



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, June 12, 2024

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-0705](#) Safety and Licensing Committee Minutes from 05/22/2024.

**Attachments:** [S&L Minutes 05-22-24.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[24-0748](#) 2024-2025 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.pdf](#)

[24-0749](#) 2024-2025 Late Cigarette, Tobacco, and Vapor Product License Renewals

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

[24-0743](#) Fire Department Automatic Aid Agreement with the Village of Fox Crossing Fire Department.

**Attachments:** [AFD\\_Auto\\_Aid\\_Fox Crossing\\_2024.pdf](#)

[24-0684](#) Class "B" Beer and "Class B" Liquor License application for Mauthe Ventures LLC d/b/a Basil's Pub & Provisions, Jennifer Mauthe, Agent, located at 109 W College Ave, contingent upon approval from the Health department.

**Attachments:** [Mauthe Ventures LLC Basil's Pub App Redacted.pdf](#)

- [24-0683](#) Class "B" Beer and "Class B" Liquor License application for Mauthe Ventures LLC d/b/a No Idea Bar, Jennifer Mauthe, Agent, located at 109 W College Ave, contingent upon approval from the Health department.  
**Attachments:** [Mauthe Ventures LLC No Idea Bar App Redacted.pdf](#)
- [24-0685](#) Class "B" Beer and Reserve "Class B" Liquor License application for Mauthe Ventures LLC d/b/a Olde Town Tavern, Jennifer Mauthe, Agent, located at 107 W College Ave, contingent upon approval from the Health department.  
**Attachments:** [Mauthe Ventures LLC Olde Town Tavern App Redacted.pdf](#)
- [24-0704](#) Class "B" Beer and "Class B" Liquor Temporary Premises Amendment application for S C Carrow Corp d/b/a Rookies Sports Bar & Grill, Steven C. Carrow, Agent, located at 325 N. Appleton St, from 11 a.m. to 2 a.m., August 1-4, 2024 for Mile of Music Event, contingent upon approval from the Health Department.  
**Attachments:** [Rookies Sports Bar Temp Premise Amend. for 8.2024.pdf](#)
- [24-0708](#) Taxicab Company License Application for Z's Overflow LLC d/b/a Phoenix Transportation, Owner, Zonia Mims, 1280 S. Van Dyke Rd. #3, Appleton, WI 54914, contingent upon approval from the Inspections department.  
**Attachments:** [Z's Overflow LLC - Taxicab Co Application.pdf](#)
- [24-0663](#) Taxicab Company License Renewal Application for Dynasty Limousine Service LLC, Owner, Diana Wolters, 1900 Vandenberg Ln, Kaukauna, WI 54130.  
**Attachments:** [Dynasty Limousine Service LLC - Taxicab Co Renewal.pdf](#)
- [24-0751](#) Pet Store renewal application for Fish Cave LLC, Ton Vang, Applicant, located at 2110 S Memorial Dr, contingent upon approval from the Inspection and Community Development departments.  
**Attachments:** [Fish Cave LLC Renewal 2024 Redacted.pdf](#)
- [24-0702](#) Pet Store renewal application for Just Pets, Craig Weborg, Applicant, located at 2009 N. Richmond St, contingent upon approval from the Inspection and Community Development departments.  
**Attachments:** [Just Pets 2024 Renewal Redacted.pdf](#)
- [24-0699](#) Salvage Dealer Renewal application for Mr C's Motorcycles LLC, Janet Ristau, Applicant, located at 724 S. Outagamie St, contingent upon approval from the Inspections department.  
**Attachments:** [Mr. Cs Motorcycles LLC 2024 Renewal Redacted.pdf](#)

[24-0709](#) Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, Approved Downtown Appleton Establishments, from 1:00 p.m. to 4:00 p.m. on July 13, 2024, for the Summer Beverage Stroll event, contingent on approval from the Health department.

**Attachments:** [Temp B ADI Summer Bev Stroll Redacted.pdf](#)

[24-0376](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, located at Houdini Plaza, from August 1st - August 4th 2024, for Mile of Music, contingent upon approval from the Health department.

**Attachments:** [Mile of Music - Houdini Plaza Temporary Class B Application.pdf](#)

[24-0377](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, located at Lawrence Lawn on Lawrence University Campus, from August 1st - August 4th 2024, for Mile of Music, contingent upon approval from the Health department.

**Attachments:** [Mile of Music - Lawrence Lawn Temporary Class B Application.pdf](#)

## 7. Information Items

[24-0735](#) Police Department Table of Organization Modification Request and Addition of Police Officer Position Memo

**Attachments:** [2024 reorg.pdf](#)

[APD TO 5-31-24.pdf](#)

[traffic report April 2024.pdf](#)

[24-0706](#) Special Events

- Appleton Parks & Recreation, Movie on the Hill Series, Appleton Memorial Park Amphitheater, June 20th, July 11th and August 1st 2024
- Appleton Parks & Recreation, Kid's Fun Run, Appleton Memorial Park Soccer Field, June 20th and July 21st 2024
- Mandala Energy Flow LLC, Mandala Yoga Festival, Pierce Park, June 30th 2024
- Scheig Center Garden Walk, Appleton Memorial Park, July 13th 2024
- Appleton Parks & Recreation, Kid's Rummage Sale, Pierce Park, July 23rd 2024
- Appleton Parks & Recreation, Playground Fair, July 25th and July 26th 2024

[24-0707](#)

Directors Report

1. City Clerk
  - Alcohol Licensing Update
  - Staffing Update
2. Fire Chief
3. Police Chief

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

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Wednesday, May 22, 2024

5:30 PM

Council Chambers, 6th Floor

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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:** 5 - Croatt, Siebers, Doran, Fenton and Schultz

4. Approval of minutes from previous meeting

[24-0621](#)

Safety & Licensing Committee minutes from 05/08/2024

**Attachments:** [S&L Minutes 05-08-2024.pdf](#)

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

**Aye:** 5 - Croatt, Siebers, Doran, Fenton and Schultz

5. **Public Hearing/Appearances**

[24-0568](#)

Demerit Point Violation Appearance - Walmart

**Attachments:** [2024 Demerit Point Walmart.pdf](#)

**Jason Klunck, Agent, appeared and addressed the committee.**

[24-0647](#)

Demerit Point Violation Appearance - Oneida BP

**Attachments:** [2024 Oneida BP Demerit Pt Letter.pdf](#)

**No one representing Oneida BP appeared.**

[24-0648](#)

Demerit Point Violation Appearance - Quinto Sol

**Attachments:** [2024 Quinto Sol Demerit Letter.pdf](#)

Hector Mosqueda, Agent appeared and addressed the committee.

[24-0649](#)

Demerit Point Violation Appearance - SG Petroleums

**Attachments:** [2024 SG Petroleums Demerit Pt Letter.pdf](#)

No one representing SG Petroleums appeared.

[24-0646](#)

Demerit Point Violation Appearance - Courtyard Marriott

**Attachments:** [2024 Demerit Point Courtyard Marriott.pdf](#)

Dayon Walker appeared and addressed the committee.

## 6. Action Items

### Balance of the action items on the agenda.

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

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

[24-0645](#)

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

**Attachments:** [2024-25 Alcohol License Renewals.pdf](#)

This Report Action Item was recommended for approval.

[24-0615](#)

"Class A" Liquor License application for FKG Oil Company d/b/a Kensington MotoMart, Anne Marie Stichman, Agent, located at 320 S. Kensington Dr., contingent upon approval from the Inspections Department.

**Attachments:** [Kensington Motomart Application\\_Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0616](#) "Class A" Liquor License application for FKG Oil Company d/b/a Ballard MotoMart, Jason Mazanec, Agent, located at 2838 N. Ballard Rd., contingent upon approval from the Inspections Department.

**Attachments:** [Ballard Motomart Application Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0617](#) "Class A" Liquor License application for FKG Oil Company d/b/a Badger MotoMart, Lynda Jean Nabbefeld, Agent, located at 1850 W. Wisconsin Ave., contingent upon approval from the Finance and Inspections Departments.

**Attachments:** [Badger Motomart Application Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0618](#) "Class A" Liquor License application for FKG Oil Company d/b/a Appleton MotoMart, Lori Endries, Agent, located at 3400 E. Calumet St., contingent upon approval from the Inspections Department.

**Attachments:** [Appleton Motomart Application Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0613](#) "Class C" Wine License application for Ivory Rose Bridal Boutique Inc., Marissa Knuth, Agent, located at 103 E. College Ave, Suite 103, contingent upon approval from the Health, Inspections, and Police Departments.

**Attachments:** [Ivory Rose Bridal Boutique Application Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0643](#) Class "A" Beer & "Class A" Liquor License Change of Agent for Target Corporation d/b/a Target Store T-1248, New Agent, Nicolas Bedolla, located at 1800 S Kensington Dr.

**Attachments:** [Target 1248 Change of Agent Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0612](#)

Class "B" Beer & "Class B" Liquor License Change of Agent for First Uskana LLC d/b/a Angels Restaurant, New Agent, Arben Hajdini, located at 1401 E John St.

**Attachments:** [Angels Restaurant Change of Agent Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0619](#)

Class "B" Beer & "Class B" Liquor License Change of Agent for Apollon II LLC d/b/a Apollon, New Agent, Kelly-Jo St. Aubin, located at 207 N. Appleton St.

**Attachments:** [Apollon Change of Agent Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0644](#)

Class "B" Beer & "Class B" Liquor License Change of Agent for Lawrence University of Wisconsin d/b/a Viking Room, New Agent, Dakota McKee, located at 615 E. College Ave.

**Attachments:** [Lawrence University Change of Agent Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0620](#)

Class "B" Beer & Reserve "Class B" Liquor License Change of Agent for Das Ventures Inc. d/b/a Appleton Beer Factory, New Agent, Benjamin Fogle, located at 603 W. College Ave.

**Attachments:** [Appleton Beer Factory Change of Agent Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0652](#)

Class "B" Beer and "Class B" Liquor Temporary Premises Amendment application for Mill City Public House LLC d/b/a Mill City Public House, Russell Leary, Agent, located at 1103 W College Ave, on July 4th 2024 for Ribfest Event, contingent upon approval from the Inspections and Health Departments.

**Attachments:** [Mill City Public House Temp Premise Amendment 5.6.24.pdf](#)

This Report Action Item was recommended for approval.

[24-0654](#)

2024-2025 Cigarette, Tobacco, and Vapor Product License Renewals

**Attachments:** [2024 Cigarette-Tobacco-Vapor Licenses S&L File.pdf](#)

This Report Action Item was recommended for approval.



[24-0653](#) Pet Store renewal application for HSA Corporation d/b/a Pet Supplies Plus, Angela Detlaan, Applicant, located at 702 W Northland Ave., contingent upon approval from the Inspections department.

**Attachments:** [Pet Supplies Plus 2024 Renewal Redacted.pdf](#)

This Report Action Item was recommended for approval.

[24-0633](#) Taxicab Company License Renewal Application for LIR Transportation LLC, d/b/a Fox Valley Cab, Owner, Igor Leykin, 719 W Frances St., contingent upon approval from the Inspections department.

**Attachments:** [LIR Transportation LLC - Taxicab Co Renewal.pdf](#)

This Report Action Item was recommended for approval.

## 7. Information Items

[24-0614](#) Special Events

- Appleton Downtown Inc, Light the Night Market, College Avenue and Houdini Plaza, May 17, 2024
- Edison Family Fun Run, Edison Elementary and Approved Route, May 18, 2024
- Appleton City Celebration, Pierce Park, May 23, 2024
- Appleton Downtown Inc, Heid Music Summer Concert Series, Jones Park, Thursdays June 6, 2024 - August 29, 2024
- The Mission Church, Picnic in the Park, Pierce Park, June 7, 2024
- Lawrence University, Commencement 2024, Main Hall Green, June 9, 2024
- Creative Downtown Appleton, Street Music Week, College Avenue, June 10, 2024 - June 14, 2024
- Appleton Fox Cities Kiwanis Club, 14th Annual Fox Cities Butterfly Festival, City Park, June 15, 2024

[24-0672](#) Directors Report

1. City Clerk
2. Fire Chief
  - OT Update
3. Police Chief
  - OT Update

## 8. Adjournment

Siebers moved, seconded by Schultz, that the meeting be adjourned at 6:04 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Siebers, Doran, Fenton and Schultz

**2024-2025 RENEWALS**

**CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR (CIDER ONLY) LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Van Zeeland Oil Co Inc Ryan Van Zeeland, Agent, 33 Meadowbrook Ct, Appleton WI 54914	Valley Mobil	2661 S Oneida St

**CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Thapa Petroleum LLC Ganesh Thapa, Agent, 1131 W Commercial St, Appleton WI 54914	Appleton Clark	1200 W Wisconsin Ave

**CLASS "B" FERMENTED MALT BEVERAGE LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Fox Valley Athletics LLC L. Eric Schaefer, Agent, 1139 Honey Creek Cr, Oshkosh WI 54904		1620 E Witzke Blvd-Jones Bldg
United Sports Association for Youth Inc Eric Gebhard, Agent, 828 Jefferson St, Algoma WI 54201	USA Sports Complex	3300 E Evergreen Dr

**CLASS "B" FERMENTED MALT BEVERAGE LICENSE AND "CLASS C" WINE LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Waam Enterprises LLC William J Wetzel Jr, Agent, 2800 Schaefer Cr, Appleton WI 54915	ACOCA	500 W College Ave
Ototo LLC Lor Lee, Agent, 3518 S Barker Ln, Appleton WI 54915	Ototo Ramen	205 N Richmond St

**CLASS "B" FERMENTED MALT BEVERAGE & "CLASS B" LIQUOR LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Antojitos Mexicanos LLC Fernando Almanza, Agent, 580 Cornrow Ln, Combined Locks WI 54113	Antojitos Mexicanos	204 E College Ave

Behnke Enterprises Inc Mark Behnke, Agent, 1820 N Douglas St, Appleton WI 54914	Bazil's Pub	109 W College Ave
Camelot of Appleton LLC Brian M. Striegel, Agent, 802 E College Ave, Appleton WI 54911	Camelot	1700 E Wisconsin Ave
SG Petroleums LLC Suyash Goel, Agent, 2811 E Newberry St, Appleton WI 54915	Friends & Neighbors	148 S Walter Ave
The Original Music Collaborative LLC David G Willems, Agent, 59 S Meadows Dr, Appleton WI 54915	Gibson Community Music Hall	211 W College Ave
Hideout Bar LLC Amanda K. Ernst, Agent, 75 Paulina St, Clintonville WI 54929	Hideout Bar	2828 N Ballard Rd
Sony's Bistro LLC Synona Meyer, Agent, 1342 N Lake Ct, Appleton WI 54913	Meade Street Bistro	2729 N Meade St
Behnke Enterprises Inc Mark Behnke, Agent, 1820 N Douglas St, Appleton WI 54914	No Idea Bar	109 W College Ave
Supple Fondue LLC John F. Supple III, Agent, 4244 S Shady Ln, Oshkosh WI 54902	The Melting Pot	2295 W College Ave

**CLASS "B" FERMENTED MALT BEVERAGE & RESERVE "CLASS B" LIQUOR  
LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Blazin Wings Inc Kimberly M Lutzewitz, Agent, W6983 Center Valley Rd, Shiocton WI 54170	Buffalo Wild Wings	3201 E Calumet St
Foster Cocktail Company LLC Patrick Frawley, Agent, 803 W Winnebago St, Appleton WI 54914	Commodore Club	231 & 233 E College Ave
C-Vine Lounge LLC Conrado Lopez Mendez, Agent, 1789 Sanctuary Ct #63, Appleton WI 54914	C-Vine Lounge	531 W College Ave
J Restaurant LLC Jay Patrick Supple, Agent, 4716 Bay View Ln, Oshkosh WI 54902	Fratellos Waterfront Restaurant	501 W Water St
Behnke Enterprises Inc Mark Behnke, Agent, 1820 N Douglas St, Appleton WI 54914	Olde Town Tavern	107 W College Ave

June 5, 2024

KAMI LYNCH  
CITY CLERK

2024-2025 Late Cigarette/Tobacco/Electronic Vaping Device Renewals

TRADE NAME	BUSINESS NAME	ADDRESS
APPLETON CLARK	THAPA PETROLEUM LLC	1200 W WISCONSIN AVE
GOOD NATURE EVAPOR	GOOD NATURE EVAPOR LLC	420 E NORTHLAND AVE STE E
ONEIDA BP	ONEIDA ST MINI MART LLC	1306 S ONEIDA ST
SMOKIN GLASS	SMOKIN GLASS LLC	1107 W WISCONSIN AVE

**AGREEMENT FOR AUTOMATIC ASSISTANCE  
FOR STRUCTURE FIRES  
VILLAGE OF FOX CROSSING AND CITY OF APPLETON**

THIS AGREEMENT entered into on the date specified below, by and between the Village of Fox Crossing ("Fox Crossing") and the City of Appleton ("Appleton"), each of which are Wisconsin municipal corporations; and each acting herein through their duly authorized officials.

*WHEREAS* the governing officials of the governmental entities set forth above, political subdivisions of the State of Wisconsin and the United States of America, desire to secure for each entity the benefits of assistance in the protection of life and property from fire and other disasters:

*NOW, THEREFORE, IT IS AGREED AS FOLLOWS:*

1. In consideration for each party's automatic assistance to the other upon the occurrence of a structure fire in any portion of the designated area where this Agreement for Automatic Assistance is in effect, a predetermined number of firefighting equipment and personnel of the parties shall be dispatched to such point where the structure fire exists in order to assist in the protection of life and property subject to the conditions hereinafter stated.

Details as to amounts and types of assistance to be dispatched, methods of dispatching and communications, training programs and procedures and areas to be assisted will be developed by the Chief of the Fox Crossing Fire Department and the Chief of the Appleton Fire Department. These details will be stipulated in a Memorandum of Understanding and signed by the Chiefs of both departments. Said Memorandum of Understanding may be revised, modified, or amended in writing at any time by a signed mutual agreement of the Fire Chiefs as conditions may warrant.

2. Any dispatch of equipment and personnel pursuant to this Agreement shall be sent unless such amount of assistance is unavailable due to emergency conditions and/or hazardous situations confronting either party's forces at the time of need for assistance under this Agreement.
3. Each party to this Agreement waives all claims against the other party for compensation for any loss, damage, personal injury, or death occurring as a consequence of the performance of this Agreement.
4. Neither party shall be reimbursed by the other for costs incurred pursuant to this Agreement. Personnel who are assigned, designated, or ordered by their governing body to perform duties, pursuant to this Agreement, shall receive the same salary, pension, and all other compensation and rights for

the performance of such duties, including injury or death benefits, and Worker's Compensation benefits, as though the service had been rendered within the limits of the entity where he or she is regularly employed. Moreover, all medical expenses; wage and disability payments; pension payments; damage to equipment and clothing; and expenses of travel; food; and lodging shall be paid by the entity in which the employee in question is regularly employed.

5. All equipment used by each party's fire department in carrying out this Agreement will, during the time response services are being performed, remain owned by the respective fire department; and all personnel acting for the party's fire department under this Agreement will, during the time response services are required, be firefighters of the fire department of the party where they are regularly employed.
6. At all times while equipment and personnel of either party's fire department are traveling to, from, or within the geographical limits of the other party in accordance with the terms of this Agreement, such personnel and equipment shall be deemed to be employed or used, as the case may be, in the full line and cause of duty of the party which regularly employs such personnel and equipment. Further, such equipment and personnel shall be deemed to be engaged in a governmental function of its governmental entity.
7. In the event that any individual performing duties subject to this Agreement shall be cited as a defendant party to any state or federal civil lawsuit, arising out of his or her official acts while performing duties pursuant to the terms of this Agreement, such individual shall be entitled to the same benefits that he or she would be entitled to receive had such civil action arisen out of an official act within the scope of his or her duties as a member of the department where regularly employed and occurred within the jurisdiction of the governmental entity where regularly employed. The benefits described in this paragraph shall be supplied by the party where the individual is regularly employed.
8. It is agreed by and between the parties hereto that any party hereto shall have the right to terminate this Agreement upon ninety (90) days written notice to the other party hereto.
9. It is understood and agreed that if the parties have heretofore entered into any similar agreement for automatic aid, the conditions and obligations of this Agreement shall take precedence over any conditions and obligations in any other agreements related to mutual assistance between the parties.
10. Each party agrees that if legal action is brought under this Agreement, exclusive venue shall lie in the county where the emergency condition



and/or hazardous situations occurred.


11. In case one or more of the provisions contained in this Agreement shall be for any reason held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
12. Neither party hereto waives or releases any of the liability immunities, limitations, or damages limitations available under Section 893.80 Wisconsin Statutes despite any provisions herein, if any, to the contrary.
13. Effective date of this Agreement shall be on the last date of the signature of any party hereto.

EXECUTED by the Village of Fox Crossing and the City of Appleton, each respective governmental entity acting by and through its duly authorized official in the manner required by each entity or otherwise as required by law.

**Village of Fox Crossing**

By:   
Dale Youngquist, Village President  
Date: 5-28-24

*Fox Crossing Fire Department*

  
Todd Sweeney, Fire Chief  
Date: 5-28-24

[SIGNATURES CONTINUE ON THE FOLLOWING PAGE]

**City of Appleton**

By: \_\_\_\_\_  
Jacob A. Woodford, Mayor

Date: \_\_\_\_\_

Approved as to form:

\_\_\_\_\_  
Christopher R. Behrens, City Attorney

Date: \_\_\_\_\_

CityLaw: A22-0078.dg

By: \_\_\_\_\_  
Kami Lynch, City Clerk

Date: \_\_\_\_\_

*Appleton Fire Department*

\_\_\_\_\_  
Jeremy Hansen, Fire Chief

Date: \_\_\_\_\_

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Appleton
License Period	2024-2025

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

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ 500  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>0</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>660</u></b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) MAUTHE VENTURES LLC.			
2. Business Trade Name or DBA BAZIL'S PUB AND PROVISIONS			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031723179-04	
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 <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 05/03/2024	8. Wisconsin DFI Registration Number M132105
9. Premises Address 109 W. COLLEGE AVE.			
10. City APPLETON		11. State WI	12. Zip Code 54911
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. Premises Phone (920) 954-1707	17. Premises Email		18. Website WWW.BAZILSPUB.COM
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.  109 W. COLLEGE AVENUE-2,000 SQ. FT. FIRST FLOOR BAR-700 SQ. FT. ON SECOND FLOOR FOR STORAGE-60x20 SQ.FT. PATIO TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMITS #14-05 AND #6-13.			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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.

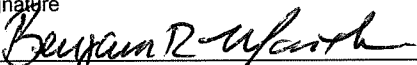
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MAUTHE	BENJAMIN	OWNER	
MAUTHE	JENNIFER	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 MAUTHE	First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone
Signature 	Date 05/08/24	

**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: Benjamin R. Mauthe

2. Name of Business: Mauthe Ventures LLC DBA Bazil's Pub and Provisions

(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: 109 W. College Ave

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:

DUI 2007 - Two weeks house arrest + Fined - Oshkosh  
DUI 2001 - Fined - Kaukauna

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>Benjamin R</u>		<u>Mauthe</u>	<u>01/12/1982</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: Mark e. Behnke Behnke Enterprises

Address: 109 W. College Ave Appleton WI 54911

City State ZIP

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

Name: Bazil's Pub and Provisions

(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?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 100 Outside 40

11. Operating hours (Inside the building): 11:00AM - 2:00AM 7/days/week  
Operating hours (Outdoor seating areas): 11:00 AM - Midnight 7days/week

12. Employees/Staff

Number of floor personnel 30 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: 2,000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 60x20 square feet.

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

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Benjamin R. Fawcett  
Signature

5-9-24  
Date

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) MAUTHE VENTURES LLC.	
2. Business Trade Name or DBA BAZIL'S PUB AND PROVISIONS	
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.	

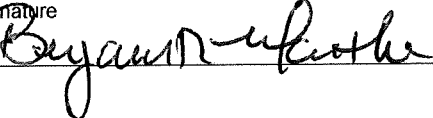
<b>Part B: Agent Information</b>				
1. Last Name MAUTHE	2. First Name JENNIFER		3. M.I. M	
4. Email BMAUTHE82@GMAIL.COM			5. Phone -	
6. Home Address 3824 N. MILLWOOD DRIVE				
7. City APPLETON	8. State WI	9. Zip Code 54913	10. Age	
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance		

<b>Part C: Agent Questions</b>	
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 →

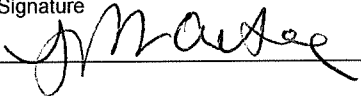
**Part D: Business Attestation**

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 MAUTHE		First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone 9	
Signature 		Date 05/08/24	

**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 MAUTHE		First Name JENNIFER	M.I. M
Signature 		Date 05/08/24	



Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Appleton
License Period	2024 - 2025

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

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ 500  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>0</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>660</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) MAUTHE VENTURES LLC.			
2. Business Trade Name or DBA NO IDEA BAR			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031723179-04	
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 <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 05/03/2024	8. Wisconsin DFI Registration Number M132105
9. Premises Address 109 W. COLLEGE AVE.			
10. City APPLETON		11. State WI	12. Zip Code 54911
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. Premises Phone (920) 954-1707	17. Premises Email E		18. Website WWW.BAZILSPUB.COM
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.  109 WEST COLLEGE AVENUE-2,300 SQ. FT. BASEMENT BAR AREA-1,000 SQ. FT. STORAGE. TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMIT #14-05			
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
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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
MAUTHE	BENJAMIN	OWNER	
MAUTHE	JENNIFER	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 MAUTHE	First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone
Signature 		Date 05/08/24

**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: Benjamin R Mauthe

2. Name of Business: Mauthe Ventures LLC DBA No Idea Bar

(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: 109 W. College Ave

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:

DUI - 2007 - Two weeks house arrest - Fine - Oshkosh  
DUI - 2001 - Fine - Kaukauna

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>Benjamin</u>	<u>R</u>	<u>Mauthe</u>	
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: Mark E. Behnke Behnke Enterprises  
 First name Middle Initial Last name

Address: 109 W. College Ave Appleton WI 54911  
 City State ZIP

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

Name: No Idea Bar

(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 X 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?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 100 Outside \_\_\_\_\_

11. Operating hours (Inside the building): 4:00pm - 2:00am TH-SU  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 30 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: 2,300 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:

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Beyonce R. A. ...  
Signature

5-9-24  
Date

# Alcohol Beverage Appointment of Agent

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) MAUTHE VENTURES LLC.	
2. Business Trade Name or DBA NO IDEA BAR	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <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.	

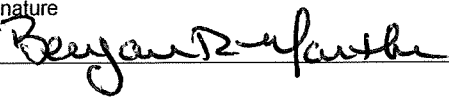
<b>Part B: Agent Information</b>			
1. Last Name MAUTHE	2. First Name JENNIFER	3. M.I. M	
4. Email		5. Phone	
6. Home Address 3824 N. MILLWOOD DRIVE			
7. City APPLETON	8. State WI	9. Zip Code 54913	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
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* →

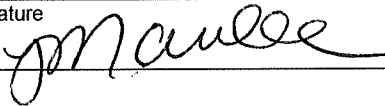
**Part D: Business Attestation**

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 MAUTHE		First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone	
Signature 		Date 05/08/24	

**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 MAUTHE		First Name JENNIFER	M.I. M
Signature 		Date 05/08/24	

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Appleton
License Period	2024 - 2025

**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	\$ <u>10,600</u>
Background Check Fee	\$ <u>14</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>10,674</u></b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) MAUTHE VENTURES LLC.			
2. Business Trade Name or DBA OLDE TOWN TAVERN			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031723179-04	
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 <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 05/03/2024	8. Wisconsin DFI Registration Number M132105
9. Premises Address 107 W. COLLEGE AVE.			
10. City APPLETON		11. State WI	12. Zip Code 54911
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. Premises Phone (920) 954-1707	17. Premises Email		18. Website WWW.BAZILSPUB.COM
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.  107 WEST COLLEGE AVENUE-1,500 SQ. FT. FIRST FLOOR BAR, DINING ROOM AND STORAGE IN BASEMENT-TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMIT #14-95.			
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
MAUTHE	BENJAMIN	OWNER	(920) 851-9009
MAUTHE	JENNIFER	OWNER	(920) 585-8042

**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 MAUTHE	First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone
Signature 		Date 05/08/24

**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: Benjamin R. Mauthe

2. Name of Business: Mauthe Ventures LLC DBA Old Town Tavern

(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: 107 W. College Ave

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:

DUI - 2007 - Two weeks house arrest - Fine - Obhkosh  
DUI - 2001 - Fine - Kaukauna

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>Benjamin R</u>		<u>Mauthe</u>	<u>01/12/1982</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: Mark E. Behnke Behnke Enterprises  
First name Middle Initial Last name

Address: 109 W College Ave Appleton WI 54911  
City State ZIP

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

Name: Olde Town Tavern

(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?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 80 Outside 40

11. Operating hours (Inside the building): 4:00pm-2:00am Th-Sa  
Operating hours (Outdoor seating areas): 11:00 AM - Midnight

12. Employees/Staff

Number of floor personnel 30 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: 1,500 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 60x20 square feet.

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

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Benjamin R. Pawlke  
Signature

5-9-24  
Date

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) MAUTHE VENTURES LLC.	
2. Business Trade Name or DBA OLDE TOWN TAVERN	
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.	

<b>Part B: Agent Information</b>			
1. Last Name MAUTHE	2. First Name JENNIFER	3. M.I. M	
4. Email		5. Phone	
6. Home Address 3824 N. MILLWOOD DRIVE			
7. City APPLETON	8. State WI	9. Zip Code 54913	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
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 →

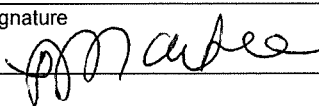
**Part D: Business Attestation**

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 MAUTHE		First Name BENJAMIN		M.I. R
Title OWNER	Email		Phone	3
Signature			Date	05/08/24

**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 MAUTHE		First Name JENNIFER		M.I. M
Signature 			Date	05/08/24



# Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

\*Please allow 4 weeks for application processing\*

**FEES ARE NON-REFUNDABLE**

Date Recv'd 5 / 10 / 24

License Fee - \$10.00/event  
(CLCAGP)

Total \$ 10.00

Receipt #: 6803-5

**SECTION 1 – ESTABLISHMENT INFORMATION**

Name of Establishment <u>Rookie's Sports Bar &amp; Grill</u>	Establishment Phone Number <u>920-830-1904</u>
Address of Establishment <u>325 N. Appleton ST</u>	
Agent Name <u>Steve Carrow</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: Setting up a Tent, Portable Hand Sinks, Port-A-Pottys & a Beverage Trailer in the grass lot North of Rookie's as well as parking Lot

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

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: August 1-4 2024 11AM-2AM

**SECTION 3 – PENALTY NOTICE**

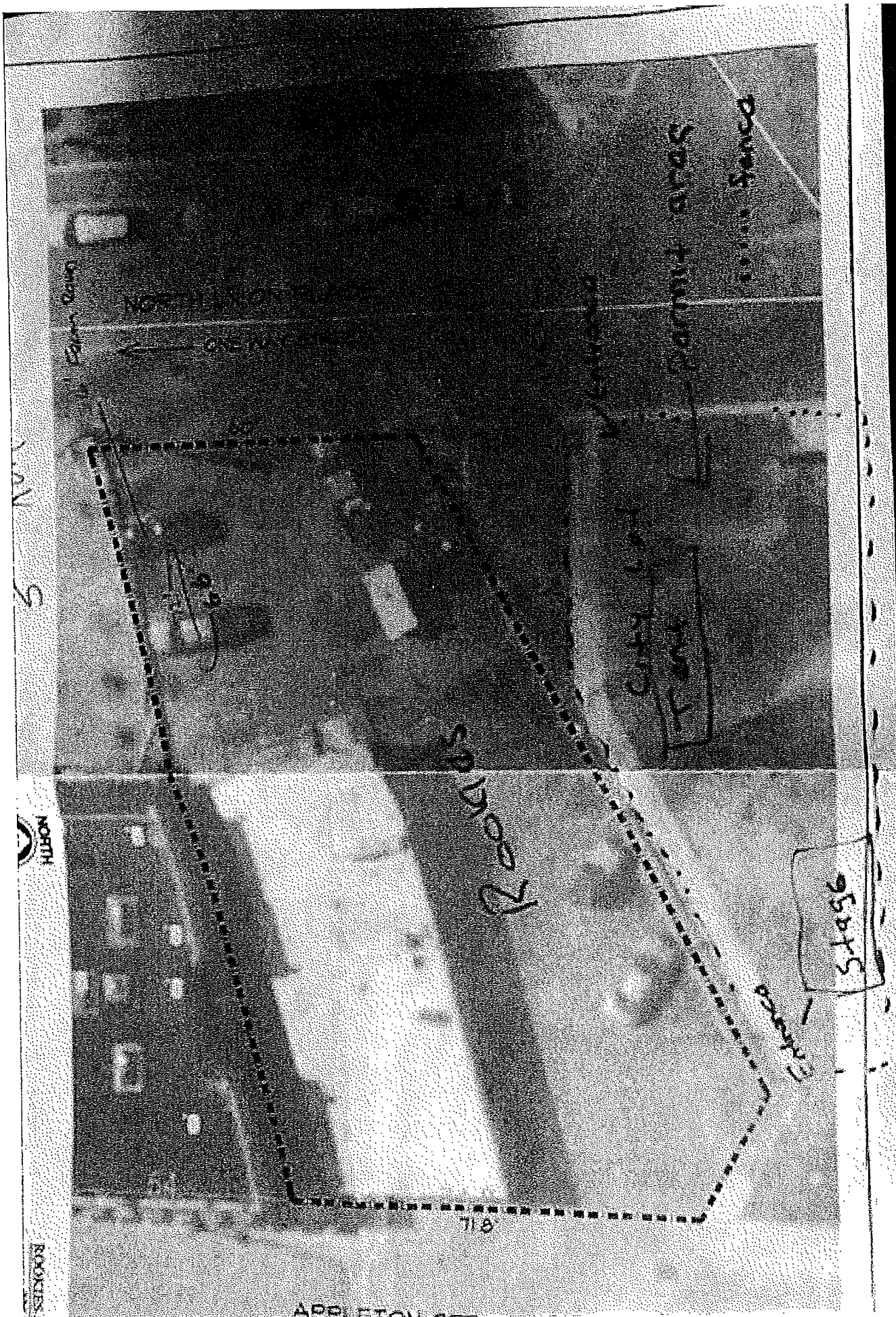
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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: 05/10/2024

**FOR OFFICE USE ONLY**

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



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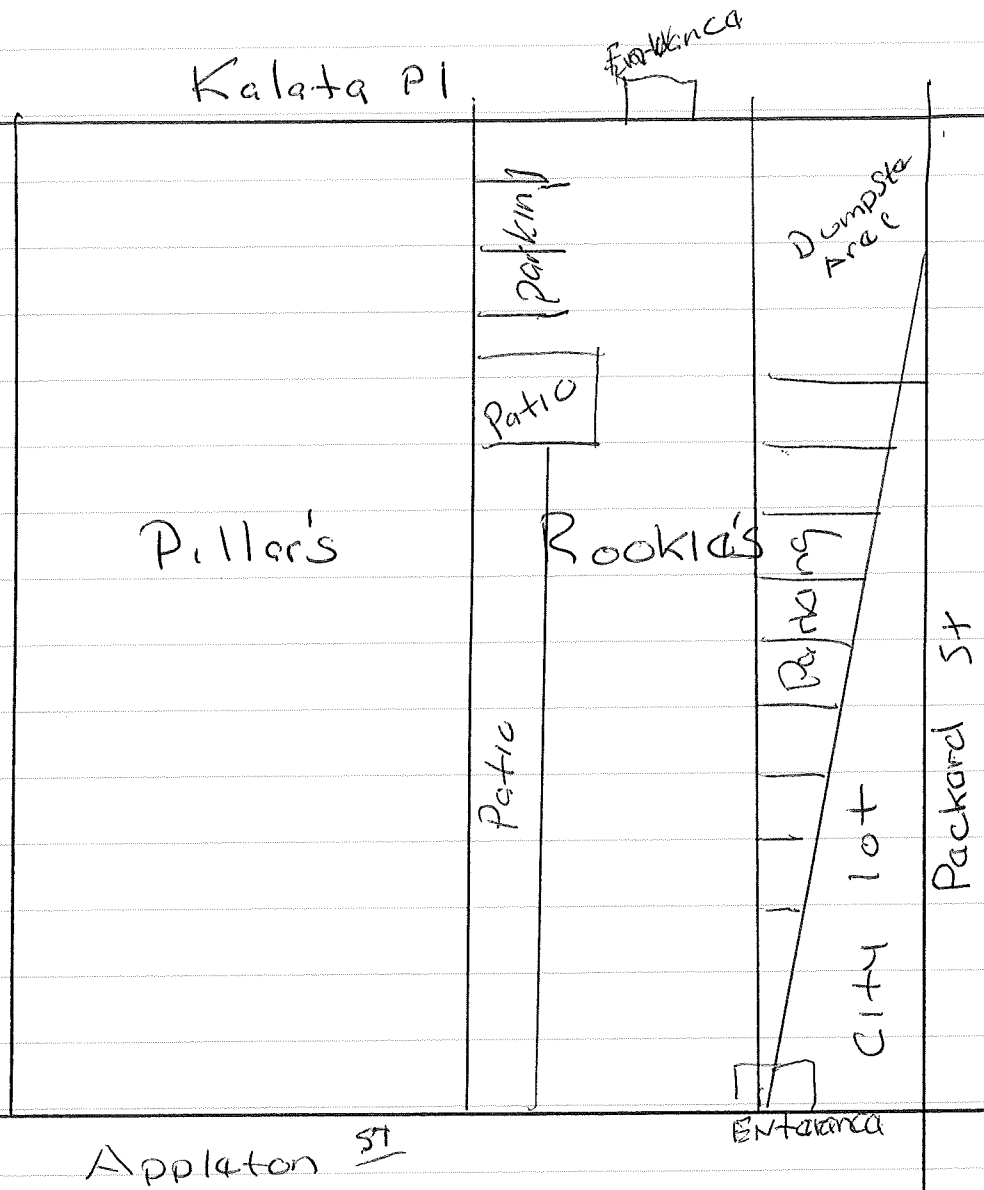
950000

ROCKIES

ROCKIES

ROCKIES

325 W. Appleton St  
Rookies Sports Bar & Grill



Permit for Rookies  
parking lot and City  
lot, parking lot and  
city lot will be fenced  
in.



**Application for Taxicab/Limousine Company License** CASH OR CHECK ONLY!

Original Application  
 Renewal License  
 # \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**

Fee Per Each Individual Vehicle (CLLTSE) \$30.00  
 Investigation Fee (CLLPF) \$7.00

Date Recv'd MAY 30 2024  
 Total \$ 67.00  
 Receipt #: 6889-5

**LICENSE PERIOD IS FROM**  
July 1st - June 30th

*Note: please allow 3 weeks for application processing*

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

Company Name: Z's Overflow, LLC dba Phoenix Transportation

Business Address: 1280 S. Van Dyke Rd. # 3 City: Appleton State: WI Zip Code: 54914

Company Email Address [REQUIRED]: zoverflowllc@gmail.com Company Phone Number [REQUIRED]: (414) 520-4526

Business Owners Name: Zonea Mims Date of Birth: \_\_\_\_\_ Gender: F

Business Owner Phone Number: \_\_\_\_\_ Business Owner Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Licensed: Wisconsin

**SECTION 2 - COMPANY HISTORY**

Is the company currently licensed in any other municipality?  YES  NO

If Yes, what municipality? \_\_\_\_\_

Has the company ever been denied a license by any municipality?  YES  NO

If Yes, please explain: \_\_\_\_\_

Have any of the owners ever been convicted of a crime?  YES  NO

If Yes, please explain: \_\_\_\_\_

Describe the basic operations of the company:  
Taxi & limosene service

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

**SECTION 3 - VEHICLES TO BE OPERATED - Attach additional sheets if necessary**

Vehicle Number	Capacity	Make/Model	DOT License Plate #
<u>2CTWDGBGXKR607133</u>	<u>4</u>	<u>Dodge Caravan</u>	<u>AUR-9532</u>
<u>2CTWDGBG5JR363499</u>	<u>4</u>	<u>Dodge Caravan</u>	<u>4SP-2296</u>

**SECTION 4 - INSURANCE NOTICE**

Insurance Carrier: Prime Insurance Company Insurance Agent Name: Doreen Janssen

Insurance Agent Phone Number: \_\_\_\_\_ Insurance Agent Email Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: 01/24/24 - 01/24/25



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 attorney's 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.

Applicant's Signature Zoneo Ngano

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management					
Police					
Fire					
Inspection					
Safety and Licensing					
Common Council					
COI on File? <b>YES</b> NO	Denial Reasoning		Date Issued	Expiration Date	License Number



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ansay & Associates, LLC. 4351 W College Ave Suite 310 Appleton WI 54914	<b>CONTACT NAME:</b> Doreen Janssen	
	<b>PHONE (A/C, No, Ext)</b>	<b>FAX (A/C, No):</b> 920-560-7078
<b>E-MAIL ADDRESS:</b> C		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Scottsdale Insurance Co		41297
<b>INSURER B :</b> Prime Insurance Company		
<b>INSURER C :</b> BCS Insurance Company		38245
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED** ZSOVERF-01  
 Z's Overflow LLC  
 1280 S. Van Dyke Rd Ste 3  
 Appleton WI 54914

**COVERAGES** **CERTIFICATE NUMBER:** 1919649073 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			C	1/11/2024	1/11/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY				1/24/2024	1/24/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						EACH OCCURRENCE \$
	DED						AGGREGATE \$
	RETENTION \$						\$
C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
	Cyber Professional				6/15/2023 1/11/2024	6/15/2024 1/11/2025	Cyber Coverage Professional 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 2019 Dodge Caravan 2C7WDGBGXR607133  
 2018 Dodge Caravan 2C7WDGBG5JR363499

<b>CERTIFICATE HOLDER</b>  City of Appleton	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



# Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

Original Application

Renewal License

in 2-24

### FEES ARE NON-REFUNDABLE

Fee Per Each Individual

Date Recv'd 5 / 15 / 24

Vehicle (CLLSE) \$30.00

Total \$ 97.00

Investigation Fee

(CLLPIF) \$7.00

Receipt #: 6829-8

LICENSE PERIOD IS FROM

July 1<sup>st</sup> – June 30<sup>th</sup>

*Note: please allow 3 weeks for application processing*

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

Company Name <u>Dynasty Limousine Service LLC</u>			
Business Address <u>1900 Vandenberg Ln</u>	City <u>Kaunonia</u>	State <u>WI</u>	Zip Code <u>54130</u>
Company Email Address [REQUIRED] <u>Diana@dynastylimousine.net</u>	Company Phone Number [REQUIRED] <u>920-954-9111</u>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Business Owners Name <u>Diana Wolters</u>	Date of Birth	Gender <u>F</u>	
Business Owner Phone Number	Business Owner Email Address		
License Number	State Licensed <u>WI</u>		

## SECTION 2 - COMPANY HISTORY

Is the company currently licensed in any other municipality? YES  NO

If Yes, what municipality? \_\_\_\_\_

Has the company ever been denied a license by any municipality? YES  NO

If Yes, please explain: \_\_\_\_\_

Have any of the owners ever been convicted of a crime? YES  NO

If Yes, please explain: \_\_\_\_\_

Describe the basic operations of the company:  
Luxury charter transportation

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

## SECTION 3 - VEHICLES TO BE OPERATED - Attach additional sheets if necessary

Vehicle Number	Capacity	Make/Model	DOT License Plate #
<u>11</u>	<u>5</u>	<del>Cadillac Escalade</del> <u>Cadillac Escalade</u>	<u>APA 7701</u>
<u>12</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>ADP 2679</u>
<u>10</u>	<u>14</u>	<u>Freightliner Sprinter</u>	<u>Dusty 10</u>

## SECTION 4 - INSURANCE NOTICE

Insurance Carrier <u>Forge</u>	Insurance Agent Name <u>Amy Kustrich</u>
Insurance Agent Phone Number	Insurance Agent Email Address
Policy Number	Policy Period <u>9-7-23 - 9-7-24</u>



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

## APPLICATION for the Operation of a PET STORE/KENNEL

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>6/3/24</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>6932-4</u>
License period July 1 to June 30		

**\*PLEASE ALLOW 4 WEEKS FOR PROCESSING\***

<b>SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly</b>					
<b>NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.</b>					
Business Name <u>FISH CAVE LLC</u>					
Business Street Address <u>2110 S MEMORIAL DR</u>			City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Business Telephone Number <u>414-234-3526</u>					
<b>SECTION 2 – APPLICANT INFORMATION</b>					
Name <u>TON VANU</u>					
Home Street Address <u>1503 E COOLIDGE AVE</u>			City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Date of Birth _____		Male <input checked="" type="checkbox"/>	Female _____	Telephone Number _____	
<b>SECTION 3 – SERVICES TO BE PROVIDED</b>					
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 _____	
<b>SECTION 4 – PENALTY NOTICE</b>					
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>[Signature]</u>					
<b>SECTION 5 – FEE SCHEDULE **all fees include the \$7 Investigation fee** CASH OR CHECK ONLY</b>					
Pet Store License		Initial Fee - \$97.00		Renewal Fee - \$82.00	
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	
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
City Sealer					
Inspection					
Community Development					
S&L	Council		Date Issued	Exp. Date	
				License Number	

04-23-21

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



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

## APPLICATION for the Operation of a PET STORE/KENNEL

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>5/21/24</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>6904-3</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>Just Pets</u>			
Business Street Address <u>2009 N. Richmond St.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Business Telephone Number <u>920-133-6788</u>			

### SECTION 2 – APPLICANT INFORMATION

Name <u>Craig Weberg</u>			
Home Street Address <u>N8803 Kernan Ave</u>	City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>
Date of Birth	Male <input checked="" type="checkbox"/>	Female	Telephone Number

### 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	<input type="checkbox"/> 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: *Craig Weberg*

### 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	Reason
Police				
Fire				
City Sealer				
Inspection				
Community Development				
S&L	Council	Date Issued	Exp. Date	
				License Number

04-23-21

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



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

# APPLICATION for SALVAGE DEALER'S LICENSE

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>5/22/24</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>6882-2</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 Mr C's Motorcycles, LLC

Business Street Address 724 S. Outagamie St City Appleton State WI Zip 54914

Business Telephone Number 920-205-7821

**SECTION 2 – APPLICANT INFORMATION**

Name Janet Ristau

Home Street Address 716 Woodland Dr City Kaukauna State WI Zip 54130

Date of Birth \_\_\_\_\_ Male  Female  Telephone Number \_\_\_\_\_

**SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.**

President	Last <u>Ristau</u>	First <u>Janet</u>	Middle Initial <u>L</u>	Date of Birth _____	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Address	<u>716 Woodland Dr</u>		City <u>Kaukauna</u>	State <u>WI</u>	Zip <u>54130</u>	
Vice President	Last <u>Egelseer</u>	First <u>Eric</u>	Middle Initial <u>E</u>	Date of Birth _____	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>12 Ramlen Ct</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Secretary	Last <u>Ristau</u>	First <u>Daniel</u>	Middle Initial <u>S</u>	Date of Birth _____	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>926 Manor Pl</u>		City <u>Little Chute</u>	State <u>WI</u>	Zip <u>54140</u>	
Treasurer	Last <u>Ristau</u>	First <u>Glenn</u>	Middle Initial <u>A</u>	Date of Birth _____	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>420 Green Haven Lane</u>		City <u>Kaukauna</u>	State <u>WI</u>	Zip <u>54130</u>	

**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: Janet Ristau

**FOR OFFICE USE ONLY**

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

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event \_\_\_\_\_ (applicant background investigation fee)

Application Date: 05/02/2024

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 07/13/2024 and ending 07/13/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Appleton Downtown, Inc.

(b) Address 333 W. College Ave., Appleton, WI 54911  
(Street)  Town  Village  City

(c) Date organized 04/02/1993

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Lyssa King, 211 W. College Ave., Appleton, WI 54912

Vice President Steve Lonsway, 1004 S. Olde Oneida St., Appleton, WI 54911

Secretary Kolby Knuth, 901 S. Lawe St., Appleton, WI 54915

Treasurer Tom Klister, 229 E. Washington St., Appleton, WI 54911

(g) Name and address of manager or person in charge of affair: Jennifer Stephany, 333 W. College Ave., Appleton, WI 5491

(g)1. Date of Birth. \_\_\_\_\_ (g)2. Drivers License \_\_\_\_\_ (g)3. Ema \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number see attached sheet

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Downtown Appleton businesses will participate in the Summer Beverage Stroll by providing various beverage samples to event ticket holders (see attached list of businesses). ADI will ID ticket holders at a central location & wristband those 21 or over.

### 3. Name of Event

(a) List name of the event Summer Beverage Stroll

(b) Dates of event 07/13/2024

(c) Time(s) of event 1:00 PM through 4:00 PM

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Jennifer Stephany  
(Signature) \_\_\_\_\_  
(Date) \_\_\_\_\_

Appleton Downtown Inc.  
(Name of Organization) \_\_\_\_\_

Date Filed with Clerk 5/30/24  
Date Granted \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_  
License No. \_\_\_\_\_

COA Dept. Approval: Police \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_

## **Appleton Downtown, Inc.**

**July 13, 2024**

### **Summer Beverage Stroll Participating Businesses**

Sugar Rushlow Boutique – 129 E. College Ave.

The Vintage Garden – 119 E. College Ave.

Lillians of Appleton – 115 E. College Ave.

Beatnik Betty's – 214 E. College Ave.

Board and Brush Creative Studio – 109 N. Durkee St. (Has a liquor license)

Eco Candle Co. – 123 E. College Ave.

Cedar Harbor – 611 N. Morrison St.

Olive & Rose Boutique – 121 E. College Ave.

POLLEN – 103 E. College Ave.

The General Store – 215 W. College Ave. (Has a liquor license)

Appleton Downtown, Inc. – 333 W. College Ave., Suite 100

#### **ADI Contacts**

Carissa Hackel, Events Director – 920-450-7176

Sandy Storch, Events Coordinator – 920-540-5892

Jennifer Stephany, Executive Director – 920-538-2026



# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 03/26/2024

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 08/01/2024 and ending 08/04/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fox Valley Vietnam Veterans Association

(b) Address 120 N. Morrison St., Appleton, WI 54911

(Street)

Town  Village  City

(c) Date organized July 1983

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Bob A. Boettcher - 1409 Harrison St., Appleton, WI 54911

Vice President Don F. Falk - 528 Claire Dr., Appleton, WI 54915

Secretary Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952

Treasurer Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952

(g) Name and address of manager or person in charge of affair: David G. Willems

(g)1. Date of Birth: \_\_\_\_\_

(g)2. Drivers License #: \_\_\_\_\_

(g)3. Email: \_\_\_\_\_

Phon \_\_\_\_\_

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Houdini Plaza

(b) Lot \_\_\_\_\_ Block SE Corner of College Avenue and Appleton Street

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event Mile of Music Festival

(b) Dates of event Thursday, August 1st through Sunday, August 4th

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

J. E. Wilharms 3/28/24  
(Signature / Date)

Fox Valley Veterans Association

(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_

Date Granted \_\_\_\_\_

License No. \_\_\_\_\_

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 03/26/2024

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 08/01/2024 and ending 08/04/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fox Valley Vietnam Veterans Association

(b) Address 120 N. Morrison St., Appleton, WI 54911

(Street)

Town  Village  City

(c) Date organized July 1983

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

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Vice President Don F. Falk - 528 Claire Dr., Appleton, WI 54915

Secretary Joe E. Wilhams - W7064 Verne Rd., Menasha, WI 54952

Treasurer Joe E. Wilhams - W7064 Verne Rd., Menasha, WI 54952

(g) Name and address of manager or person in charge of affair: David G. Willems

(g)1. Date of Birth: \_\_\_\_\_

(g)2. Drivers License #: \_\_\_\_\_

(g)3. Em. \_\_\_\_\_

Phone: \_\_\_\_\_

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Lawrence Lawn on Lawrence University Campus

(b) Lot \_\_\_\_\_ Block SE Corner of College Avenue and Drew Street

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event Mile of Music Festival

(b) Dates of event Thursday, August 1st through Sunday, August 4th

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

J. E. Wilhams  
(Signature / Date)

Fox Valley Veterans Association

(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_

Date Granted \_\_\_\_\_

License No. \_\_\_\_\_



## POLICE DEPARTMENT

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

To: Alderperson Jones, Human Resources Committee Chairperson  
Alderperson Croatt, Safety and Licensing Committee Chairperson

From: Chief Polly Olson

Date: June 12, 2024

Subject: Police Department Table of Organization Modification Request and  
Addition of Police Officer Position

I have continued to review processes, programs, and our organizational structure and I am presenting the following recommendation for modifications to the Police Department's Table of Organization.

1. Unit Title Change – Rename **Investigations and Support Services** to **Investigations and Community Resource**.
2. Move the Community Resource Unit (CRU) from under the supervision of the Captain of the Downtown District to the Captain of Investigations and Community Resource Unit.
3. Move the Officer (Operations Coordinator) position from the supervision of the Community Resource Unit (CRU) Lieutenant to the Captain of the Downtown District.
4. Move the supervision of the Lieutenant (Professional Development) from the Captain of Investigation and Community Resource Unit to the Captain of the Downtown District.
5. Move the supervision of the Crime Analyst position from the Captain of Investigations and Community Resource Unit to the Investigative Services Unit Lieutenant.
6. Eliminate the 1.0 FTE **Professional Development Administrative Specialist** position and create 1.0 FTE Officer (**Traffic Safety Officer**).

## Police Department Table of Organization Modification Request Details

- Unit Title Change – Rename **Investigations and Support Services** to **Investigations and Community Resource**. This is a title change to describe the duties of the unit and positions more accurately. This change reflects the elimination of the Support Services Unit.

The Community Resource Unit supports both patrol operations and investigations. These officers predominately wear plain clothes/soft uniforms and work a Monday – Friday schedule. This aligns better with the Investigations branch of the Table of Organization.

- The Officer (Operations Coordinator) was previously assigned to the downtown district Captain. This position was reassigned to the Community Resource Unit (CRU), however, after evaluating this move, it is a better fit reporting directly to the previously assigned Captain.
- The Lieutenant (Support Services) was eliminated at the end of 2023 due to a retirement. The Lieutenant (Professional Development) was placed under the Captain of Investigations and Support Services and was paired with the Professional Development Administrative Specialist. With the recent elimination of the Professional Development Administrative Specialist position, it makes sense to move the Lieutenant (Professional Development) to the Downtown District Captain.
- The Crime Analyst mainly reports directly to the Investigative Services Lieutenant. I recommend a change to the Table of Organization to accurately reflect this.
- Eliminate the 1.0 FTE **Professional Development Administrative Specialist** position to 1.0 FTE **Traffic Safety Officer**. Traffic safety remains a top priority for the Police Department and the community. Recent surveys reflect concerns with speeding, aggressive driving, and preventable traffic crashes. The addition of 1 traffic safety officer in 2023 has been a great success. Our current Traffic Safety Officer handles:
  - Crashes – the traffic safety officer will self-dispatch to crashes freeing up patrol officers so they may perform other work, respond to calls, etc.
  - Operating while intoxicated investigations – the traffic safety officer will take over the investigation of alcohol and drug related driving incidents when possible, freeing up patrol officers to be available for calls for service.
  - Presentations – conducts training and offers educational presentations for staff and the public.
  - Develops content for our social media pages with tips to increase safer driving.
  - Addresses complaints received online through our website.
  - Produces monthly traffic report (see attached).

The addition of a Traffic Safety Officer to the Traffic Safety Unit would allow the officers to increase their saturation while addressing specific traffic concerns. For example, addressing driving behaviors on College Ave. can be challenging. A second traffic officer will allow for creative enforcement tactics to enforce traffic violations more effectively and safely in our high-volume traffic areas. I also anticipate the expanded ability of traffic officers to work with neighborhood patrol officers on targeted complaint-driven enforcement.

The elimination of the Professional Development Administrative Specialist requires the distribution of critical tasks to others in the department. My staff has expressed a willingness and desire to rise to the challenge required of the increased workload. The duties related to this position have been reassigned. We will continually assess to ensure the workload is equitable.

The financial impact with the conversion of 1.0 FTE Professional Development Administrative Specialist to a Police Officer is an annual maximum difference of \$22,611. This is taking into consideration the potential increase in the cost of the health plan from a single to a family plan.

**Professional Development Administrative Specialist**

Hourly \$30.02

Salary \$62,441

Fringe \$17,407 – Single health & dental, FICA, Medicare, and Retirement

**TOTAL \$79,848**

**Police Officer**

Hourly \$33.46

Salary \$66,831

Fringe \$35,628 – Family health & dental, FICA, Medicare, and Retirement

**TOTAL \$102,459**

If the position was filled in 2024, vacant salary dollars would be sufficient to pay for the traffic officer position.

Thank you for considering this recommendation.

Chief Polly Olson

1.0 - POLICE CHIEF

1.0 – Executive Assistant to Chief

1.0 – Assistant Police Chief

1.0 - Fiscal Resources Manager

1.0 - Administrative Support Specialist

1.0 - Administrative Services Supervisor

1.0 – Lead Admin Support Specialist  
9.0 - Administrative Support Specialist

1.0 – Lead Communication Specialist  
4.0 - Communication Specialist

Downtown & OPS  
1.0 - Captain

6.0 – Lieutenant  
29.0 – Officer

1.0 – Lieutenant (Professional Development)

1.0 – Officer (Operations Coordinator)

1.0 – Lead CSO  
\*12 - CSO

Northern/Southern District  
1.0 - Captain

5.0 - Lieutenant  
30.0 – Officer

TSU  
1.0 – Lieutenant  
2.0 - Officer

Investigations and Community Resources  
1.0 - Captain

SRO  
1.0 – Lieutenant  
12.0 – School Resource Officer

CRU  
1.0 – Lieutenant  
4.0 – Officer  
1.0 – Police Community Engagement Specialist

ISU  
1.0 – Lieutenant  
10.0 – Officers  
1.0 – Crime Analyst  
ID Unit  
2.0 – Forensic Evidence Specialist  
1.0 – Lead Forensic Evidence Specialist

Special Investigations Unit  
1.0 – Lieutenant  
5.0 - Officer

Support Services  
1.0 – Lieutenant  
1.0 – Professional Development Administrative Specialist

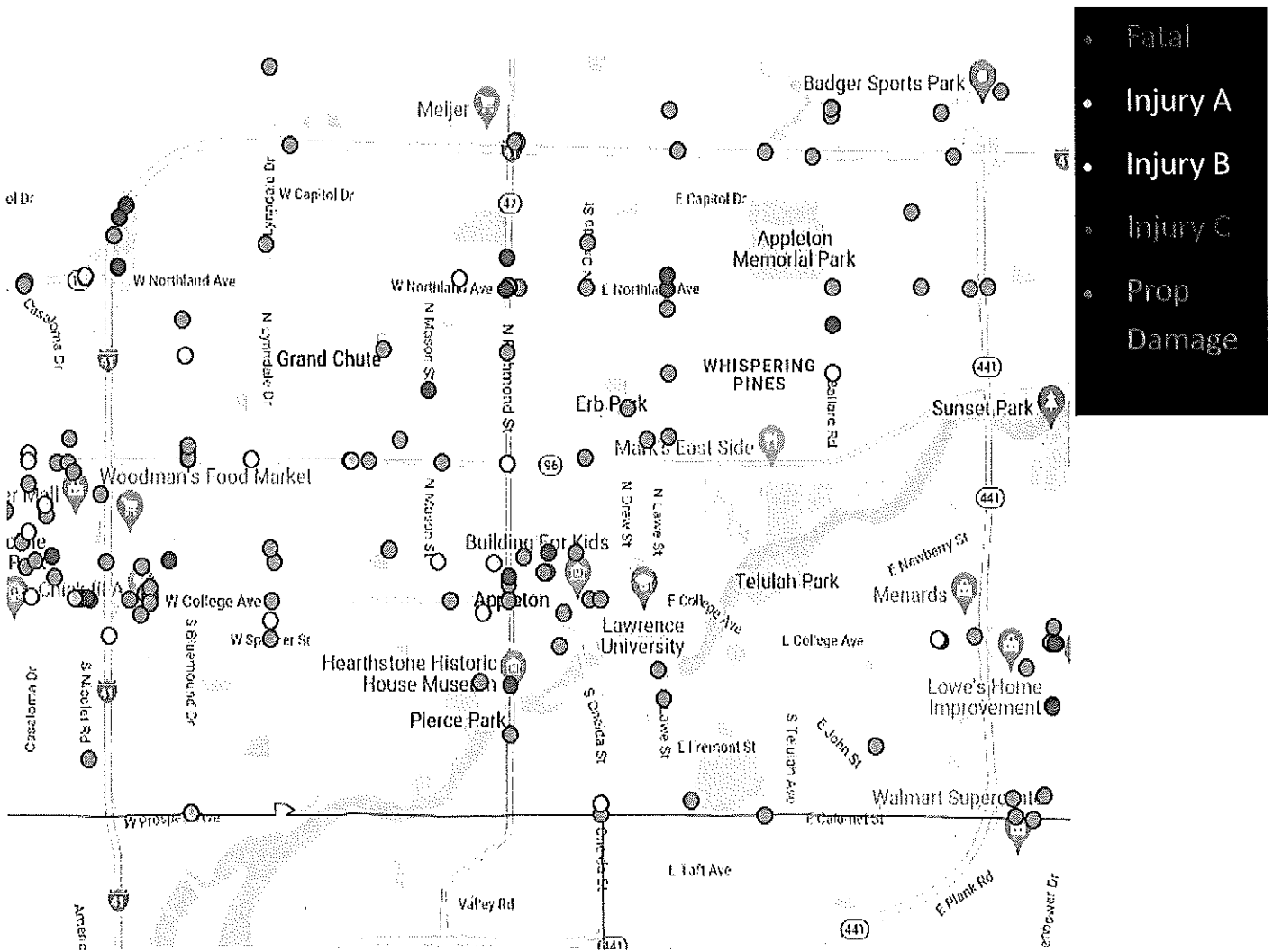
Draft 05/31/2024



Traffic Safety Plan

Traffic complaints are the #1 complaint made to the Appleton Police Department and City Alderpersons. The police department is committed to safe travels for motorists, pedestrians and bicyclists. With a goal of reducing traffic crashes, property damage, injury and death on Appleton's roadways, the police department will use a data driven approach for traffic enforcement. Data analytics from crash data, citizen complaints and speed studies will be used to identify traffic emphasis areas. Each month's report will be posted on the police department's website and will be presented at each month's Safety and Licensing Committee Meeting.

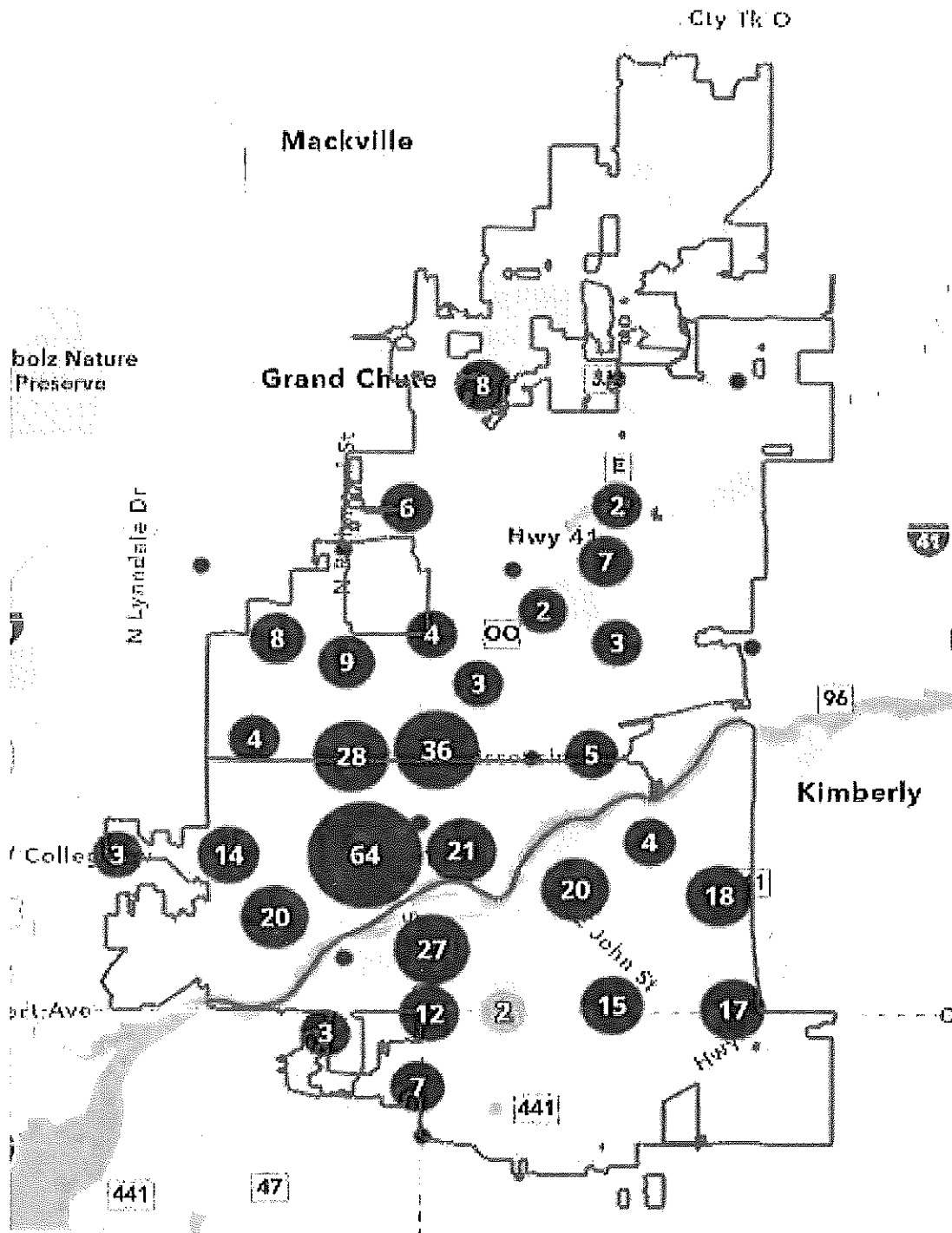
April 2024 CRASH DATA



Accidents: 119

# APPLETON POLICE DEPARTMENT TRAFFIC SAFETY PLAN

## April 2024 Traffic Stop/Traffic Safety Data



Traffic Stops: 978

Citations: 486

Traffic Safety: 195

Warnings: 556

OWI: 22

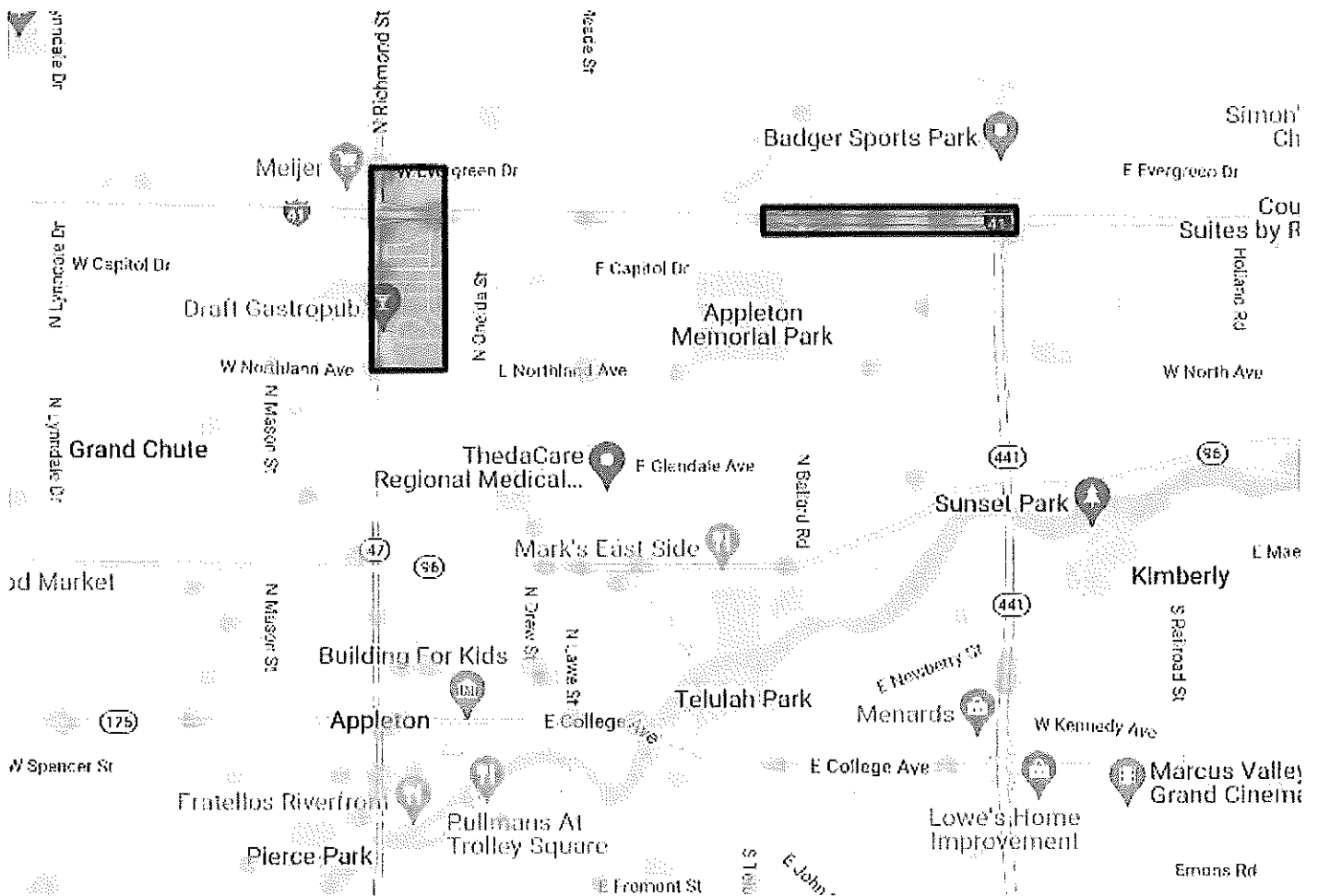


# APPLETON POLICE DEPARTMENT TRAFFIC SAFETY PLAN

## UPCOMING TRAFFIC TASK FORCE DEPLOYMENTS

- OWI Grant— Every Monday —Saturday

### Significant Crash Predictive Analysis



**NORTHERN DISTRICT FROM  
HWY 41 at Richmond to Hwy  
441.**

# APPLETON POLICE DEPARTMENT TRAFFIC SAFETY PLAN

## SPEED STUDY DATA

Street	Between	Direction	Posted Speed	% Exceeding 10 MPH
Capitol Dr	E Witzke Blvd & N McDonald St	EB & WB	25	6.5
Carpenter St	E Taft Ave & E Roeland Ave	NB & SB	25	2.5
E Capitol Dr	N Rankin St & N Racine St	EB & WB	25	3.8
Homestead Dr	N Linwood Dr & N Nicholas St	EB & WB	25	6.3
N Linwood Ave	W Winnebago St & Reeve St	NB & SB	25	3.9
N Linwood Ave	W Franklin St & W Packard St	NB & SB	25	5.7
E Northland Ave	N Ballard Rd & N Meade St	WB	45	1.0
Glendale Ave	Summit St & Bennett St	EB & WB	25	5.0
Roeland Ave	S Carpenter St & S Jackson St	EB & WB	25	5.5
Taft Av	Jackson St & Jefferson St	EB & WB	25	10.4
Weiland Ln	N Linwood Dr & N Meade St	EB & WB	25	7.3
Providence Ave	E Ashbury & E Glory	NB & SB	25	25.7
1600 W Glendale Ave	N Douglas & N Nicholas	EB & WB	25	2.0
Franklin & Meade		EB & WB	25	1.0
Rankin & North		EB & WB	25	1.3
Sixth St	S Memorial & W Prospect Ave	EB & WB	25	1.5

# APPLETON POLICE DEPARTMENT TRAFFIC SAFETY PLAN

## SPEED STUDY DATA

Street	Between	Direction	Posted Speed	% Exceeding 10 MPH
Pershing St	Oakwood & Beechwood	EB & WB	25	17.7%
Schaefer St	Bradley Ln & Schaefer Cir	NB & SB	25	3.1%

# APPLETON POLICE DEPARTMENT TRAFFIC SAFETY PLAN

## TRAFFIC COMPLAINTS

District	Location	Complaint
South	Appleton East	Vehicles speeding and vehicles with defective exhausts. Multiple complaints received. Particularly during lunch hour and school start and release times.
Downtown	College Ave Between Richmond & John	Vehicles speeding, defective exhausts, racing,
South	Calumet St. Between Oneida & Carpenter	Vehicles speeding
Downtown	Rankin St. Between College & Wisconsin Ave	Excessive speeding
Downtown	Badger Ave from Wisconsin to College	Vehicles Speeding and violating school zone.
North	Hwy 41 & HWY 441	Traffic Congestion/ Reckless Driving/ Inattentive Driving
Downtown	Jones Park	Large vehicle gatherings, with excessive speeds and noise. Racing has also been reported
South	Kensington south of Calumet	Vehicles conducting illegal U-turns
North	Evergreen between Richmond & Meade	Vehicles speeding
South	Kensington & Forest	Vehicles speeding in school zone
South	Lawe St. & E South River	Vehicles speeding NB and SB Lawe St. Hill.
Downtown	Pine St. Between Prospect & Douglas	Vehicles speeding. Trucks violating posted no truck route.
North	Appleton North	Vehicles speeding, particularly during lunch hour and school start and release times.
North	Capitol & Windward	Vehicles speeding
South	Taft & Clover	Vehicles disregarding school crossing guard.

District	Location	Complaint
South	Roundabout College & John	Vehicles speeding and committing various violations at / in roundabout
North	Ashbury & Providence	Vehicles Speeding & Violating Stop Sign
North	Richmond & Ridgeview	Vehicles Speeding north from roundabout at Richmond & Northland.
South	Memorial & River	Vehicles failing to yield to pedestrians in crosswalk
South	S Lawe St. (North of Newberry Trail)	Vehicles failing to yield to pedestrians in crosswalk
Downtown	Columbus Elementary	Vehicles failing to yield for children / pedestrians
North	N Drew St. Between Roosevelt & Glendale	Vehicles speeding
North	Ferber & Einstein	Severe traffic congestion (Specifically at school pick & drop off times)
South	John & Telulah	Vehicles speeding
North	Kaleidoscope Academy	Vehicles failing to yield for pedestrians. Particularly before & after school
Downtown	Richmond & Packard	Semi Trucks driving off of truck route
Downtown	Prospect & Driscoll	Vehicles Speeding

