



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, August 11, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting  
[21-1164](#) Approval of minutes from July 28th, 2021 meeting.  
**Attachments:** [S & L Minutes 7-28-21.pdf](#)
4. **Public Hearings/Appearances**
5. **Action Items**  
[21-1095](#) Class "B" Beer and "Class B" Liquor License application for NAC LLC d/b/a OB's Brau Haus, Christopher Nelis, Agent, located at 523 & 525 W College Ave, contingent upon approval from all departments.  
**Attachments:** [OB's Brau Haus.pdf](#)  
[21-1120](#) Temporary Class "B" Beer and "Class B" Wine License application for Irish Fest of the Fox Cities, Matthew Miller, Person in Charge, located at Jones Park, September 17-18, 2021, contingent upon approval from all departments.  
**Attachments:** [Irish Fest of the Fox Cities S&L.pdf](#)  
[21-1167](#) Farm Market Application for Appleton Downtown, Inc., 333 W College Ave, Meghan Warner, Contact Person, contingent upon approval from all departments.  
**Attachments:** [ADI Farm Market Winter 2021.pdf](#)  
[21-1165](#) Temporary Class "B" applications filed after the agenda was published.
6. **Information Items**

[21-1091](#) Special Events:  
Mile of Music, Downtown Appleton, August 4-8, 2021  
Back to School Celebration, African Heritage Inc, Jones Park, August 14, 2021  
Downtown Beer Walk, Appleton Downtown Inc, Downtown Participating Establishments, August 27-28, 2021  
How to Live Fox Cities, How to Live Movement, Appleton Memorial Park, August 28, 2021  
Mini Golf on the Town, Appleton Downtown Inc, Downtown Participating Establishments, September 11, 2021  
Patriot Day Procession and Ceremony, Appleton Downtown Inc, Fire House #1 to City Park, September 11, 2021  
Walk to Remember, Fox Valley Chapter of Wisconsin Right to Life, Houdini Plaza, September 12, 2021

[21-1089](#) TO Modification Request

**Attachments:** [APD TO Modification request 2021.pdf](#)  
[Police DRAFT 7.21.21.pdf](#)

[21-1173](#) Director's Reports  
1. City Clerk  
2. Police Chief  
    - AXON Virtual Reality Simulation Training System  
3. Fire Chief

[21-1166](#) Police Department information on alcohol law violations.

## 7. Adjournment

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

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



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## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, July 28, 2021

5:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

*The meeting was called to order by Chair Van Zeeland at 5:30 p.m.*

2. Roll call of membership

**Present:** 4 - Reed, Schultz, Van Zeeland and Smith

**Excused:** 1 - Hartzheim

3. Approval of minutes from previous meeting

[21-1077](#)

Approval of minutes from the July 14th, 2021 meeting.

**Attachments:** [S & L Minutes 7-14-21.pdf](#)

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

**Aye:** 4 - Reed, Schultz, Van Zeeland and Smith

**Excused:** 1 - Hartzheim

4. Public Hearings/Appearances

5. Action Items

[21-1051](#)

Class "A" Beer and "Class A" Liquor- Cider Only Change of Agent application for Kwik Trip Inc, d/b/a Tobacco Outlet Plus Grocery, Pattie Jo Vergenz, New Agent, located at 1342 W Prospect Ave, contingent upon approval from the Police Department.

**Attachments:** [Pattie Jo Vergenz S&L.pdf](#)

**Smith moved, seconded by Schultz, that the Change of Agent be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Schultz, Van Zeeland and Smith

**Excused:** 1 - Hartzheim

[21-0965](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Pius Catholic Church, Toni Schmidt, Person in Charge, located at 500 W Marquette St, on August 13-15, 2021, contingent upon approval from all departments.

**Attachments:** [St Pius X Catholic Church S&L.pdf](#)

**Smith moved, seconded by Schultz, that the Temporary License be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Schultz, Van Zeeland and Smith

**Excused:** 1 - Hartzheim

[21-1034](#) Temporary Class "B" Beer License application for St Joseph Congregation, Jacque Bootz, Person In Charge, located at 404 W Lawrence St, on September 11, 2021, contingent upon approval from all departments.

**Attachments:** [St Josephs Congregation S&L.pdf](#)

**Smith moved, seconded by Schultz, that the Temporary License be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Schultz, Van Zeeland and Smith

**Excused:** 1 - Hartzheim

[21-0991](#) Temporary Class "B" applications filed after the agenda was published.

*There were no applications filed.*

## 6. Information Items

[21-1023](#) Special Events:  
Made To Order, Trout Museum of Art, Houdini Plaza, August 27, 2021  
Take Time for God, Real Hope Today, Houdini Plaza, August 28, 2021  
Community First Fox Cities Marathon, September 19, 2021  
Appleton West Homecoming, October 15, 2021  
Appleton Houdini 10K, Run Away Events, November 6, 2021  
Santa Scamper, Run Away Events, November 23, 2021

[21-1080](#) 2021 Mid-Year Report for Fire Department

**Attachments:** [2021 Mid-Year Report - 06-30-21.pdf](#)

[21-0789](#) Police Department information on liquor law violations.

[21-1079](#)

Director's Reports

1. City Clerk
  - Special Event Application Updates
  - Redistricting Timeline
2. Police Chief
  - National Night Out at Jones Park, August 3rd, 5:00 p.m.
3. Fire Chief
  - Fire Inspection Update
  - Fire Protection Engineer

7. Adjournment

**Smith moved, seconded by Schultz, that the meeting be adjourned at 5:51 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Reed, Schultz, Van Zeeland and Smith

**Absent:** 1 - Hartzheim

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/21 ending: 6/30/22  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>660</u>

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

~~SEAS~~ BR NAC LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NEVIS</u>	<u>CHRISTOPHER</u>	<u>ALAN</u>	<u>1315 1/2 S JEFFERSON ST, APPLETON, WI 54915</u>
<u><del>NEVIS</del></u>	<u><del>CHRISTOPHER</del></u>	<u><del>ALAN</del></u>	<u><del>1315</del></u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NEVIS</u>	<u>CHRISTOPHER</u>	<u>ALAN</u>	<u>1315 1/2 S JEFFERSON ST, APPLETON, WI, 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name OB'S BRAU HAUS Business Phone Number (920) 730-0202  
 2. Address of Premises 523-525 W COLLEGE AVE Post Office & Zip Code 54911  
APPLETON WI, 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
523-525 WEST COLLEGE AVENUE - 3,200 SQ. FT  
BUILDING WITH DINING ROOM, KITCHEN, STORAGE ROOM,  
BAR AND BASEMENT

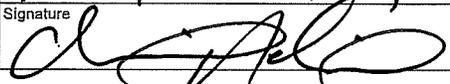
4. Legal description (omit if street address is given above): \_\_\_\_\_

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

(b) If yes, under what name was license issued? OLD BAVARIAN BREWHAUS INC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No  
current AGENT FOR OBS  
OLD BAVARIAN BREWMAHS INC
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
 If yes, explain.  
OLD BAVARIAN BRAU MAHS INC.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date JUNE 2021 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>HEIS, CHRISTOPHER, ALAN</u>	Title/Member <u>OWNER</u>	Date <u>07/27/2021</u>
Signature 	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>07-27-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: CHRISTOPHER NELIS

2. Name of Business: OB'S BRAU HAUS

(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: 523 + 525 W. COLLEGE AVE, APPLETON, WI, 54911

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

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

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

DISORDERLY CONDUCT, DUI, OPERATION WHILE REVOKED

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>CHRISTOPHER</u>	<u>A</u>	<u>NELIS</u>	<u>● / ● / ●●●●</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
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: FRANK SCHADT

First name Middle Initial Last name

Address: 1515 GREENDALE ST, MENASHA, WI, 54952

City State ZIP

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

Name: OB'S BRAU HAUS

(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?

8 months ago.

10. Seating capacity: Inside 80-120 Outside

11. Operating hours (Inside the building): 4pm - 9pm TUES-WED, 4pm - 2AM THUR-SAT  
Operating hours (Outdoor seating areas): NONE

12. Employees/Staff

Number of floor personnel 4-5 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: 3,200 square feet.

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

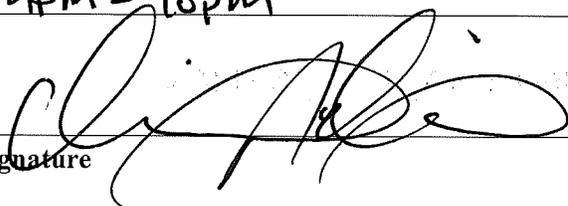
c. Below, identify the operational details of the proposed establishment:

RESTAURANT / BREWERY  
SERVING GERMAN AUTHENTIC CUISINE

AND GERMAN AUTHENTIC MICROBREWS. BAR ON

THURSDAY - SATURDAY 10PM - 2AM AND RESTAURANT TUESDAY - SAT

4PM - 10PM

Signature 

Date 07/26/2021

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of NAC 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  
OB'S BRAU HAUS  
(Trade Name)

located at 523 + 525 COLLEGE AVE. APPLETON, WI, 54911

appoints CHRISTOPHER NELIS  
(Name of Appointed Agent)

1315 1/2 S. JEFFERSON ST, APPLETON, WI, 54915  
(Home Address of Appointed Agent)

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

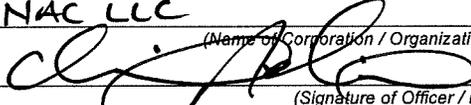
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
OLD BAVARIAN BRAUHAUS INC. (CITY OF APPLETON, OUTAGAMIE, WINNEBAGO CALLIMET COUNTY)

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? 31 years

Place of residence last year 1315 1/2 S JEFFERSON ST, APPLETON, WI, 54915

For: NAC LLC  
(Name of Corporation / Organization / Limited Liability Company)

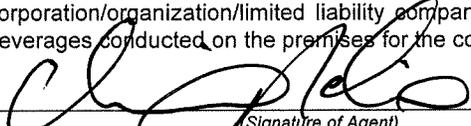
By:   
(Signature of Officer / Member / Manager)

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, CHRISTOPHER NELIS, 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.

 07/27/2021 Agent's age 31  
(Signature of Agent) (Date)

1315 1/2 S JEFFERSON ST APPLETON, WI, 54915 Date of birth 07/27/1990  
(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)



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>8/3/21</u>
License Fee - \$10.00 per event		Acct Code: CLCSPB
Investigation Fee + 7.00		Acct Code: CLCPIF
Total Amount Paid <u>17</u>		Receipt <u>2446-5</u>

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

\*Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing\*

<b>The named organization applies for: (Please check one or both)</b>					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input checked="" type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)					
<b>SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly</b>					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>IRISH FEST OF THE FOX CITIES</u>				Date Organized <u>JAN 15, 2020</u>	
Address <u>201 S. WALNUT</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:		Name: Last <u>MILLER</u>	First <u>MATTHEW</u>	M. I. <u>F</u>	Date of Birth <u>[REDACTED]</u>
Address <u>201 S. WALNUT</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number <u>[REDACTED]</u>
President	Last <u>HOGARTY</u>	First <u>JOHN</u>	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Female
Address <u>W6309 FIRELAW 9</u>		City <u>MENASHA</u>	State <u>WI</u>	Zip <u>54952</u>	
Vice President	Last <u>MILLER</u>	First <u>MATTHEW</u>	Middle Initial <u>F</u>	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/> Female
Address <u>201 S. WALNUT</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Secretary	Last <u>HIGGINS</u>	First <u>TIM</u>	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Female
Address <u>909 CAMBRIDGE CT</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>	
Treasurer	Last <u>FOGARTY</u>	First <u>MARK</u>	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Female
Address <u>2825 INCLINE WAY</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54913</u>	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning <u>9/17/21</u>		Ending: <u>9/18/21</u>		Hours <u>FRI 4pm - 10pm SAT 11am - 10pm</u>	
Please describe the type of event you are going to have: <u>MUSIC FESTIVAL W/ MANY CULTURAL EDUCATIONAL ACTIVITIES</u>					
Do you plan to serve food at this event?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)	
Location where beer or wine will be sold or served: <u>JONES PARK</u>					
Address <u>LAWRENCE AVE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip	
Describe actual location and dimensions of area to be licensed below: - <b>BE PRECISE!</b> <u>WARMING SHELTER AND TENT W/ STAGE AT BOTTOM OF RAMP</u>			Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>10's CHECKED BY SECURITY EVERYONE MUST BE WAISTBAND</u>		
<b>SECTION 3 - PENALTY SECTION</b>					
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 <u>Matthew F Miller, EXEC DIR.</u>					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L <u>8-11-21</u>	Date Issued		Exp. Date	License Number	



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

Winter FM 2021:

CPM  
2022

540

License Fees (See Section 5) \$ 540 ChargeCode: CLLFAR

Investigation Fee - REQUIRED + \$7.00 ChargeCode: CLCPIF

Total Amount Paid \$ (540) Date Rec'd 8,3,21

FEEs ARE NON-REFUNDABLE Receipt # 2446-6

## FARM MARKET APPLICATION

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

Name of Organization Downtown Appleton Indoor Market

Street Address 10 Apt 333 W. College Ave City Appleton State WI Zip 54912

Telephone Number 920-954-9112 Contact Person Meghan Warner Contact Telephone No. [REDACTED] Date of Birth [REDACTED]

**SECTION 2 - EVENT INFORMATION**

Location/Site where Farm Market will be held (Please be Specific) City Center Plaza - 10 College Ave, Appleton, WI 54911

List ALL dates the market will be held 1 Saturdays - November - December, See attached letter

Number of Vendors up to 50 Estimated number of persons attending the event up to 500

**SECTION 3 - ADDITIONAL INFORMATION**

	NO	YES	Action to be taken
Are you requesting any street closures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please indicate which street and from what point to what point?
NOTE: A permit cannot be issued for a major thoroughfare (arterial or collector streets; federal, state and county highways; bus routes) unless traffic flow can, in the opinion of the Traffic Section, be reasonably accommodated on adjacent streets.			
Are you requesting any special parking restrictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used?	<input type="checkbox"/>	<input type="checkbox"/>	Describe toilet facilities available to participants:
Is this event on private property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please contact Community Development at (920-832-6468)
Will the event be held in an Appleton Park or utilize any park facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please explain. What Park? Contact the Appleton Parks and Recreation to reserve this park. (920.832.5905)
Will the event be held indoors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, what building (Provide street address) <u>10 College Ave</u>
Will a tent or any other temporary structure be erected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Appleton Fire Department will need to review your structure plans (920.832.5810)
Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, please explain: <u>only licensed &amp; approved vendors</u> Contact the Appleton Health Department (920.832.6429)

for  
Jan. thru -  
March

Will alcoholic beverages be served/sold?	X	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)
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**SECTION 3 – ADDITIONAL INFORMATION (CONTINUED)**

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?		X	A license WILL NOT be issued without an approved Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300) <i>on file</i>

**SPECIAL NOTE:** Dumpsters and barricading of streets will NOT be provided by the City. You will be responsible to contract these services with an outside provider. For additional information, please contact the City of Appleton's Traffic Section (920.832.5580)

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage:

Insurance Carrier:

Insurance Agent Name and Phone Number:

Policy Number:

Policy Period:

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Signature: *Clayton Warner*

**SECTION 5 – FEE STRUCTURE**

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each ( <u>45</u> X \$12.00 ) = <u>540</u>

**FOR OFFICE USE ONLY**

*Date sent: 8/3/21*

Department	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
Community				

<b>Development</b>				
<b>City Sealer</b>				
<b>Public Works</b>				
<b>Parks and Rec</b>				
<b>Safety &amp; Licensing date</b>			<b>Common Council</b>	
<b>Date Issued</b>			<b>Expiration Date</b>	
			<b>License Number</b>	

2/26/19

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

July 30, 2021

To: City of Appleton, City Clerk

Re: Additional information on Indoor Market

In addition to hosting the Downtown Appleton Indoor Market inside City Center, November through December, we also have selected three additional dates to feature market, as well.

*Date: January 15, 2021*

*February 12, 2021*

*March 19, 2021*

*Time: 9 a.m. to 3 p.m.*

*Place: Fox Cities Exhibition Center*

*What: Community Public Market*

To clarify, the indoor market will run every Saturday, November 6<sup>th</sup> through December 18<sup>th</sup>, 2021; for a total of seven weeks. Then, in January, February, and March, market will be held in conjunction with the Public Market; inside the Fox Cities Exhibition Center, on the above listed dates. The public market will include downtown businesses, food, music, children activities and non-profits, bringing the community and new and refreshed indoor market opportunity.

Sincerely,



Meghan Warner  
Event Coordinator/Farm Market Director  
Appleton Downtown Inc.



**Chief Todd Thomas**  
**Appleton Police Department**

222 South Walnut Street  
Appleton, WI 54911

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To: Alderperson Fenton, Human Resources and IT Committee Chairperson

From: Chief Todd Thomas

Date: July 21, 2021

Subject: Police Department Table of Organization Modification Request

We constantly review processes, programs, and our organizational structure to make sure we are delivering police services in the most efficient way. I am presenting the following three recommendations to you and requesting approval for the modifications to our table of organization.

1. Move one Police Communication Specialist (PCS) position to a Crime Analyst (CA) in the Investigative Services Unit.

This is the culmination of a process we have been undertaking for several years. Our APD Staffing Plan included doing a feasibility study during 2018 and 2019, to evaluate creating a full time Crime Analyst position. Prior to this, we were not able to identify crime patterns, frequent offenders, or habitual nuisance addresses as quickly and effectively as we should because we did not have that specialist. We worked with other local police agencies who have full time crime analyst, mainly Oshkosh, Green Bay and WI DOJ, to develop our program. During the pilot period it has been a part time duty for one of our current PCS employees. We are requesting to make that position a full time Crime Analyst and remove it from the PCS unit. This will not impact the services of our PCS unit at all because we have adjusted the hours and work shifts of the unit members.

It is anticipated that this new position will eventually be at a pay grade above the PCS position, but that would not occur until after the position has been in place for one full year and Human Resources does an analysis. There will be no financial impact at this time.

2. Move the Community Resource Unit under the Downtown District Command.
3. Rename the Operations Coordinator Lieutenant to Professional Development Coordinator and move it under the Northern/Southern District Command.

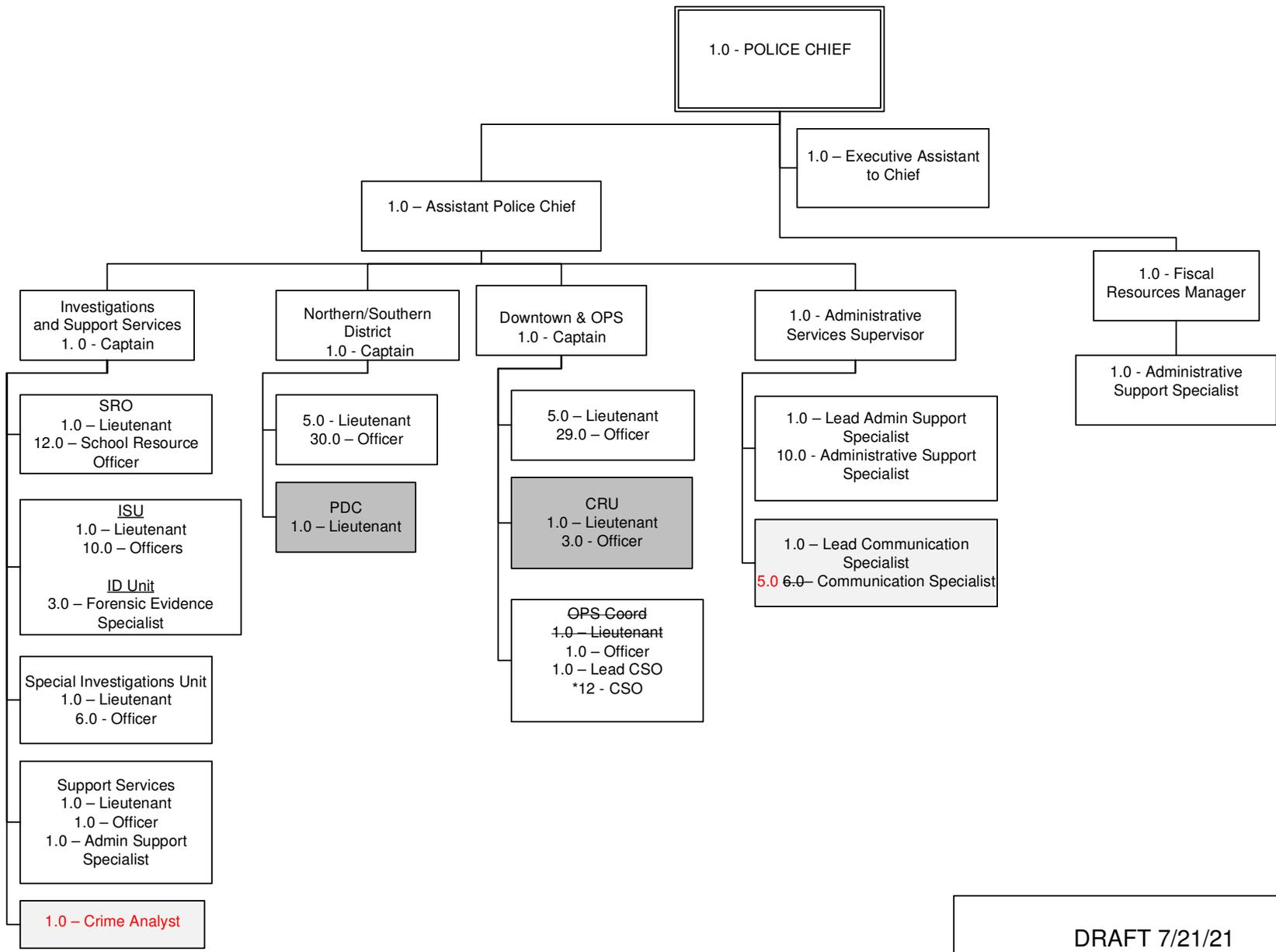
This is switching who these positions report to so that the workload for the District Commander's is balanced and they are supervising the areas that they have more knowledge and experience in. There will be no financial impact, it is a lateral switching of the supervision of units.

We will constantly review programs, processes, and our organizational structure. We also know that it takes time for changes to take hold so that we can truly determine if the anticipated benefits outweigh the unintended consequences. I will review the impact of any change that is approved and report back to the Council if there are any concerns.

Respectfully Submitted,

Chief Todd Thomas

**Core Values of the Appleton Police Department: "Compassion, Integrity, Courage"**



DRAFT 7/21/21