oppressive, or unreasonable, AND it represented the municipality's will rather than its judgement.
4. The evidence was such that the municipality could reasonably make the decision it did.

In practical terms, items three and four are questions of whether similarly situated individuals or businesses are treated differently, and whether the evidence provides a reasonable basis for the decision made. It is important that the licensing decision be based upon the information available and upon reasonable judgement in evaluating such information. If a decision is made and then a justification for that decision is sought, a municipality is exercising its will and not its judgment. Such a decision would be unlawful.

Factual Background:

The Lake Winnebago Metro Enforcement Group (LWAM) conducted an investigation that reached a peak in 2020 and 2021. This investigation resulted in the discovery and federal prosecution of an extensive cocaine trafficking operation occurring out of the Mr. Taco location in Kimberly, Wisconsin. The operation was undertaken by a group of individuals with familial and purportedly legitimate business ties who also operated other ostensibly legitimate businesses in the Fox Valley area, including Mr. Taco in downtown Appleton.

The following information has been obtained from the limited access provided to the City of Appleton by the Lake Winnebago Metro Enforcement Group (LWAM). It summarizes approximately 264 pages of investigative reports with redactions. Additional information has been denied to the City in its entirety by Federal law enforcement. (Note: Several references to redactions are made in the following summary. These references are intended only to show where there is information that is not available. It is not intended to insinuate or invite any speculation regarding additional facts not available to the City. Conclusions should be drawn from information available, not from speculation about information not provided to the City.)

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed. The warrant was related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. Julia was an employee. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search of the restaurant and a neighboring restaurant also owned by Luis.
- Search warrants were simultaneously executed at other locations associated with the suspect and his co-conspirators, including another restaurant in Kimberly mentioned above, and the residence of his sister, Sandra Munoz. Sandra Munoz was also detained at the scene of the Mr. Taco search warrant.

- In a subsequent interview with law enforcement, Luis admitted to procuring cocaine for sale. Large portions of this interview were redacted before being provided to the City. Among non-redacted statements, Luis indicated he originally procured cocaine at the behest of his employees. He indicated that he and a contact named “Carlos” would deliver the cocaine to the Appleton area from Chicago. Luis further indicated that his brother, Alejandro Morales, would have been only other person to see “Carlos” during this activity.
- In this same interview, Luis was asked about his sister, Sandra Munoz, selling cocaine to an informant. Luis indicated he had no knowledge of the transaction. He indicated that his sister’s cocaine selling activity was not associated with his own, but rather with their brother, Alejandro Morales. He indicated that they did not mix their cocaine businesses and that they had not even spoken since 2013. He indicated that their cousin was an employee of Mr. Taco and was typically supplied with cocaine by Alejandro, but Luis admitted that he did “help him out” on at least one occasion.
- Luis admitted that Sandra was aware of his cocaine business but that she was not involved in it other than picking up a payment on one occasion. He indicated he was aware she sold cocaine, but their businesses were not mixed.
- On 12/21/20, an interview was conducted with an employee of Luis Morales, Laura Saint Geours. (I have located no record of Ms. Saint Geours being charged with any offense stemming from this investigation.) Saint Geours was a bookkeeper for Luis Morales’ businesses. This interview report is also heavily redacted.
- She indicated she was aware of at least one occasion where Sandra Munoz delivered a satchel containing \$230,000 in cash to one of Luis’s businesses while she was there. She indicated that she was aware of Sandra working at another business location owned by Luis Morales. She indicated that she was aware that Julia Nino Gomez (Morales) also worked at that location. She indicated that she had not heard anything about Julia being a drug dealer.
- Saint Geours additionally indicated that she was aware of three rental properties owned by Luis Morales, but that the rest of the rental properties were in the name of his ex-wife and his mother, Julia.
- Saint Geours indicated that on 12/7/20, Julia had come to her house and indicated that she should not be worried because Luis had confessed to being guilty of everything. Saint Geours referred to money seized by police during the previous search warrant. Julia asked if the police could prove where the money came from, and again advised her not to worry.
- On 12/28/20, Javier Guzman Becerra was interviewed by law enforcement. He was also an employee of Luis Morales. This interview is heavily redacted, but Javier was able to provide additional information about Luis Morales’ business(es). He provided information about Sandra’s participation in cocaine

distribution. He reported on at least on occasion being directed by Luis to deliver cocaine to Sandra's residence, as well as the fact that she was unhappy with the weight of what was supplied.

- Javier indicated he was aware that Sandra and Julia had been working in Mr. Taco restaurants after their restaurant in Omro closed. This would have been after the specific instance of cocaine delivery Javier had referenced previously. He indicated that in the fall of 2020, he was instructed to train Sandra and Julia as managers of the restaurant (Mr. Taco in Kimberly).
- When asked if he had ever delivered cocaine disguised as food, Javier admitted that on one occasion, he had delivered cocaine to Sandra's residence by placing it in a to-go food box.
- On 12/23/20 Jennifer Almeida-Sandoval gave an interview with law enforcement. The report of this interview was also heavily redacted before being provided to the City. Jennifer Almeida-Sandoval is the former spouse of Luis Morales and former daughter-in-law Julia Nino Gomez. Law enforcement asked her if she was aware of Luis putting rental properties into other peoples' names on his behalf. She indicated a particular address in Menasha was in Julia's name but indicated that Julia was not in a financial position to purchase such a property.
- Jennifer denied knowledge of Sandra being involved with Luis's cocaine business because Sandra was close with Alejandro, and she could not see her involved in drug activity with Luis and have as strong of a relationship with Alejandro.
- Jennifer indicated that Julia was aware of Luis being involved in the distribution of cocaine but did not believe that she was engaged in selling on his behalf.
- Jennifer further indicated she had heard information about Alejandro dealing cocaine, but she had not personally observed it and does not communicate with Alejandro.
- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. The City has been denied access to the report of this interview in its entirety. As referenced in the report of the search, Sandra indicated during the interview that Julia Nino Gomez (Morales) knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Nino Gomez (Morales) provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.

- Officers learned that the residence was jointly owned by Julia Nino Gomez (Morales) and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.
- On 11/29/21, Eduardo Morales gave an interview to law enforcement regarding the above-described drug trafficking activity. Eduardo is the nephew of both Sandra and Alejandro. Eduardo indicated that “we got started in the area” when Luis was fronted cocaine from a source in Minnesota, and that the distribution began with Alejandro and Sandra selling cocaine.
- Eduardo described instances where Luis, Sandra, and Alejandro all ended up fighting with each other because Luis would steal cocaine customers from Sandra and Alejandro. Others had provided additional and / or alternative explanations for the division(s) that did not necessarily involve cocaine trafficking disputes.
- As a result of the investigation, Eduardo Morales, Frank DiMateo, Cory Ulrich Jennifer Almeida-Sandoval, Jennifer Guzman Becerra, Sandra Munoz, and Luis Morales were all charged with federal offenses related to cocaine distribution, resulting in convictions against all but one defendant for which no clear case resolution is readily available through public records.

Julia Nino Gomez and Alejandro Morales were not charged criminally based on the investigation.

Conclusion:

It does not appear that any specific decision on the requirement of this application is required by Wisconsin law. Information uncovered through the investigation potentially sheds light on the applicant’s ability and / or willingness to meet supervisory and accountability standards associated with the granting of an alcohol beverage license.

As long as the Committee and Council act reasonably (as explained more extensively above) in the interests of public health, safety, peace, comfort and happiness of the community, they are empowered to grant or deny the license as they deem proper.



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

TO: Safety and Licensing Committee
Common Council

FROM: Lt. Ben Goodin

DATE: 6/21/2024

RE: Police Department's Recommendation for Denial of Julia Gomez's Original Alcohol Beverage License Application

Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Julia Gomez's original alcohol beverage license application for 409 W. College Ave., a bar commonly known as "Mr. Frog's".

The Appleton Police Department has significant concerns about Ms. Gomez's moral character and her ability and willingness to follow the law. Julia and her family were involved in a significant federal cocaine dealing prosecution in and around 2020-2021. While Julia was not charged criminally, she was likely involved or at least aware of the ongoing drug dealing operation that took place at her place of employment and at a property which she owned.

The below information was obtained from documents City of Appleton Assistant City Attorney Buruin acquired from the case files from the aforementioned drug case:

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search. Julia was an employee of Mr. Taco in Kimberly.
- Another employee of Mr. Taco, Laura Saint Geours, told investigators that on 12/7/20, Julia had come to her house and indicated that she should not be worried because Luis had confessed to being guilty of everything. Saint Geours made reference to money seized by police during the previous search warrant. Julia asked if the police could prove where the money came from, and again advised her not to worry.
- Jennifer Almeida-Sandoval was interviewed by investigators on 12/23/20. Jennifer is the

former spouse of Luis Morales and former daughter-in-law of Julia. Jennifer indicated in her interview that Julia was aware of Luis being involved in the distribution of cocaine, but did not believe that she was engaged in selling on his behalf.


- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. Sandra Munoz is Julia's adult daughter. As referenced in the report of the search, Sandra indicated during the interview that Julia Morales knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Morales provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.
- Officers learned that the residence was jointly owned by Julia Morales and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.

Given the facts of this case and Julia's knowledge and complicity of the drug dealing operation, the Appleton Police Department has concerns that drug dealing activity will occur at 409 W. College Ave., "Mr. Frog's", if Ms. Gomez is granted an original alcohol beverage license for the business. It is the recommendation of the Appleton Police Department to deny Julia Gomez's original alcohol beverage license application.

Very Respectfully:

Lt. Ben Goodin
Appleton Police Department

I, Julia Nino Gomez, im Agent, withdraw my
(Alcohol)
Liquor license application for Mr. Frogs. Fedu LLC
Located at 409 W. College Av. Appleton, WI. 54911

07/02/24 



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

POLICE DEPARTMENT

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

TO: Alderperson Croatt – Chairperson Safety & Licensing Committee

FROM: Chief Polly Olson

DATE: July 10th, 2024

RE: Sole Source Memo for TimeClock Plus, LLC Contract – Action Item

The Police Department is requesting approval of a five-year contract with TimeClock Plus, LLC, (TCP) which is the Aladtec Scheduling Program currently used by the Appleton Police Department.

In 2016, the Department began using the Aladtec Scheduling Software as it provided a streamline process for managing schedules and was accessible online by all staff. In October 2021, TCP acquired Aladtec Scheduling Software and continues to service our account. With increasing annual rates at 10% we began to research other options for scheduling software.

In the research process, our Scheduling Team explored other software to determine: 1) if there was a similar product at a reduced cost, 2) if there were other scheduling features that we should consider, and 3) if other police agencies were using the software. Our research included meeting with other agencies to view their scheduling software, meeting virtually with vendors, and reviewing products on our own. Unfortunately, there is an "Hourly Editor" feature in Aladtec that has not been replicated by other software products. The feature provides flexibility and ease of use when changing, adding, and deleting schedules and is used daily by staff.

In 2024, TCP offered a five-year contract (2025-2029) at a reduced annual increase of 4%, 3%, 2%, 2%, 1% respectively. With TCP contract proposal we will be guaranteed no price changes for five years. We are asking the Safety & Licensing Committee to approve this five-year contract as a sole source provider.



TIMECLOCK PLUS,
 LLC
 1 TIMECLOCK DRIVE
 SAN ANGELO, TX 76904

QUOTE # : Q032584

CONTRACT START DATE : 01/01/2025

CLIENT INFORMATION

Purchased for: Appleton Police Department
 Bill To: Appleton Police Department

Contract Contact Name: Chief Polly Olson

Contract Contact Email: polly.olson@appleton.org

Billing Address: 222 S. Walnut St., Appleton, WI 54911

Billing Contact Name: Sue Ann Teer

Support Contact Name:

Billing Contact Email: sueann.teer@appleton.org

Support Contact Email:

Billing Contact Phone: 920-832-5530

Support Contact Phone:

Shipping Method: N/A

Start day of week:

BILLING TERMS

INITIAL TERM	RENEWAL TERM	PAYMENT TERM	PAYMENT METHOD
60 MONTHS	60 MONTHS	NET 45	CHECK

ITEM DESCRIPTION	PRICE PER UNIT	QUANTITY	CHARGE TYPE	ORDER TOTAL
*ALADTEC SUBSCRIPTION - ANNUAL	\$76.86	160	RECURRING	\$12,297.60

SUBTOTAL	\$12,297.60
TAXES	\$0.00
GRAND TOTAL	\$12,297.60
CURRENCY	USD

QUOTE EXPIRATION DATE : 09/01/2024

SPECIAL TERMS: YR1|\$76.86|160|\$12,297.60
 YR2|\$79.16|160|\$12,665.60
 YR3|\$80.74|160|\$12,918.40
 YR4|\$82.35|160|\$13,176.00
 YR5|\$83.17|160|\$13,307.20

SERVICE TERMS & CONDITIONS

TimeClock Plus, LLC ("TCP"), a Delaware limited liability company, will provide Client and its authorized Employees and Users access to the Services during the Initial Service Term in accordance with the complete terms and conditions (collectively the "Licensing Agreement") found at: <https://www.tcpsoftware.com/legal>

TCP reserves the right to modify the Licensing Agreement at TCP's sole discretion provided that changes shall not materially decrease the Services features and functionalities that Client has subscribed to during the then-current term. Should TCP make any modifications to the Licensing Agreement, TCP will post the amended terms on the applicable URL link and will update the "Last Updated Date" within such documents to notify Client of said changes.

This Order Form is entered into as of the Contract Start Date contained herein (the "Effective Date") by and between TimeClock Plus, LLC and the entity named in the Bill To section herein (the "Client"), and is subject to the Licensing Agreement. In the event of any conflict between the Order Form and the Terms and Conditions (as applicable), the terms of the Order Form shall control.

Client shall pay all fees or charges in accordance with those outlined on the Order Form. Except for cases of TCP breach, all fees are committed and non-cancelable during the term of the agreement.

The individuals executing this Agreement on behalf of each Party represent and warrant to the other Party that they are fully authorized and legally capable of executing this Agreement on behalf of such Party and that such execution is binding upon such Party.

Accepted by:

Client

TimeClock Plus, LLC

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 250 Class "B" Beer \$ _____
- "Class A" Liquor \$ 450 "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ 0 Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

*provisional
beer \$15*

Provisional \$15 Fees	
License Fees	\$ 700
Background Check Fee	\$ 28
Publication Fee	\$ 60
Total Fees	\$ 803

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Indianhead Oil Co., LLC

2. Business Trade Name or DBA

Circle K #2746526

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000432420-04

5. Entity Type (check one)

- Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

09/17/1964

8. Wisconsin DFI Registration Number

1I01849

9. Premises Address

1935 E Calumet St.

10. City

Appleton

11. State

WI

12. Zip Code

54915

13. County

Calumet

14. Governing Municipality: City Town Village

of: Appleton

15. Aldermanic District

16. Premises Phone

920-714-3997

17. Premises Email

HolidayLicenses@HolidayCompanies.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Sold at POS.

Stored in backroom. Cold Vault (Walk-In Beer Cave). Fixtures on the floor.
Wine wall. Beer platform. 12' in-line liquor. Beer trough. Liquor behind POS.
Floor plan attached.

see attached sheet

20. Mailing Address (if different from premises address)

P.O. BOX 347

21. City

Columbus

22. State

IN

23. Zip Code

47202

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity Holiday Stationstores, LLC	4b. Business Entity FEIN
---	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Cunnington	Kathleen	President	
Brant	Gary	V.P. of Operations	
Duncan	Melissa	Asst. Secretary	
Larson	Brad	Agent/Store Manager	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Duncan	First Name Melissa	M.I. A
Title Asst. Secretary	Email	Phone
Signature 		Date 6/21/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/26/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 6/24/2024

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Indianhead Oil Co., LLC	
2. Business Trade Name or DBA Circle K #2746526	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Larson		2. First Name Brad		3. M.I.
4. Email			5. Phone	
6. Home Address W2505 PEARL ST				
7. City SEYMOUR	8. State WI	9. Zip Code 54165	10. Age	
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

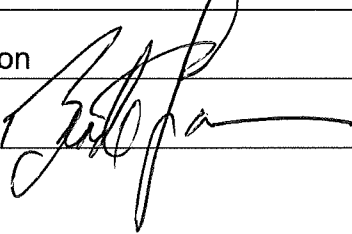
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Duncan		First Name Melissa		M.I. A
Title Assistant Secretary	Email		Phone	
Signature 			Date 06/21/2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Larson		First Name Brad		M.I.
Signature 			Date 06/21/2024	

Store

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 250 Class "B" Beer \$ _____
- "Class A" Liquor \$ 450 "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 700
Background Check Fee	\$ 0
Publication Fee	\$ 60
Total Fees	\$ 760

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Lindo Michoacan Mexican Restaurant LLC

2. Business Trade Name or DBA
Lindo Mexican Restaurant + Supermarket

3. FEIN _____ 4. Wisconsin Seller's Permit Number
456-1028957170-02

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

6. State of Organization: WI 7. Date of Organization: 2014 8. Wisconsin DFI Registration Number _____

9. Premises Address
211 N. Richmond st

10. City: Appleton 11. State: WI 12. Zip Code: 54911

13. County: Outagamie 14. Governing Municipality: City Town Village
of: Appleton 15. Aldermanic District _____

16. Premises Phone: 920-733-3345 17. Premises Email: LindoMichoacan920@gmail.com 18. Website _____

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
2600sq ft building, walkin cooler, grocery area
*see attached sheet

20. Mailing Address (if different from premises address)

21. City _____ 22. State _____ 23. Zip Code _____

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Juanes	Pedro	Owner	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Juanes	First Name Pedro	M.I.
Title Owner		Phone
Signature 		Date 6/20/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Lindo Michoacan Mexican Restaurant LLC</u>	
2. Business Trade Name or DBA <u>Lindo Mexican Restaurant + Supermarket</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name <u>Juanez</u>	2. First Name <u>Pedro</u>	3. M.I.	
4. Email		5. Phone	
6. Home Address <u>1017 Grove St</u>			
7. City <u>Menasha</u>	8. State <u>WI</u>	9. Zip Code <u>54952</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Juarez</i>	First Name <i>Pedro</i>	M.I.
----------------------------	----------------------------	------

Title <i>Owner</i>	Phone
-----------------------	-------

Signature <i>[Handwritten Signature]</i>	Date <i>6/20/2024</i>
---	--------------------------

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Juarez</i>	First Name <i>Pedro</i>	M.I.
----------------------------	----------------------------	------

Signature <i>[Handwritten Signature]</i>	Date <i>6/20/2024</i>
---	--------------------------

Restaurant

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 "Class A" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 "Class C" Liquor (wine only) \$ _____
- Class "B" Beer \$ 100
 "Class B" Liquor \$ _____
 Reserve "Class B" Liquor \$ 10,500
\$50 deposit

Fees	
License Fees	\$10,600
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$10,667

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Lindo Michoacan Mexican Restaurant LLC</u>			
2. Business Trade Name or DBA <u>Lindo Mexican Restaurant + Supermarket</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1028957170-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>2014</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>207 N. Richmond st</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54911</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>920-733-3348</u>	17. Premises Email <u>Lindomichocan920@gmail.com</u>	18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>2,600 sq ft building Dining area, bar area, kitchen and basement *see attached sheet</u>			
20. Mailing Address (if different from premises address) _____			
21. City _____		22. State _____	23. Zip Code _____

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Juarez	Pedro	Owner	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Juarez	First Name Pedro	M.I.
Title owner	Email	Phone
Signature 		Date 6/28/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 6/20/2024

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Lindo Michoacan Mexican Restaurant LLC</u>	
2. Business Trade Name or DBA <u>Lindo Mexican Restaurant + Supermarket</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

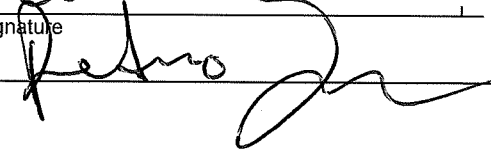
Part B: Agent Information			
1. Last Name <u>Juanes</u>	2. First Name <u>Rodro</u>	3. M.I.	
4. Email		5. Phone	
6. Home Address <u>1017 Grove St</u>			
7. City <u>Menasha</u>	8. State <u>WI</u>	9. Zip Code <u>54952</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

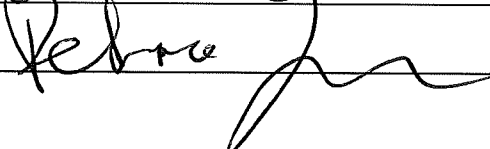
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Juanes	First Name	Pedro	M.I.	
Title	owner	Phone			
Signature				Date	6/20/2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Juanes	First Name	Pedro	M.I.	
Signature				Date	6/20/2024

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 10,560
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$10,600
Background Check Fee	\$ 21
Publication Fee	\$ 60
Total Fees	\$10,681

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>1619 college Ave LLC</u>			
2. Business Trade Name or DBA <u>NANGLD MOMOS AND CURRY</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031766751-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>08/03/2023</u>	8. Wisconsin DFI Registration Number <u>0043347</u>
9. Premises Address <u>1619 West college Ave</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54914</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>920-257-7807</u>	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Approx 6600 sq ft</u> <u>Under the counter cooler and stand alone cooler in a bar.</u> <u>5 feet 33"44 serving to Dinning on the table's for customers.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
GURUNG	LAXMAN	Member	
GURUNG	GAHAN K.	Member	
BHANDARI	SANDIP	Member	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name BHANDARI	First Name SANDIP	M.I.
Title Member	Email	Phone
Signature <i>Sandip</i>		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Manglo momos of Curry

2. Name of Business: _____

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

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

3. Address of Business: 1619 Wedolleg Ave

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

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

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

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

<u>GAGAN</u>	<u>K</u>	<u>GURUNG</u>	
First name	M.I.	Last name	Date of Birth
<u>LAXMAN</u>		<u>GURUNG</u>	
First name	M.I.	Last name	Date of Birth
<u>Sandip</u>		<u>Bhandari</u>	
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: _____
 First name Middle Initial Last name

Address: _____
 City State ZIP

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

Name: _____

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

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

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

Yes NO If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

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

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

NO months ago.

10. Seating capacity: Inside 40 Outside NO

11. Operating hours (Inside the building): 11 am
Operating hours (Outdoor seating areas): 10 pm


12. Employees/Staff

Number of floor personnel 2/3 Kitchen Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2750 6 feet square feet.
b. Gross outdoor seating areas of the premises to be licensed: N/A square feet.
c. Below, identify the operational details of the proposed establishment:

This Restaurant for Nepali & Indian food with alcohol
beverages and non alcohol.



Signature

06/18/2024

Date

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <p style="text-align: center; margin: 0;">1619 College Ave LLC</p>	
2. Business Trade Name or DBA <p style="text-align: center; margin: 0;">NANU LO MOMOS AND CURRY</p>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input checked="" type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name <p style="text-align: center; margin: 0;">BHANDARI</p>	2. First Name <p style="text-align: center; margin: 0;">SANDIP</p>	3. M.I.	
4. Email			5. Phone
6. Home Address <p style="text-align: center; margin: 0;">809 INDIANA AVENUE</p>			
7. City <p style="text-align: center; margin: 0;">SHEBOYGAN</p>	8. State <p style="text-align: center; margin: 0;">WI</p>	9. Zip Code <p style="text-align: center; margin: 0;">53081</p>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BHANDART		First Name SANDIP		M.I.
Title Member	Email		Phone	
Signature <i>Sandip</i>			Date 06/23/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BHANDART		First Name SANDIP		M.I.
Signature <i>Sandip</i>			Date 06/23/24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 10,500
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$10,600
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$10,667

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>DMX LLC</u>			
2. Business Trade Name or DBA <u>Gingerootz</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1029839017-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>5/15/2017</u>	8. Wisconsin DFI Registration Number <u>D059594</u>
9. Premises Address <u>2920 N Ballard Rd</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54911</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>920-739-9688</u>	17. Premises Email <u>mylee@gingerootz.com</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>*see attached sheet</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.
 Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?. Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Xiong	Mylee	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Xiong	First Name Mylee	M.I.
Title Owner	Email	Phone
Signature 		Date 6/30/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/2/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 6/30/24

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
DUMX LLC

2. Business Trade Name or DBA
Gingerrootz

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Xiong 2. First Name Mylee 3. M.I.

4. Email 5. Phone

6. Home Address
N 8831 NAE Rd

7. City Menasha 8. State WI 9. Zip Code 54952 10. Age

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Xiong		First Name Mylee		M.I.
Title OWNER	Email	Phone		
Signature 			Date 6/30/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Signature			Date	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>267</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Moon Water Cafe LLC</u>			
2. Business Trade Name or DBA <u>Moon Water Cafe</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>31-1-0257-00</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>9-30-2020</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>1206 N. LAWRE ST</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54911</u>
13. County <u>OUTAGAMIE</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>920.840.7291</u>	17. Premises Email <u>slbrinc@icloud.com</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Cafe space with seating for 12.</u> <u>*see attached sheet*</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

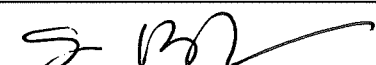
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.
 Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Boegh	Shannon	owner	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Boegh	First Name Shannon	M.I. L
Title owner	Email	Phone
Signature 		Date 7.2.24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/2/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Moon Water Cafe LLC

2. Business Trade Name or DBA

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Boegh **Shannon** **L**

4. Email 5. Phone

6. Home Address
1044 E. Vine St

7. City 8. State 9. Zip Code 10. Area
Appleton **WI** **54911**

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Boegh	First Name Shannon	M.I. L
Title owner	Email	Phone
Signature 	Date 7-2-24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Boegh	First Name Shannon	M.I. L
Signature 	Date 7-2-24	



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd 6/3/24

License Fee - \$10.00/event
(CLCAGP)

Total \$ 10

Receipt #: 6932-1

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Spats</u>	Establishment Phone Number <u>920-738-7111</u>
Address of Establishment <u>733 W College Ave</u>	
Agent Name <u>Nicholas Kaptein</u>	Agent Phone Number (Required) <u>920-213-7168</u>

SECTION 2 - PREMISES AMENDMENT - *A drawing/diagram of the proposed area must be submitted with this application*

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: We would like to serve beer in our parking lot for wine & music today.

If temporary, please specify the reason for the amendment: Special Event

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 8/1/24 - 8/4/24

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [Signature] Date: 6/3/2024

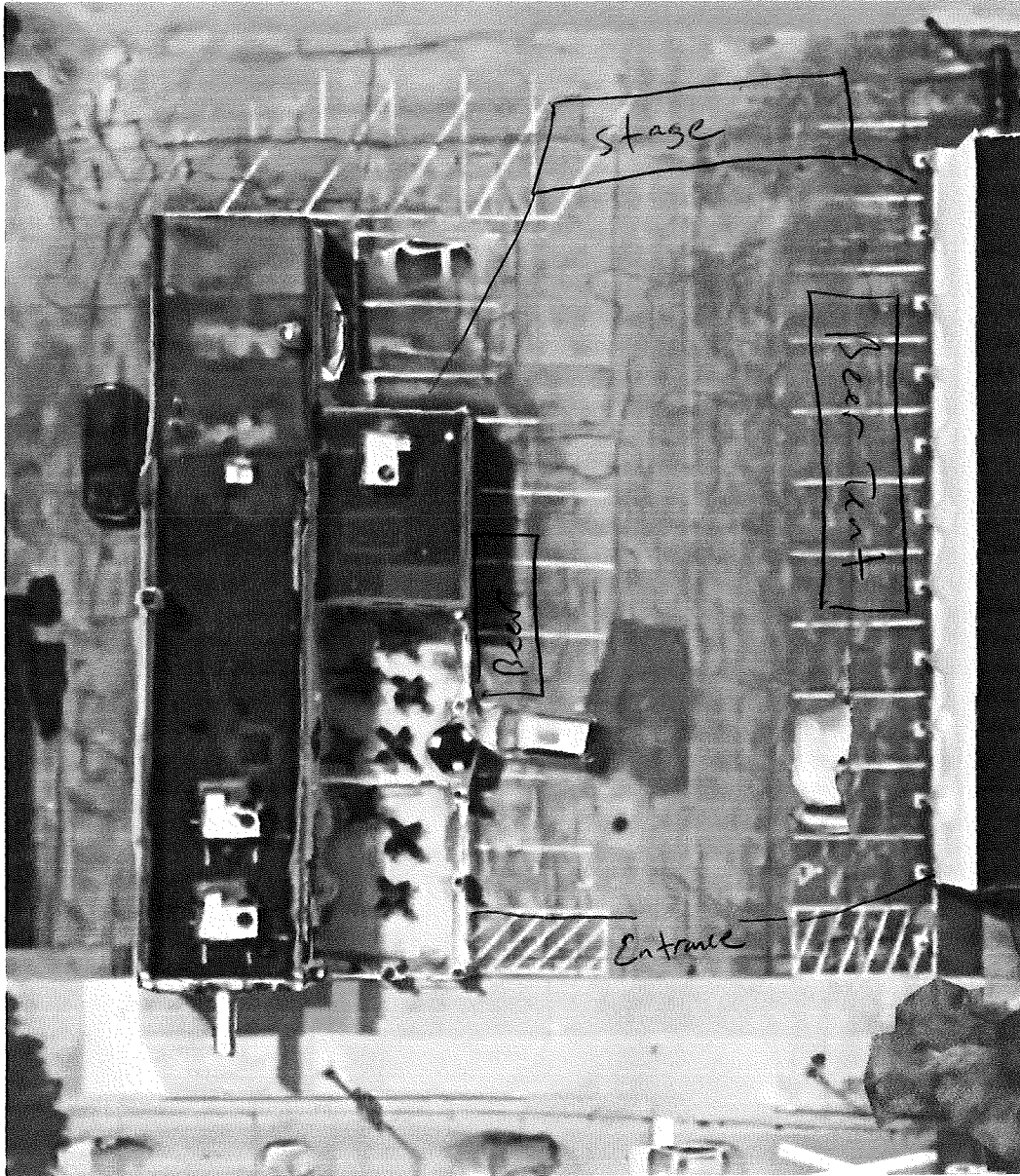
FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

Spots 2024

mile of music

Parking Lot





Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd 6/19/24

License Fee - \$10.00/event (CLCAGP) Total \$ 10

Receipt #: 7017-2

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment Emmetts Bar & Grill Establishment Phone Number 920-733-7649

Address of Establishment 139 N. Richmond St Appleton 54911

Agent Name Sharon Reader Agent Phone Number (Required) 920-378-3697

SECTION 2 - PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: extend for Mile of Music outdoors
Letter Attached

If temporary, please specify the reason for the amendment: Mile Of Music

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: August 1-4 Thurs - Sun
Hours 5-11pm Friday 3pm-11pm Sat 3pm-11pm Sun 1pm-7pm

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Sharon Reader Date: 6/19/24

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	____/____/____	_____

June 10, 2024

To Whom It May Concern,

I would like to amend my liquor license to include my parking lot (approximate sq. footage = 175 x 175 sq ft) for the Mile of Music weekend. The dates are Thursday, August 1 through Sunday, August 4, 2024. We are planning to have live music and serve alcohol outside.

Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

I have gotten permission from my landlord and surrounding business and neighbors to hold the event outside.

I have to say that I was extremely pleased how my security staff handled this event each year.

If there is any more information you would need, please call me at 920-378-3697.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Reader". The signature is written in black ink and is positioned below the word "Sincerely,".

Sharon Reader
Owner - Emmetts Bar & Grill



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd 6/26/24

License Fee - \$10.00/event Total \$ 10

(CLCAGP)

Receipt #: 7049-3

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Wooden Nick's Sports Bar & Grill</u>	Establishment Phone Number <u>920-735-0661</u>
Address of Establishment <u>217 E. College Ave Appleton, WI 54911</u>	
Agent Name <u>Anthony Moeller</u>	Agent Phone Number (Required)

SECTION 2 - PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: Add Back parking lot to licensed premise

If temporary, please specify the reason for the amendment: Mile of music Stage

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 8/1 - 8/4
11 AM to Midnight

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

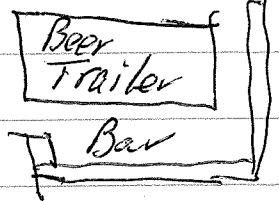
Signature of Applicant: Anthony Moeller Date: 06/26/24

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

Kimball Alley

Potato Potato



TABLES & CHAIRS

TABLES & CHAIRS

STALL

Jim's Place

Kush Cafe

Wooden Nickel



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd 6/26/24

License Fee - \$10.00/event Total \$ 10

(CLCAGP)

Receipt #: 7099-3

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment: Tim's Place Establishment Phone Number: 920 730 8091

Address of Establishment: 223 E College Ave Appleton WI 54911

Agent Name: Stacy Hoffman Agent Phone Number (Required): _____

SECTION 2 - PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: add back parking lot to licensed premise

If temporary, please specify the reason for the amendment: Mile of Music Stage

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 8/1 - 8/4
11 am - midnight

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Stacy Hoffman Date: 06/26/24

FOR OFFICE USE ONLY

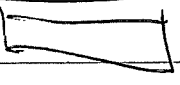
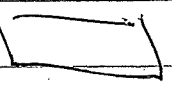
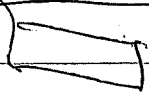
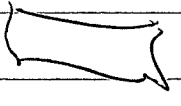
Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	____/____/____	

Kimball Alley

PERCHED

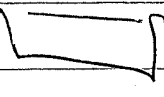
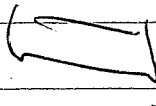
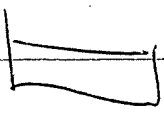
Potato Potato

Beer Trailer Bar



TABLES & CHAIRS

TABLES & CHAIRS



SKATE

Jims Place

Kush Cafe

Wooden Nickel

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSIN, LLC			
2. Business Trade Name or DBA FAMILY DOLLAR # 23800			
3. FEIN		4. Wisconsin Seller's Permit Number 456-0000344943-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization WI		7. Date of Organization 7/31/17	8. Wisconsin DFI Registration Number F057028
9. Premises Address (do not use PO Box) 808 W. Wisconsin Ave			
10. City Appleton		11. State WI	12. Zip Code 54914
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District
16. Mailing Address (if different from premises address) 500 Volvo Pkwy, Attn: AB/ Toba Team, 8th Floor			
17. City CHESAPEAKE		18. State VA	19. Zip Code 23320
20. Premises Phone 757-321-5000		21. Premises Email ab-licensing@dollartree.com	22. Website www.familydollar.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. See attached floor plan. All tobacco will be sold, stored, and kept on the sales floor. It will be sold at the registers at the front of the building. All extra alcohol product will be kept in the back room.			

Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.	
3a. Name of Parent Company: FAMILY DOLLAR STORES OF WISCONSIN, LLC	
3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

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

Last Name	First Name	Title	Phone
BARNETT	PETER	PRESIDENT	
SPENCER	HARRY	ASST SECRETARY	
ELDER	JONATHAN	VICE PRES & SEC	
MITCHELL	JOHN	SENIOR VICE PRES	

Part D: Attestation

One of the following must sign and attest to this application:


- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 5/7/24	
Name (Last, First, M.I.) SPENCER, HARRY R.		
Title ASSISTANT SECRETARY	Email n	Phone

Part E: For Clerk Use Only

Date application was filed with clerk 6/4/24	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

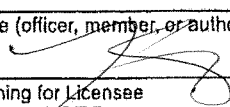
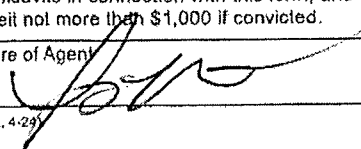
Date 05/09/2024

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name NIGBOR	2. First Name JOSHUA	3. M.I. D
4. Email AB-LICENSING@DOLLARTREE.COM		5. Phone
6. Home Address 600 MELANIE LANE		
7. City RIPTON	8. State WI	9. Zip Code 54971
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. N/A

Part C: Business Information		
1. Legal Business Name (Individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSIN, LLC		
2. Business Trade Name or DBA FAMILY DOLLAR STORE # 23800		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 808 W. Wisconsin Ave.		
5. City Appleton	6. State WI	7. Zip Code 54914

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) 	Date 5/9/24
Name of Person Signing for Licensee HARRY SPENCER	Title ASSISTANT SECRETARY
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent 	Date 5-10-24

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information		
1. Legal Business Name (individual name if sole proprietor) Indianhead Oil Co., LLC		
2. Business Trade Name or DBA Circle K #274652 b		
3. FEIN	4. Wisconsin Seller's Permit Number 456-0000432420-04	
5. Entity type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization Wisconsin	7. Date of Organization 09/17/1964	8. Wisconsin DFI Registration Number 1I01849
9. Premises Address (do not use PO Box) 1935 E Calumet St.		
10. City Appleton	11. State WI	12. Zip Code 54915
13. County Calumet	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. BOX 347		
17. City Columbus	18. State IN	19. Zip Code 47202
20. Premises Phone 920-714-3997	21. Premises Email holidaylicenses@holidaycompanies.com	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Sold at POS. Stored and displayed at and around POS. Floor display by door. Floor plan attached.		

Part B: Questions		
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: <u>Holiday Stationstores, LLC</u> 3b. FEIN of Parent Company: _____		

S&L: 7/10/24
Council: 7/17/24

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

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

Last Name	First Name	Title	Phone
Cunnington	Kathleen	President	
Brant	Gary	VP of Operations	
Duncan	Melissa	Asst. Secretary	
Larson	Brad	Agent/Store Manager	

Part D: Attestation

One of the following must sign and attest to this application:


- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 		Date 6/21/2024	
Name (Last, First, M.I.) Duncan, Melissa, A			
Title Asst. Secretary	Email		Phone

Part E: For Clerk Use Only

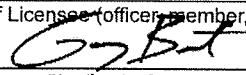
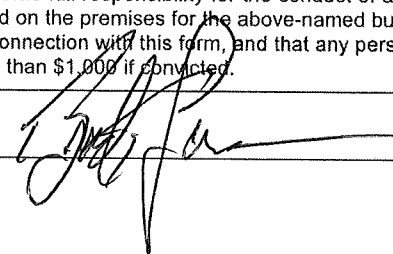
Date application was filed with clerk 6/26/24	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Agent Type (check one): Original Change

Part A: Agent Information			
1. Last Name Larson	2. First Name Brad	3. M.I.	
4. Email		5. Phone	
6. Home Address W2505 PEARL ST			
7. City SEYMOUR		8. State WI	9. Zip Code 54165
10. <small>(DL#)</small>	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance	

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) Indianhead Oil Co., LLC		
2. Business Trade Name or DBA Circle K #2746526		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 1935 E Calumet St		
5. City Appleton	6. State WI	7. Zip Code 54915

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) 	Date 06/21/2024
Name of Person Signing for Licensee Gary Brant	Title V.P. of Operations
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent 	Date 6/24/2024

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY
Municipality Appleton
License Period 24-25

Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole proprietor) D8D BY H4H LLC					
2. Business Trade Name or DBA THE DISPENSARY					
3. FEIN			4. Wisconsin Seller's Permit Number 456-1030500809-04		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation					
6. State of Organization WISCONSIN		7. Date of Organization 11/18/2020		8. Wisconsin DFI Registration Number D067990	
9. Premises Address (do not use PO Box) 3020 E COLLEGE AVE STE N					
10. City APPLETON			11. State WI	12. Zip Code 54915	
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>			15. Aldermanic District	
16. Mailing Address (if different from premises address) 2247 Ullmer Ct					
17. City Howard			18. State WI	19. Zip Code 54303	
20. Premises Phone (920) 903-8705		21. Premises Email willn@h4hwi.com		22. Website www.thed8dispensary.com	
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. *All electronic devices are stored on the retail store floor. They are in the display cabinet and cannot be reached by customer. *The building is a strip mall and upon entrance the customer enters the sales floor. There is a door separating the customer from the staff area. Staff is behind the counter for sale and ID purposes of any products in our store. We are a 21+ facility and check all ID's upon entry. Our total store size is 1500sq. feet.					

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

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

Last Name	First Name	Title	Phone
Nething	William	CEO	
Caulfield	Mary	CFO	

Part D: Attestation

One of the following must sign and attest to this application:

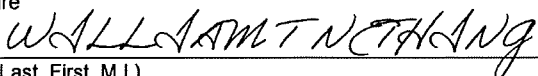
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 06/10/2024	
Name (Last, First, M.I.) Nething, William, T		
Title CEO	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
06/10/2024

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name NETHING	2. First Name WILLIAM	3. M.I. T
4. Email		5. Phone
6. Home Address 3175 OPEN GATE TRL		
7. City GREEN BAY		8. State WI
		9. Zip Code 54313
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) D8D BY H4H LLC		
2. Business Trade Name or DBA THE DISPENSARY		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 3020 E COLLEGE AVE STE N		
5. City APPLETON		6. State WI
		7. Zip Code 54915

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Licensee (officer, member, or authorized signatory) <i>WILLIAM T NETHING</i>	Date 06/10/2024
Name of Person Signing for Licensee WILLIAM T NETHING	Title CEO

<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Agent <i>WILLIAM T NETHING</i>	Date 06/10/2024



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

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>6/26/21</u>
See SECTION 5 for Fee Schedule, CASH OR CHECK ONLY		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75</u>	Acct. Code: CLPETK
Investigation Fee	+ \$7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82</u>	Receipt <u>7049-6</u>
License period July 1 to June 30		

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>Wild Habitats</u>			
Business Street Address	<u>1350 W College Ave. St. B</u>	City <u>Appleton</u>	State <u>WI</u> Zip <u>54914</u>
Business Telephone Number	<u>920-939-2089</u>		
SECTION 2 – APPLICANT INFORMATION			
Name <u>Brady Bartel</u>			
Home Street Address	<u>1026 W. Cecil St.</u>	City <u>Neenah</u>	State <u>WI</u> Zip <u>54956</u>
Date of Birth	Male <input checked="" type="checkbox"/>	Female	Telephone
SECTION 3 – SERVICES TO BE PROVIDED			
Please check the type(s) of services your establishment will offer: <input checked="" type="checkbox"/> Live animals <input checked="" type="checkbox"/> Pet Food			
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	Other	
SECTION 4 – PENALTY NOTICE			
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature of Applicant: <u>Brady Bartel</u>			
SECTION 5 – FEE SCHEDULE **all fees include the \$7 Investigation fee** CASH OR CHECK ONLY			
Pet Store License	Initial Fee - \$97.00	Renewal Fee – <u>\$82.00</u>	
Kennel License	1-10 animals - \$62.00	11-25 animals - \$137.00	
	26-50 animals - \$262.00	More than 50 animals - \$5.00 per animal with a minimum of \$287.00	
FOR OFFICE USE ONLY			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L	Council	Date Issued	Exp. Date
			License Number



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.....enhancing quality of life"

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/10/24</u>
License Fee - Local	\$200.00	Acct. CLSALV
License Fee - Out of City	\$ 75.00	Acct. CLSALV
Investigation Fee	+ 7.00	Acct. CLCPIF
Total Amount Paid	<u>82</u>	Receipt <u>6968-2</u>
License period July 1 to June 30		

Please allow 4 weeks for processing

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly											
Business Name <u>Golper Supply Co Inc</u>											
Business Street Address <u>1810 W. Edgewood Drive</u>					City <u>Appleton</u>		State <u>WI</u>		Zip <u>54913</u>		
Business Telephone Number <u>920-731-3266</u>											
SECTION 2 – APPLICANT INFORMATION											
Name <u>David Golper</u>											
Home Street Address <u>930 Pleasant Avenue</u>					City <u>Highland Park</u>		State <u>IL</u>		Zip <u>60035</u>		
Date of Birth			Male	Female	Telephone Number						
SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.											
President		Last <u>Golper</u>		First <u>David</u>		Middle Initial <u>D</u>		Date of Birth		Male	Female
Address <u>930 Pleasant Avenue</u>					City <u>Highland Park</u>		State <u>IL</u>		Zip <u>60035</u>		
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 4 – PENALTY NOTICE											
I certify that I am familiar with Section 9.386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.											
Signature of Applicant: <u>David P Golper</u>											
FOR OFFICE USE ONLY											
Dept.	Approve	Deny	By			Reason					
Police											
Fire											
City Sealer											
Inspection											
S&L		Council		Date Issued		Exp. Date		License Number			

9-24-19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

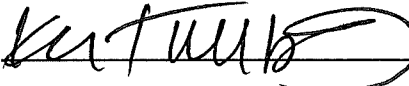


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.....enhancing quality of life"

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/10/24</u>
License Fee - Local	\$200.00	Acct. CLSALV
License Fee - Out of City	\$ 75.00	Acct. CLSALV
Investigation Fee	+ 7.00	Acct. CLCPIF
Total Amount Paid	<u>207</u>	Receipt <u>6968-3</u>
License period July 1 to June 30		

Please allow 4 weeks for processing

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly											
Business Name <u>Mach IV Motors LLC</u>											
Business Street Address <u>600 E Hancock St</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54911</u>				
Business Telephone Number <u>920.202.2201</u>											
SECTION 2 – APPLICANT INFORMATION											
Name <u>Kara Tullberg</u>											
Home Street Address <u>98 Estherbrook Ct</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54915</u>				
Date of Birth		Male	Female <input checked="" type="checkbox"/>	Telephone Number <u>920.540.9090</u>							
SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.											
President		Last <u>Tullberg</u>		First <u>Charles</u>		Middle Initial <u>D</u>		Date of Birth		Male <input checked="" type="checkbox"/>	Female
Address <u>98 Estherbrook Ct</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54915</u>				
Vice President		Last <u>Tullberg</u>		First <u>Kara</u>		Middle Initial <u>L</u>		Date of Birth		Male	Female <input checked="" type="checkbox"/>
Address <u>98 Estherbrook Ct</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54915</u>				
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 4 – PENALTY NOTICE											
I certify that I am familiar with Section 9.386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.											
Signature of Applicant: <u></u>											
FOR OFFICE USE ONLY											
Dept.	Approve	Deny	By			Reason					
Police											
Fire											
City Sealer											
Inspection											
S&L		Council		Date Issued		Exp. Date		License Number			



2024 Events

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

FEES ARE NON-REFUNDABLE	Date Rec'd ___/___/___
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid _____	Receipt _____

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

The named organization applies for:

2 even

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)		Date Organized	
Sacred Heart Parish		1898	
Address	City	State	Zip
222 E. Fremont St.	Appleton	WI	54915
Person in Charge of Event:	Name: Last	First	Middle Initial
	Ericksen	David	J.
Address	City	State	Zip
W6060 Dahlia Dr	Appleton	WI	54915
President	Last	First	Middle Initial
Address	City	State	Zip
Vice President	Last	First	Middle Initial
	NA		
Address	City	State	Zip
Secretary	Last	First	Middle Initial
	NA		
Address	City	State	Zip
Treasurer	Last	First	Middle Initial
Address	City	State	Zip

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning	8 / 17 / 24	Ending:	8 / 18 / 24	Hours	11 ^{AM} - 10 ^{PM}	8 - 18	10 ^{AM} - 3 ^{PM}
Please describe the type of event you are going to have:							
Parish Picnic							
Do you plan to serve food at this event?	No	<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)				
Location where beer or wine will be sold or served:							
Church Parking Lot in Beer/food tents							
Address	City	State	Zip				
222 E Fremont St.	Appleton	Wi.	54915				
Are you requesting an "open concept" license?	<input checked="" type="checkbox"/> Yes	Will minors be present?	No	<input checked="" type="checkbox"/> Yes			
Describe actual location and dimensions of area to be licensed – Be precise!				If yes, how will you prevent minors from obtaining alcoholic beverages?			
800' x 5400', Parking Lot, and tents.				We will ID everyone			

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: David J. Ericksen

FOR OFFICE USE ONLY

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