



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, September 6, 2023

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Pledge of Allegiance
3. Roll call of membership
4. Approval of minutes from previous meeting

5. Public Hearing/Appearances

6. Action Items

[23-1028](#) 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 Inspections department.

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

[23-1029](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Joseph Catholic Church, Michael Pusnik, Person in Charge, located at 404 W Lawrence St, on September 9-10, 2023.

Attachments: [St Josephs Fall Festival S&L.pdf](#)

7. Information Items

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.

**Original Alcohol Beverage
License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	7/1/23 - 6/30/24

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ _____ "Class B" Liquor \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ 10,500 "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 10,500
Publication Fee	\$ 60
Background Check	\$ - PD 7-18-23
Total Fees	\$ 10,560

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Dairyland Brewing Co LLC / Dorri Schmidt</u>		
2. Trade Name or DBA <u>Dairyland Brew Pub</u>		
3. Premises Address <u>1216 E Wisconsin Ave, Appleton, WI 54911</u>		
4. County <u>Outagamie</u>	5. Municipality <u>City</u>	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN <u>REDACTED</u>	9. Wisconsin Seller's Permit Number <u>REDACTED</u>	
10. Premises Phone <u>920 441 1140</u>	11. Premises Email <u>dairylandbrewpub@gmail.com</u>	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <u>Restaurant holds 80 seating 1300 ft.</u> <u>Bar holds about 20 seating 1300 ft.</u> <u>Kitchen 1300 ft.</u> <u>outside patio for serving 15ft x 6ft. on</u> <u>southeast corner and southside of building</u>		

Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration <i>Wisconsin</i>	2. Date of Registration <i>2015 - June</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Agent's Last Name <i>Schmidt</i>	Agent's First Name <i>Dorri</i>	Phone REDACTED

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent 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
<i>Schmidt</i>	<i>Dorri</i>	<i>owner</i>	REDACTED

Part E: 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>Dorri Schmidt</i>	Date <i>8-15-23</i>	
Name (Last, First, M.I.) <i>Schmidt, Dorri M</i>		
Title <i>owner</i>	Email REDACTED	Phone REDACTED

Part F: For Clerk Use Only

Date application was filed with clerk <i>8-15-23</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		



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Dorri Schmidt

2. Name of Business: Dairyland Brew Pub

(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: 1216 E. Wisconsin Ave, 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>Dorri</u>	<u>m</u>	<u>Schmidt</u>	REDACTED
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: N/A

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 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?

0 months ago.

10. Seating capacity: Inside 90 Outside 15

11. Operating hours (Inside the building): Tue-Thur 3-close Fr-Sunday 11-close
Operating hours (Outdoor seating areas): same

12. Employees/Staff

Number of floor personnel 3-4 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 2400 ft. square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 90 square feet.
- c. Below, identify the operational details of the proposed establishment:

serving, selling food and alcohol


Signature

8.15-23
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

The undersigned duly authorized officer/member/manager of Dairyland Brewing Co LLC / Dorri Schmidt
(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
Dairyland Brew Pub
(Trade Name)

located at 1216 E. Wisconsin Ave, Appleton, WI 54911.

appoints Dorri M. Schmidt
(Name of Appointed Agent)
1225 E. Amelia St Appleton, WI 54911
(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).

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? 60 yrs.

Place of residence last year 1225 E. Amelia St, Appleton WI 54911

For: Dairyland Brewing Co LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Dorri Schmidt
(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, Dorri Schmidt, 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.

Dorri Schmidt 8-15-23 Agent's age REDACTED
(Signature of Agent) (Date)

1225 E. Amelia St, Appleton, WI 54911 Date of birth REDACTED
(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"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/30/23</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>5554-1</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

The named organization applies for: (Please check one or both)

- 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 licenses in a 12 month period)

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) St. Joseph Catholic Church Date Organized 1860

Address 404 W. Lawrence City Appleton State WI Zip 54911

Person in Charge of Event: ➔ Name: Last FUSNIK First Michael M.I. J Date of Birth REDACTED

Address 25732 US Hwy 10 City Menasha State WI Zip 54952 Person in charge phone number: REDACTED

President Last STEDMEYER First RAY Middle Initial "BROTHER" Date of Birth REDACTED Male Female

Address 404 W LAWRENCE City APPLETON State WI Zip 54911

Vice President Last FUSNIK First MICHAEL Middle Initial J Date of Birth REDACTED Male Female

Address 25732 US Hwy 10 City MENASHA State WI Zip 54952

Secretary Last CLEMENS First WANDA Middle Initial Date of Birth REDACTED Male Female

Treasurer Last First Middle Initial Date of Birth Male Female

Address City State Zip

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 9/9/23 Ending 9/10/23 Hours 3 ~~AM~~ / PM 9 ~~AM~~ / PM

Please describe the type of event you are going to have: FALL FESTIVAL

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

Location where beer or wine will be sold or served: 404 W. LAWRENCE ST

Address 404 W. LAWRENCE ST City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Will minors be present? No Yes

WEST PARKING LOT
NW CORNER OF CHURCH If yes, how will you prevent minors from obtaining alcoholic beverages? STRICT CARDING
ID

SECTION 3 - PENALTY SECTION

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

Signature of Officer Michael Fusnik

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
S&L	<u>9-6-23</u>	Date Issued	Exp. Date	License Number