



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, April 13, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[22-0451](#) Approval of Minutes from March 23, 2022 meeting.

Attachments: [S & L Minutes 3-23-22.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[22-0462](#) Alcohol License Revocation Hearing for Core's Lounge, LLC - Kor Xiong, Agent

Attachments: [Core's Lounge Complaint 3-29-22.pdf](#)

[Core's Lounge Lic. Status Letter.pdf](#)

[Core's Lounge Summons.pdf](#)

[22-0454](#) Request to Purchase Fire Truck via Sole Source.

Attachments: [04-06-22 Sole Source Engine.pdf](#)

[22-0232](#) Class "B" Beer and "Class C" Wine License application for All Tied Up Floral Cafe LLC d/b/a All Tied Up Floral Cafe, Aaron Phillipson, Agent, located at 324 E College Ave, contingent upon approval from the Community Development, Health, Public Works and Inspections departments.

Attachments: [All Tied Up Floral Cafe.pdf](#)

- [22-0363](#) Class "B" Beer and "Class C" Wine License application for Area 509 LLC d/b/a Area 509, Reginald Desamour, Agent, located at 1025 N Badger Ave, contingent upon approval from the Community Development and Health departments.
Attachments: [Area 509.pdf](#)
- [22-0375](#) Class "B" Beer and Reserve "Class B" Liquor License application for Topsy Taco & Tequila Bar LLC d/b/a Topsy Taco & Tequila Bar, Sarah J Gregory, Agent, located at 127 S Memorial Dr, contingent upon approval from the Community Development, Health and Inspections departments.
Attachments: [Topsy Taco & Tequila Bar.pdf](#)
- [22-0416](#) "Class A" Liquor License application for Kedaar LLC d/b/a Appleton Clark, Lekha Timilsaina, Agent, located at 1200 W Wisconsin Ave, contingent upon approval from the Finance and Inspections departments.
Attachments: [Appleton Clark.pdf](#)
- [22-0417](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment for Dairyland Brew Pub, Dorri Schmidt, Agent, located at 1216 E Wisconsin Ave, contingent upon approval from the Fire, Health, Inspections and Police departments.
Attachments: [Dairyland Brew Pub S&L.pdf](#)
- [22-0415](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Urban Modern Kitchen LLC d/b/a Urban Modern Kitchen, Regina R Hueckman, New Agent, located at 800 E Wisconsin Ave.
Attachments: [Regina R Hueckman -2nd S&L.pdf](#)
- [22-0410](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for GT Limited d/b/a Rascals Bar & Grill, Karen Blodgett, New Agent, located at 702 E Wisconsin Ave.
Attachments: [Karen A Blodgett S&L.pdf](#)
- [22-0137](#) Temporary Class "B" Beer and "Class B" Wine License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, located at Jones Park, 301 W Lawrence St on Thursdays from June 2 through August 25, 2022, contingent upon approval from health department.
Attachments: [Heid Summer Music Concert Series S&L.pdf](#)
- [22-0237](#) Temporary Class "B" Beer and "Class B" Wine License application for Trout Museum of Art, Christina Turner, Person in Charge, located at City Park, 500 E Franklin St, on July 23-24, 2022, contingent upon approval from the health department.
Attachments: [Art at the Park S&L.pdf](#)

6. Information Items

[22-0458](#) Police Department Traffic Safety Unit and Officer

Attachments: [Traffic Safety Unit Officer Job Description .pdf](#)
[Traffic Safety Unit Pilot.pdf](#)

[22-0414](#) Special Events:
St Pat's Pub Crawl, Appleton Charity Events, Downtown Appleton, March 12, 2022
Grace Emily's Light Shines On, Our Amazing Grace's Light Shines On, Inc, South Monroe St, April 8, 2022
Mini Golf on the Town, Appleton Downtown Inc, Downtown College Ave, April 9, 2022
UWFC Emerging Leaders Family Festival, United Way Fox Cities, Appleton Memorial Park, May 14, 2022
Craft Beer Walk, Appleton Downtown Inc, Downtown Appleton, May 14, 2022
Downtown Creates Series, Creative Downtown Appleton Inc, College Ave Amenity Strip, May 20, June 17, July 15-16 & August 19-20, 2022
City of Appleton Memorial Day Parade, Appleton Parade Committee, Downtown Appleton, May 30, 2022
City of Appleton Flag Day Parade, Appleton Parade Committee, Downtown Appleton, June 11, 2022
Fox Cities Recovery Celebration & Memorial Walk, The Megan Kelley Foundation, City Park, September 11, 2022
City of Appleton 51st Downtown Appleton Christmas Parade, Appleton Parade Committee, Downtown Appleton, November 22, 2022

[22-0452](#) Director Reports
1. City Clerk
2. Fire Chief
3. Police Chief

[22-0453](#) Police Department Information on Alcohol Law Violations.

7. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, March 23, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order by Chair Van Zeeland at 5:31 p.m.

2. Roll call of membership

Present: 4 - Schultz, Van Zeeland, Smith and Hartzheim

Excused: 1 - Reed

3. Approval of minutes from previous meeting

[22-0378](#)

Minutes from March 9th, 2022 meeting.

Attachments: [S & L Minutes 3-9-22.pdf](#)

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

Aye: 4 - Schultz, Van Zeeland, Smith and Hartzheim

Excused: 1 - Reed

4. Public Hearings/Appealances

5. Action Items

[22-0329](#)

"Class A" Liquor License application for Badger Gas Inc, Kalwinder Kaur, Agent, located at 911 W College Ave, contingent upon approval from the Fire, Health and Inspections departments.

Attachments: [Badger Gas Inc.pdf](#)

Aldersperson Hartzheim moved, seconded by Aldersperson Smith that the license be recommended for approval.

Aye: 4 - Schultz, Van Zeeland, Smith and Hartzheim

Excused: 1 - Reed

[22-0331](#)

Temporary Class "B" Beer License application for Harbor House Domestic Abuse Programs, Kimberly Davis, Person in Charge, located at Appleton Memorial Park, 1620 E Witzke Blvd, on April 23, 2022, contingent upon approval from the Police, Health and Inspections departments.

Attachments: [Harbor House Fundraiser S&L.pdf](#)

This license was recommended for approval

Aye: 4 - Schultz, Van Zeeland, Smith and Hartzheim

Excused: 1 - Reed

6. Information Items

[22-0379](#)

Director Reports

1. City Clerk
 - Alcohol License Quota Update
 - Spring Election Reminders
2. Police Chief
3. Fire Chief

[22-0380](#)

Police Department Information on Alcohol Law Violations.

- Core's Lounge, Underage persons on premises- 80 point violation
- Maritime Bar, Open after hours- 50 point violation

7. Adjournment

Smith moved, seconded by Hartzheim, that the meeting be adjourned at 5:43 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Van Zeeland, Smith and Hartzheim

Excused: 1 - Reed

**CITY OF APPLETON,
a Wisconsin Municipal Corporation,
100 N. APPLETON STREET
APPLETON, WI 54911**

COMPLAINT

v.

**Core's Lounge, LLC
Agent: Kor Xiong
1350 WEST COLLEGE AVENUE
SUITE D
APPLETON, WI 54911**

OFFICE OF CITY CLERK
FILED
MAR 29 2022
APPLETON, WISCONSIN

On Wednesday, April 13, 2022 at 5:30 P.M., the Safety and Licensing Committee of the Common Council of the City of Appleton will meet in the Council Chamber, 6th floor of the City Center, 100 North Appleton Street, Appleton, Wisconsin, at which time the Appleton Police Department, by Assistant Chief Polly Olson, a resident of the City of Appleton, will ask the Committee to recommend to the Common Council that it revoke the alcohol beverage license issued to Core's Lounge LLC, with a registered agent of Kor Xiong, for the licensed premises Core's Lounge, located at 1350 W College Avenue Suite D, Appleton, Wisconsin, 54911.

The recommendation of the Appleton Police Department and Assistant Chief Polly Olson, is being made based upon information and belief regarding the following incidents:

INCIDENT ONE

1. On July 25, 2021, Nou Vang, a manager of Core's Lounge, was issued a citation for Excessive Noise and a citation for Open After Hours.
2. On Sunday, July 25, 2021, at 2:00 AM, Officer Justice and Lieutenant Delplaine responded to a noise complaint at Core's Lounge. Officers could hear music emanating from the business while standing on the north sidewalk of the 1300 block of West Washington. Due to the

excessive noise, and after discussion with Nou Vang, she was cited for Excessive Noise.

3. After addressing the noise complaint with Nou Vang, Officer Justice estimated 20 people were still located in the bar area drinking alcohol. At approximately 2:30 AM, Nou Vang stated that individuals that were not employees would be leaving the bar.

4. At approximately 2:42, officers reentered the bar and again talked to Nou Vang about non-employees continuing to remain on the premises after the bar close after assuring officers the non-employees would leave. Nou Vang was informed multiple times that non-employees must vacate the bar but allowed non-employees to remain. Nou Vang was informed that because she failed to vacate the non-employees from the bar, she would also be cited for Open after Hours.

5. On November 10, 2021, Nou Vang, was found guilty of the Excessive Noise citation by a plea of No Contest.

6. Pursuant to the City of Appleton Code Sec. 9-54, the aforementioned violation requires the assessment of forty-five (45) demerit points.

7. On November 10, 2021, Nou Vang was also found guilty of the Open After Hours citation by a plea of No Contest.

8. Pursuant to the City of Appleton Code Sec. 9-54, the aforementioned violation requires the assessment of fifty (50) demerit points.

9. Pursuant to Chapter 125 of the Wisconsin Statutes, and interpretations thereof, the licensee, Kor Xiong, is answerable for these acts and therefore ninety-five (95) demerit points have been attributed to his license pursuant to the aforementioned "Incident One."

INCIDENT TWO

10. On September 4, 2021, Kor Xiong, an owner of Core's Lounge, was issued a

citation for Failure to Vacate Premises.

11. On September 4, 2021, Officer Grier-Welch responded to a noise complaint that there was loud music coming from the bar, the Officer noted that this was the third call for service for the bar that evening.

12. Officer Grier-Welch arrived at Core's Lounge at approximately 3:00 AM and could hear music playing inside. Through the window, he also observed three females dancing on the dance floor, one of which appeared to be drinking a beer. Multiple individuals were also observed sitting and standing at the bar, a bartender behind the bar, and drinks still on the bar in front of people.

13. After eventually gaining access to the bar, Officer Grier-Welch had a conversation with both the bar manager, Nou Vang, and the owner, Kor Xiong, regarding the noise complaint and the patrons remaining inside the bar well past bar closing time. Based upon the officer's observations of patrons with drinks and showing no intentions of leaving the premise, a citation was written to Kor Xiong for Open After Hours.

14. On November 10, 2021, Kor Xiong was found guilty of the Open After Hours citation by a Plea of No Contest.

15. Pursuant to the City of Appleton Code Sec. 9-54, the aforementioned violation requires the assessment of fifty (50) demerit points.

16. Pursuant to Chapter 125 of the Wisconsin Statutes, and interpretations thereof, the licensee, Kor Xiong, is answerable for this act and therefore fifty (50) demerit points shall be attributed to his license pursuant to the aforementioned "Incident Two."

INCIDENT THREE

17. On February 13, 2022, Nou Vang, a manager of Core's Lounge, was issued a

citation for Permitting Underage Person to Loiter on Premises.

18. On February 18, 2022, Lieutenant Nagel reviewed a report from a disturbance that occurred at Core's Lounge on February 13, 2022. Upon reviewing the report, Lieutenant Nagel determined that there were several underage persons inside the licensed premises. Six (6) separate citations were issued to underage persons loitering on premises as a result of the disturbance on February 13, 2022. As a result of numerous underage persons at Core's Lounge that evening, a citation was written to Nou Vang for Permitting Underage Person to Loiter on Premises.

19. On March 9, 2022, Nou Vang was found guilty of Permitting Underage Person to Loiter on Premises.

20. Pursuant to the City of Appleton Code Sec. 9-54, the aforementioned violation requires the assessment of eighty (80) demerit points.

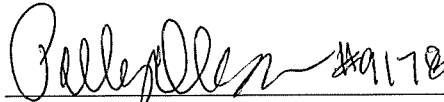
21. Pursuant to Chapter 125 of the Wisconsin Statutes, and interpretations thereof, the licensee, Kor Xiong, is answerable for this act and eighty (80) demerit points shall be attributed to his license pursuant to the aforementioned "Incident Three."

RECOMMENDATION

The above information indicates that on three separate occasions, state and/or local laws were violated by the licensee, Kor Xiong, or by his agents/employees working at the licensed premises. In accordance with the Appleton Municipal Code Sec. 9-54, the license holder has accumulated two hundred twenty-five (225) demerit points within an eighteen month period. The Code further requires that when demerit points totaling two hundred (200) or more are accumulated, the license shall be revoked. Upon an assessment of the demerit points, and considering the serious nature of these violations, the Appleton Police Department is requesting

that the Safety and Licensing Committee revoke the license issued to Core's Lounge LLC, with a registered agent of Kor Xiong for 1534 West College Ave. Suite D, Appleton Wisconsin; and, pursuant to Sec. 125.12(2)(c) that Kor Xiong not be granted a license under Ch. 125 for a period of 12 months from the date of revocation.

Dated this 29th day of March, 2022.



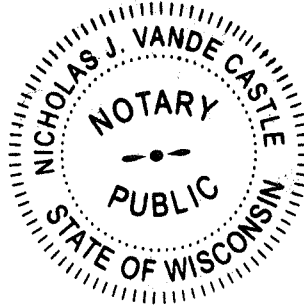
Assistant Chief Polly Olson
Appleton Police Department

OUTAGAMIE COUNTY, WISCONSIN

Subscribed and sworn to before me
this 29th day of March, 2022.



Notary Public, State of Wisconsin
My commission is permanent.





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

LEGAL SERVICES DEPARTMENT

Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

March 29, 2022

Core's Lounge
ATTN: KOR XIONG
1350 West College Avenue
Suite D
Appleton, WI 54911

Dear Kor:

The purpose of this letter is to inform you of the status of your licensed premise, Core's Lounge, located at 1350 West College Avenue, in the city of Appleton.

Your establishment recently had a violation for Permitting Underage Person to Loiter on Premises on February 2, 2022, which resulted in a conviction on March 9, 2022. Pursuant to Appleton Municipal Code Sec. 9-54, the violation carries an assessment of 80 demerit points. With this latest demerit point assessment, your license for this establishment has now accumulated a total of 225 demerit points within the last 18 months. Be advised that, according to Sec. 9-54 of the Appleton Municipal Code, if any establishment holding an alcohol license accumulates 200 or more demerit points within an 18-month period, the license is subject to revocation.

As a result of the total number of points accumulated, you are requested to appear before the Safety and Licensing Committee for a license revocation hearing on **Wednesday, April 13, 2022, at 5:30 p.m.** in the Council Chambers on the sixth floor of City Hall located at 100 North Appleton Street. Enclosed please find your copy of the Summons and Complaint. Pursuant to Wisconsin Statutes Chapter 125, you are entitled to a hearing. You may have an attorney represent you at the hearing, at your own expense, but are not required to do so. In addition, you may voluntarily surrender your license, thus avoiding the time and expense of a hearing.

These options may have different outcomes that I would be happy to discuss with you in more detail. Please contact me as soon as possible to discuss these matters. I can be reached at (920) 832-1580.

Respectfully,

Nicholas J. Vande Castle
Assistant City Attorney

Enclosure

STATE OF WISCONSIN

CITY OF APPLETON

**CITY OF APPLETON,
a Wisconsin Municipal Corporation,
100 N. APPLETON STREET
APPLETON, WI 54911**

SUMMONS

v.

**Core's Lounge, LLC
Agent: Kor Xiong
1350 WEST COLLEGE AVENUE
SUITE D
APPLETON, WI 54911**

TO: Any City of Appleton Police Department Officer

PLEASE TAKE NOTICE THAT,

**KOR XIONG
1350 WEST COLLEGE AVENUE, SUITE D
APPLETON, WI 54911**

is commanded to appear at the Safety and Licensing Committee Meeting on Wednesday, April 13, 2022, at 5:30 p.m. in the Council Chambers, 100 North Appleton Street in the city of Appleton and show cause why his Reserve "Class B" and Class "B" Alcoholic Beverage Licenses should not be revoked in accordance with Wis. Stat. Sec. 125.12.

Dated in Appleton, Wisconsin this 29th day of March, 2022.

CITY OF APPLETON



Kami Lynch, City Clerk

CITY OF APPLETON

FIRE DEPARTMENT



700 N. Drew Street
Appleton, WI 54911



(920) 832-5810



(920) 832-5830



jeremy.hansen@appleton.org

MEMORANDUM

April 06, 2022

To: Katie Van Zeeland, Chair – Safety & Licensing Committee and Common Council

From: Jeremy Hansen, Fire Chief

Cc: Ryan Weyers, Deputy Fire Chief

Re: Request to Purchase Fire Truck via Sole Source

The Appleton Fire Department (AFD) is requesting to purchase a PUC Engine prior to May 1, 2022 to avoid a 7% price increase and any subsequent inflationary price increases that may occur later this year. Lead time for receiving a fire truck after it is ordered has increased from 17 to about 23 months. Here is a quick cost breakdown:

Purchase Date	Price	Savings before May 1 st
Prior to May 1, 2022	\$790,800	\$55,200
After May 1, 2022	\$846,000	

Under this scenario, no payment would be required until delivery. However, prepayment discounts are available based on interest rates. The estimated prepayment saving is:

Purchase Date	Price	Savings before May 1 st	Prepayment Savings	Total Savings
Prior to May 1, 2022	\$790,800	\$55,200	\$35,000	\$90,200
After May 1, 2022	\$846,000		\$38,000	\$38,000

Historically, the city has exercised the prepayment option. I have no doubt this option will exist in the future. Which brings the known savings to \$ 55,200 if we purchase the vehicle prior to May 1, 2022. What we don't know is if there will be additional price increases between May 1st and the end of the year.

The AFD has purchased identical PUC Engine in 2017 and 2019. This would be the third nearly identical vehicle purchased. The department has identified that standardizing our fleet will improve efficiencies and safety by providing consistency from one truck to the next for personnel moving from one station to another. Efficiencies will also be gained relating to maintenance of the vehicles. By ordering the same PUC Engine, the department will save significant staff time by eliminating the need to develop specifications for each truck. The department will also save significant staff time training on the new truck prior to putting it in service.

The AFD has a long-standing relationship with Pierce Manufacturing and has seen the innovation, cooperation, improved pricing, as well as their commitment and direct involvement in the growth of our city. When the department has encountered issues with our vehicles, Pierce Manufacturing has been extremely responsive to our needs.

Plans are currently underway to proceed with the order prior to May 1, 2022 to avoid the 7% price increase. Therefore, the AFD requests the approval to order and prepay the PUC Engine via sole source with Fire Apparatus & Equipment, Pierce Manufacturing.

If you have any questions or concerns, please do not hesitate to contact me at (920) 832-5810. Thank you for your consideration.



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Appleton

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
TOTAL FEE	\$ 260

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

All Tied Up Floral Cafe, LLC

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

President / Member Last Name <u>Phillipson</u>	(First) <u>Aaron</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>10 Hycroft Ct. Appleton 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Phillipson</u>	(First) <u>Aaron</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>10 Hycroft Ct. Appleton 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name All Tied up floral cafe Business Phone Number 920-257-4667
2. Address of Premises 324 E College Ave Post Office & Zip Code Appleton 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

1st floor space of building. Approx 1385 sqft. Alcoholic beverages will be stored in kitchen approx 192 sqft and in floral storage approx 156 sqft. Alcoholic beverages will be sold/served in dining area of business.

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

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

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No
currently taking online responsible server course
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 5/7/2017 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <i>Phillipson, Aaron P</i>	Title/Member <i>President</i>	Date <i>2/14/2022</i>
Signature <i>[Signature]</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>2/21/22</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Aaron Phillipson

2. Name of Business: All Tied Up Floral Cafe

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

☐

Restaurant

☐

Tavern/Night Club/Wine Bar

☐

Microbrewery/Brewpub

☐

Painting/Craft Studio

☒

Other (describe) Florist/Cafe

3. Address of Business: 324 E College Ave. Appleton WI 54911

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

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

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

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

<u>Aaron</u>	<u>P</u>	<u>Phillipson</u>	<u>●●●●</u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: N/A New Construction

First name	Middle Initial	Last name
------------	----------------	-----------

Address: _____

City	State	ZIP
------	-------	-----

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

Name: N/A New construction

(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?

N/A months ago.

10. Seating capacity: Inside approx 16-25 Outside approx 6-8

11. Operating hours (Inside the building): M-F 6am-8pm Fri-Sat 6am-8pm Sun 9-2
Operating hours (Outdoor seating areas): M-F 8am-5pm Fri-Sat 8am-5pm Sun 9-2

12. Employees/Staff

Number of floor personnel 4-6 Number of door checkers 0

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

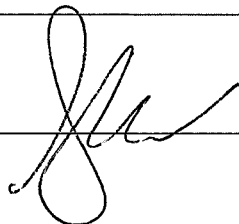
a. Gross floor building area of the premises to be licensed: 1385 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 48 square feet.

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

Full service florist, cafe, coffee house, gift and retail sales,
and evening food ~~and~~ wine and beer sales.

Signature



Date

2/21/2022

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☐ Village of APPLETON County of Douglas
☒ City

The undersigned duly authorized officer/member/manager of All Tied Up Floral Cafe LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

All Tied Up
(Trade Name)
located at 324 E College Ave Appleton, WI 54911
appoints Aaron Phillipson
(Name of Appointed Agent)
10 Hycrest Ct. Appleton, WI 54914
(Home Address of Appointed Agent)

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

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

All Tied Up Floral Cafe - Town of Buchanan
Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 42 years

Place of residence last year 10 Hycrest Ct. Appleton, WI 54914

For: All Tied Up Floral Cafe
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Aaron Phillipson, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 2/21/22
(Signature of Agent) (Date)
10 Hycrest Ct. Appleton, WI 54914
(Home Address of Agent)

Agent's age [Redacted]
Date of birth [Redacted]

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

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

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Appleton

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>00000000000000000000</u>	
FEIN Number <u>0000000000</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 67
TOTAL FEE	\$ 267.00

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

Area 509, LLC

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

President / Member Last Name <u>Desamour</u>	(First) <u>Reginald</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1629 S Nicolet Rd #1 Appleton, WI 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Desamour</u>	(First) <u>Reginald</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1629 S Nicolet Rd #1 Appleton 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Area 509 Business Phone Number _____

2. Address of Premises 1625 N Badger Ave Appleton, WI 54914 Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Limited service Caribbean restaurant with indoor seating for 22
Outdoor grassy area for outdoor seating. Future plans for
outdoor bar in shipping container. Possibly will host food trucks
at times and live music, per approval.

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

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

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No
course completed 2/21/22
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2/10/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Desamour, Reginald</u>	Title/Member <u>Member</u>	Date <u>2/20/2022</u>
Signature <u>Reginald Desamour</u>	Phone Number <u>920-702-7009</u>	Email Address <u>area509appleton@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>2-22-2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Reginald Desamour

2. Name of Business: Area 509

(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: 1025 N Badger Ave, Appleton, WI 54914

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

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

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

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

<u>Reginald</u>		<u>Desamour</u>	<u>●●●● / ●●●●</u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Joseph Santonato
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: San Rocco's Pizza

(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 22 Outside 50 - 70

11. Operating hours (Inside the building): 11a - 8p M-F 11a - 10p F/Sat 11a - 8p Sun
Operating hours (Outdoor seating areas): 4p - 8p M-T 4p - 10p F/Sat 4p - 8p Sun

12. Employees/Staff

Number of floor personnel 10 Number of door checkers n/a

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

a. Gross floor building area of the premises to be licensed: 1452 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 6666 square feet.

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

Area 509 will be a limited service Caribbean restaurant with
indoor seating for 22. Outdoor area will have outdoor dining
and a shipping container bar. Possibly host a food truck and
live music upon approval

Ronald Desan
Signature

2/21/22
Date

Submit to municipal clerk.

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

1629 S Nicolet #1 Appleton, WI 54914
(Home Address of Appointed Agent)

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

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No completed
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 10 years

Place of residence last year 1629 S Nicolet #1 Appleton, WI 54914

For: Area 509, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Reginald Resurre (Signature of Officer / Member / Manager)

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

I, Reginald Desamour, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Reginald Gessner 2/21/22 Agent's age
(Signature of Agent) (Date)
1629 S Nicolet Rd #1 Appleton WI 54914 Date of birth
(Home Address of Agent)

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

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/21 ending: 6/30/22
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Appleton

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
<div style="background-color: black; width: 100px; height: 40px; margin: 0 auto;"></div>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>1.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>105.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Tipsy Taco & Tequila Bar LLC

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

President / Member Last Name <u>Gregory</u>	(First) <u>Sarah</u>	(Middle Name) <u>Jane</u>	Home Address (Street, City or Post Office, & Zip Code) <u>111 E Water St Apt 105 Appleton, 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Gregory</u>	(First) <u>Sarah</u>	(Middle Name) <u>Jane</u>	Home Address (Street, City or Post Office, & Zip Code) <u>111 E Water St. Apt 105 Appleton 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Tipsy Taco & Tequila Bar Business Phone Number _____

2. Address of Premises 127 S Memorial Post Office & Zip Code Appleton, 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

4 dining rooms, bar, bar tables, 2 portable indoor bars.
storage room.

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

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

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 11/31/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☒ Yes ☒ No
Sangria's Mexican Grill LLC
215 S Memorial Dr.
Appleton WI 54911
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☐ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Gregory, Sarah J</u>	Title/Member <u>owner</u>	Date <u>3/11/22</u>
Signature <u>Sarah Gregory</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-14-22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Sarah Gregory

2. Name of Business: Tipsy Taco & Tequila 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: 127 S Memorial Dr Appleton, WI 54911

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

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

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

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

<u>Sarah</u>	<u>J</u>	<u>Gregory</u>	<u>[REDACTED]</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 ^{leasing} ~~buying~~ the premise and equipment from?

Name: ZCF QOZB LLC Christopher Francy managing member
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: _____

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

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☒ Other (describe) furniture store

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 300 Outside 0

11. Operating hours (Inside the building): Sun 11am-8pm M-Thu 11am-9pm Fri/Sat 11am-10pm
Operating hours (Outdoor seating areas): NA

12. Employees/Staff

Number of floor personnel 12-15 Number of door checkers _____

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

a. Gross floor building area of the premises to be licensed: 7758 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.

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

full service restaurant/Bar

4 dining rooms

Bar + 2 mobile bars + tequila Bar

Lounge area

Southern

Signature

3/14/22

Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Tipsy Taco + Tequila Bar LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Tipsy Taco + Tequila Bar
(Trade Name)

located at 127 S Memorial Dr. Appleton, WI 54911

appoints Sarah Gregory
(Name of Appointed Agent)
111 E Water St apt 105 Appleton, WI 54911
(Home Address of Appointed Agent)

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

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Sangria's Mexican Grill, Appleton, WI

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 20+ years

Place of residence last year 121 E Water St apt 118 Appleton, WI 54911

For: Tipsy Taco + Tequila Bar LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Sarah Gregory, hereby accept this appointment as agent for the
(Print/Type Agent's Name)

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

[Signature] 3/11/22
(Signature of Agent) (Date)
111 E Water St apt 105 Appleton, WI 54911
(Home Address of Agent)

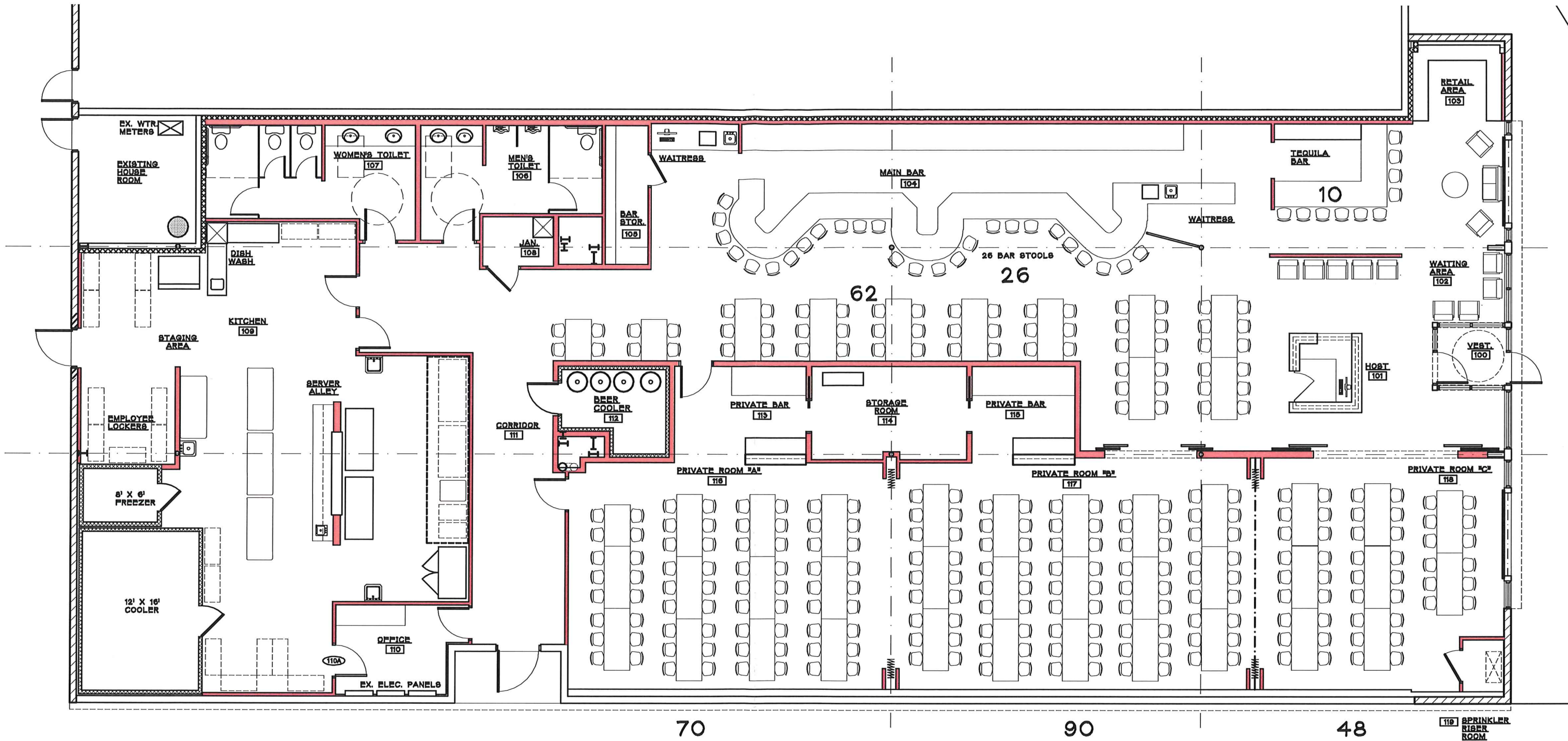
Agent's age [Redacted]

Date of birth [Redacted]

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

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

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



450 MAX CAPACITY PER TOILET FIXTURE COUNT
306 SEATING CAPACITY

7,758 sf

FLOOR PLAN
SCALE: 3/16"=1'-0"



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July -1-2021 ending: June -30-2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Appleton

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
TOTAL FEE	\$ <u>360</u>

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

Kedar LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timisaing</u>	<u>Lekha</u>	<u>Nath</u>	<u>7312 Pinegrove lane Two Rivers, WI 54241</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Joshi</u>	<u>Bashudev</u>		<u>1131 W Commercial St Appleton, WI 54914</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Thapa</u>	<u>Ganesh</u>	<u>Bahadur</u>	<u>1131 W Commercial St Appleton, WI 54914</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Adhikari</u>	<u>Manav</u>		<u>2210 meadowland Dr, Sheboygan, WI 53081</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timisaing</u>	<u>Lekha</u>	<u>Nath</u>	<u>7312 Pinegrove lane Two Rivers, WI 54241</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Appleton Clark Business Phone Number 920-882-9829
2. Address of Premises 1200 W Wisconsin Ave Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

28x28 sq. ft Convenience store and cooler.

4. Legal description (omit if street address is given above): 1200 W Wisconsin Ave Appleton, WI 54914

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

(b) If yes, under what name was license issued? Appleton Clark

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 04-01-21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No
If yes, explain. Krishna food mart Two Rivers, WI 54241
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Gan Thapa Ganesh Bahadur</u>	Title/Member <u>Manager</u>	Date <u>03-15-22</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Lekha Nath Timilsaina

2. Name of Business: Keddar LLC

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

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☐ Other (describe) Gas station with convenience store

3. Address of Business: 1200 W Wisconsin Ave Appleton, WI, 54911

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

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

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

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

First name	M.I.	Last name	Date of Birth
<u>Lekha</u>	<u>Nath</u>	<u>Timilsaina</u>	<u>[redacted]</u>
First name	M.I.	Last name	Date of Birth
<u>Manav</u>		<u>Adhikari</u>	<u>[redacted]</u>
First name	M.I.	Last name	Date of Birth
<u>Bashudev</u>		<u>Joshi</u>	<u>[redacted]</u>
First name	M.I.	Last name	Date of Birth
<u>Ganesh</u>	<u>Bahadur</u>	<u>Thapa</u>	<u>[redacted]</u>
First name	M.I.	Last name	Date of Birth
			<u>[redacted]</u>

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

Name: N/A Current owner

First name

Middle Initial

Last name

Address: _____

City

State ZIP

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

Name: Kedar LLC

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

☐ Restaurant

☐ Tavern/Night Club/Wine Bar

☐ Microbrewery/Brewpub

☐ Painting/Craft Studio

☒ Other (describe) Gas station with convenience store

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

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

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

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

0 months ago.

10. Seating capacity: Inside Outside

11. Operating hours (Inside the building): 8 AM to 10 PM

Operating hours (Outdoor seating areas):

12. Employees/Staff

Number of floor personnel 2 Number of door checkers

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

a. Gross floor building area of the premises to be licensed: 785 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:

Gas station with convenience store.

[Signature]

Signature

03-15-22

Date

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Appleton Clark
(Trade Name)
located at 1200 W Wisconsin Ave Appleton, WI 54914

appoints Lekha Nath Timbisasing
(Name of Appointed Agent)
7312 Pinegrove Lane Two Rivers, WI 54241
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 12 yrs

Place of residence last year Two Rivers WI

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

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

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

ACCEPTANCE BY AGENT

I, Lekha Nath Timbisasing, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 03-15-22
(Signature of Agent) (Date)
7312 Pinegrove Lane Two Rivers WI 54241
(Home Address of Agent)

Agent's age 33
Date of birth 03-15-89

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

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

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



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE

Date Recv'd 3/30/22

License Fee \$10.00/event

Acct: CLCAGP

Receipt 3412-3

SECTION 1 – LICENSE INFORMATION

Name of Establishment

Dairyland Brew Pub

Address of Establishment

1216 E Wisconsin Ave

Name of Agent

Dorri Schmidt

Phone Number

●●●●●●●●

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:

A drawing/diagram of the proposed area must also be submitted with this application

See attached

Is this change Permanent?

☐
YES

☒
NO

If this is temporary please specify the reason for the amendment:

To Allow more Attendance for
Benefit for Kevin Reil - in front
parking lot

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:

4-24-22

11am - 7pm

SECTION 3 – PENALTY NOTICE

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

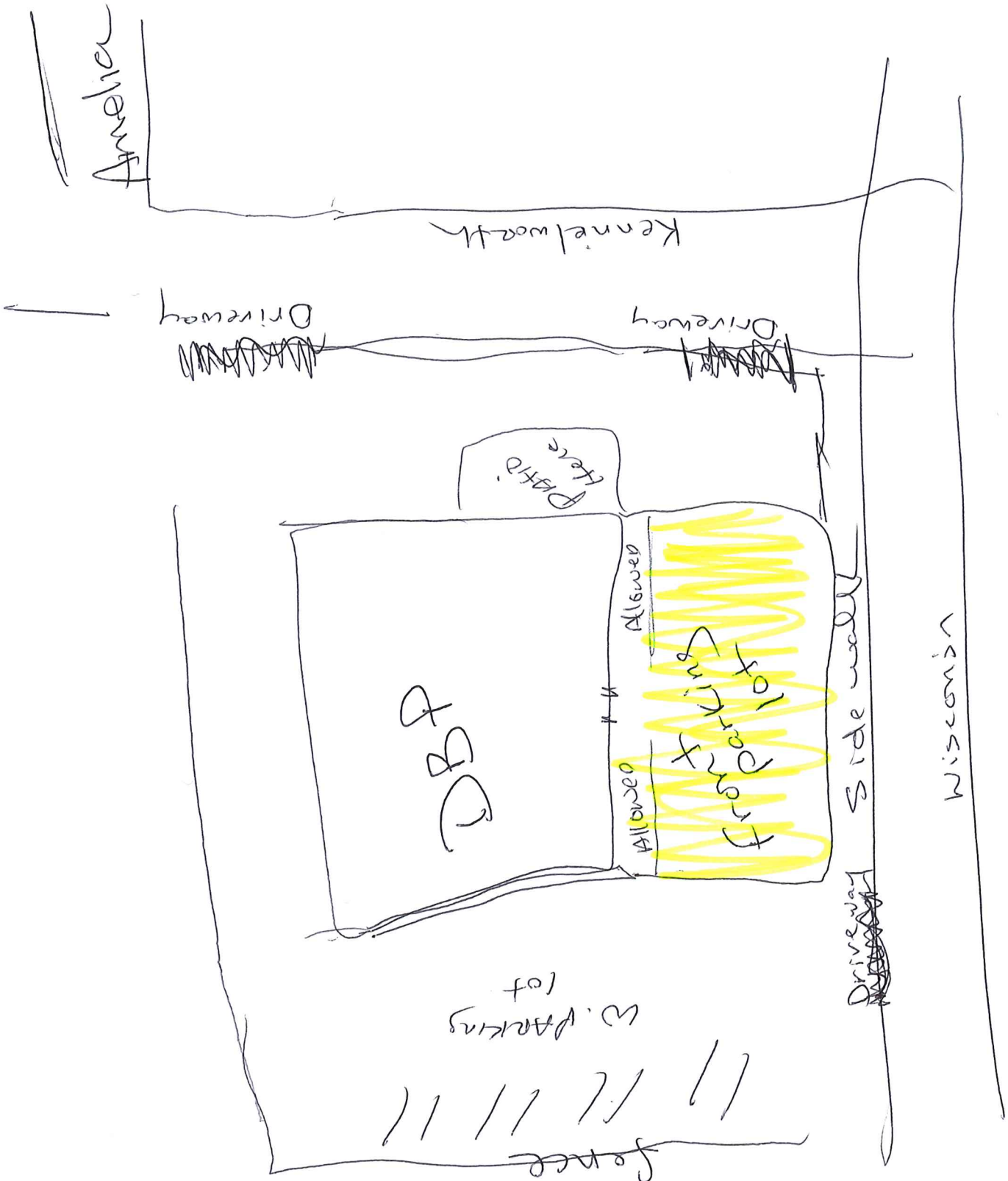
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant:

Dorri Schmidt

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	Council		Date Issued	Exp. Date
				License Number



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Urban Modern Kitchen
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Urban Modern Kitchen
(Trade Name)

located at 800 E Wisconsin Ave

appoints Pegina Hueckman
(Name of Appointed Agent)

2825 S Wheatfield Dr Appleton, WI 54915
(Home Address of Appointed Agent)

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

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

Draft Gastropub

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 25 yrs

Place of residence last year 2825 S Wheatfield Dr Appleton, WI 54915

For: Urban Modern Kitchen
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Pegina Hueckman, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 3/23/22 Agent's age 00
(Signature of Agent) (Date)

2825 S Wheatfield Dr Appleton, WI 54915 Date of birth 0000
(Home Address of Agent)

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

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

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Hueckman		(first name) Regina		(middle name) Rae	
Home Address (street/route) 2825 S Wheatfield Dr		Post Office Appleton		City Appleton	State WI
Home Phone Number 0000000000		Age 00	Date of Birth 01/00	Zip Code 54915	
Place of Birth Prentice, WI					

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

☒ **Agent** of **Urban Modern Kitchen**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

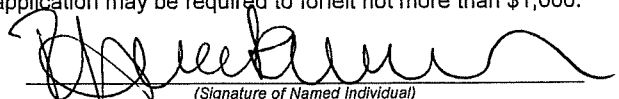
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 25 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
If yes, identify. Draft Gastropub
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒ Yes ☐ No
If yes, identify. Draft Gastropub 664 W Ridgerview Dr.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Draft Gastropub	Employer's Address 664 W Ridgerview Dr	Employed From Oct 2019	To Present
Employer's Name Urban Modern Kitchen	Employer's Address 800 E Wisconsin Ave	Employed From May 2021	To Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of GT Limited
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Rascals Bar & Grill
(Trade Name)

located at 702 E Wisconsin Ave, Appleton, WI 54911

appoints Karen A Blodgett
(Name of Appointed Agent)
715 E Hancock St, Appleton, WI 54911
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 28 years

Place of residence last year 715 E Hancock St, Appleton, WI 54911

For: GT Limited
(Name of Corporation / Organization / Limited Liability Company)
By: Karen Blodgett
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Karen A Blodgett, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Karen Blodgett 3/2/22
(Signature of Agent) (Date)
715 E Hancock St, Appleton, WI 54911
(Home Address of Agent)
Agent's age 30
Date of birth 03/02/1992

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

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

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Blodgett		Karen		A	
Home Address (street/route)		Post Office		City	State Zip Code
715 E Hancock St				Appleton	WI 54911
Home Phone Number		Age	Date of Birth		Place of Birth
●●●●●●●●		●	●/●/●●		●●●●●●●●

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Officer** of GT LTD

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 28 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
GT Limited	702 E Wisconsin Ave, Appleton	06/01/2021	PRESENT
Employer's Name	Employer's Address	Employed From	To
Re/Max 24/7 Real Estate	2835 W College Ave, Appleton	04/21/2009	06/30/2021

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event **(13)**
Investigation Fee + 7.00
Total Amount Paid **137 -**

Date Rec'd **2/11/22**

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt **3183-5**

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

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

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

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) **Appleton Downtown Inc.** Date Organized **4.2.1993**
Address **333 W. College Ave Ste 100** City **Appleton** State **WI** Zip **54911**
Person in Charge of Event: **Stephany** Name: Last **Stephany** First **Jennifer** M. I. **L** Date of Birth **01/01/1980**
Address **333 W. College Ave Ste 100** City **Appleton** State **WI** Zip **54911** Person in charge phone number: **(c)**

President Last **Vargosko** First **Laura** Middle Initial **E** Date of Birth **01/01/1980** Male ☒ Female ☒
Address **4321 N Ballard Rd** City **Appleton** State **WI** Zip **54919**
Vice President Last **King** First **Lyssa** Middle Initial **M** Date of Birth **01/01/1980** Male ☒ Female ☒
Address **211 W College Ave** City **Appleton** State **WI** Zip **54912**
Secretary Last **Klister** First **Tom** Middle Initial **J** Date of Birth **01/01/1980** Male ☒ Female ☒
Address **100 W Lawrence St Ste # 214** City **Appleton** State **WI** Zip **54911**
Treasurer Last **Lonsdale** First **Steve** Middle Initial **T** Date of Birth **01/01/1980** Male ☒ Female ☒
Address **1004 S Old Oneida St** City **Appleton** State **WI** Zip **54911**

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning **6/2/2022** Ending: **8/25/2022** Hours **5:30 AM/PM** **9:30 AM/PM**

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

Summer music concert series

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

Location where beer or wine will be sold or served: **Jones Park + Parking Lot**

Address **31 W. Lawrence St** City **Appleton** State **WI** Zip **54911**

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

If yes, how will you prevent minors from obtaining alcoholic beverages? **Full use of Park Area** **Wristbands required w/ ID tickets** **WI licensed bartenders.**

SECTION 3 - PENALTY SECTION

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

Signature of Officer **Stephany**

FOR OFFICE USE ONLY

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

Heid Music Summer Concert Series

Jones Park layout

- Wristband Booth: ■
- Keep It Safe Station: KISS ●
- See parking lot attachment







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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid 17

Date Rec'd 2/22/22

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 3232-4

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

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

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

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) TROUT Museum of ART Date Organized 1967

Address 111 W. College Ave. City APPLETON State WI Zip 54911

Person in Charge of Event: Name: Last Turner First Christina M. I. S. Date of Birth 08/01/1985

Address 111 W. College Ave. City Appleton State WI Zip 54911 Person in charge phone number: (608) 799-1111

President Last Schroeder First Kristi Middle Initial Date of Birth Male ☒ Female ☐

Address Kimberly Clark 11015 Appletree Ct. City Greenville State WI Zip

Vice President Last ULMAN First Renee Middle Initial Date of Birth Male ☐ Female ☒

Address 430 519 N. Sampson St. City APPLETON State WI Zip 54911

Secretary Last CAIN First Karen Middle Initial Date of Birth Male ☐ Female ☒

Address Coldwell Banker 13 Tilbury Ct. City Appleton State WI Zip 54913

Treasurer Last Brogan First John Middle Initial Date of Birth Male ☒ Female ☐

Address BANK of KAUKAUNA 264 W. WI. AVE City KAUKAUNA State WI Zip 54230

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/23/22 Ending: 7/24/22 Hours 9:00 ☒ AM ☐ PM 4:00 ☐ PM 6:00 ☒ SAT ☐ SUN

Please describe the type of event you are going to have: ART AT THE PARK

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

Location where beer or wine will be sold or served: CITY PARK. Near music stage / pavillion

Address 500 E. Franklin City Appleton State WI Zip 54911

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

If yes, how will you prevent minors from obtaining alcoholic beverages? Sale of wrist band upon 17 check.

SECTION 3 - PENALTY SECTION

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

Signature of Officer Chris Turner

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 04/13/2022	Date Issued	Exp. Date	License Number	

Appleton Police Department
Traffic Safety Unit
Job Description
LTE Position 2022 (06/01/2022 – 12/31/2022)

Purpose

Traffic Safety Unit

The **Traffic Safety Unit** (TSU) will promote and facilitate the smooth and orderly flow of traffic to reduce traffic congestion, reduce the number and severity of traffic crashes, reduce motor vehicle violations within the city, and promote overall traffic safety for motorists, bicyclists, and pedestrians.

The purpose of the TSU is to protect lives and property through aggressive, proactive enforcement of motor vehicle laws and education of our community. An emphasis will be placed on enforcement of the motor vehicle laws of the State of Wisconsin and established codes by the City of Appleton.

The Appleton Police Department is committed to the strict enforcement of violations that contribute to personal injury, death, or serious property damage. These violations include, but are not limited to:

- Speed, reckless driving, or inattentive driving violations.
- Operation of a vehicle while impaired.
- Operation of a vehicle after driving privileges have been suspended or revoked.
- All violations identified during an accident investigation.
- Pedestrian/bicycle violations that could lead to injury or death.
- Illegal equipment or operations of vehicles that create a public nuisance.

Duties and Responsibilities

Traffic Safety Officer

The following are some of the duties and responsibilities of the **Traffic Safety Officer** (TSO), these are in addition to the duties of a patrol officer:

1. Proactively address traffic, pedestrian, and other conveyance issues in the city and handle ongoing citizen complaints regarding traffic safety.
2. Aggressively enforces motor vehicle, pedestrian, and other conveyance regulations in areas of concern.
3. Proactively uses resources, such as speed signs and data analysis, to identify problem areas and develop mitigation strategies.
4. Provides community education on traffic safety, including school-related programs.
5. Collaborates with the CRU Lieutenant to disseminate traffic related information.
6. Creates programs designed to engage and educate the community on traffic safety.
7. Represents the department at government or community meetings related to their duties.
8. Is the departments point of contact for traffic-related concerns or questions.
9. They are not assigned in the call rotation or assigned to a district, but they will be expected to help when call volume or shift workload dictates it.
10. Investigating major accidents and OWI's.
11. Providing reports as needed that outline the performance and outcomes of the TSU.
12. Responsible for maintenance and certification of PBT's and Radars.
13. The above is not to be construed as an exhaustive statement of duties and responsibilities.

HOURS OF WORK

1. The pilot position will work the core hours of 3:00pm to 11:00pm, Monday to Friday, with a roll call at 2:50pm.
2. They would have every 4th Friday off to balance their hours to align with patrol officers.
3. If there are more than one Traffic Safety Officers assigned to the unit, their 4th Fridays off will be scheduled so that they are not off on the same Fridays.
4. The position will not supplant patrol staffing but will bolster staffing during the hours they work so they will not count towards minimum staffing. The Chief will, at their discretion, consider minimum patrol staffing levels before initially assigning an officer to the Traffic Safety Officer position.
5. The position will select vacation and time off separate from the normal patrol selection, approval of time off is at the discretion of their supervisor.
6. The position will be allowed to flex their hours during a pay period, with the permission of their supervisor, to address specific issues or perform other required duties.
7. The position will be filled through a selection process, with a rotation of every 2 years. Those in the position can reapply for another 2-year extension, with no limit on the number of extensions.

Patrol Usage

1. The TSO will not be dispatched to handle routine calls for service, unless directed by a supervisor to assist with shift workload. They would be expected to assist with in-progress or other emergency type calls, shift supervisors will direct resources as needed.
2. The TSO can be assigned to investigate minor traffic crashes, when available.
3. The TSO should assist or investigate major traffic crashes.
4. The TSO can assume OWI investigations of other officers stops, when appropriate, so district officers can be available for other calls.



“Excellence in Police Service”

Chief Todd Thomas
Appleton Police Department

222 South Walnut Street • Appleton, WI 54911-5899
(920) 832-5500

To: **Safety and Licensing Committee**

From: Chief Todd Thomas

Date: April 7, 2022

Subject: **Informational Item – Traffic Safety Unit**

Our community members have identified traffic and pedestrian safety as a significant concern. In the Appleton Police Departments Community Surveys on Public Safety that were completed in 2017 and 2020, the top four issues in our city for our community members were:

1. Drug Abuse
2. Speeding and Reckless Driving
3. Inattentive and Distracted Driving
4. Operating while Under the Influence

We are all aware of the increasing problem with vehicle and pedestrian safety in all areas of our city. Our council members have been involved and interested in developing initiatives to address this issue. Additionally, Mayor Woodford has been actively engaged in these discussions and in the development of this initiative.

When the pandemic began, most communities across the country experienced a significant increase in aggressive driving behaviors. There have always been vehicle enthusiasts in our community, but there is also a cyclical life to the popularity of this hobby. During the pandemic there was a dramatic increase in both responsible enthusiasts, and irresponsible ones. As you know, this is not just a College Avenue issue, these behaviors occur across the 25 square miles of the city. From our neighborhood streets to our highways, the issues of dangerous driving and nuisance vehicles affects all of us.

Traffic safety will always be a priority for the police department, and we took additional steps to try and curb illegal behavior. We obtained additional state grant funding to bolster our enforcement efforts, made enforcement a priority for our patrol officers, and created a formal response plan for College Avenue cruising which included shutting down the avenue for vehicle traffic. Our response also included saturation patrols, when we had officers available, and asking other local police agencies to join us in high visibility policing. We also worked with organizers of planned events to try and mitigate issues, and with businesses that supply some of the equipment that is a concern.

When we have had extra officers available to focus illegal behavior, they have been extremely productive, and we believe it has sent a strong message to the community. As an example, on one Saturday night in November of 2021, we assigned officers to a traffic safety initiative and in four hours they conducted 26 traffic stops and enforced 16 loud or illegal exhaust violations.

Cruising and moving car shows have become almost weekly events in the summer, which has drained our resources as they typically occurred during our busy weekend nights. When our officers are busy dealing with traffic problems or cruising events, they are pulled out of their districts and our normal calls for service are held longer and not responded to as quickly.

Core Values of the Appleton Police Department: “Compassion, Integrity, Courage”



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Our staff has been researching how others have been addressing this issue, not only in Wisconsin but across the country. We know we must be creative, while also being fiscally responsible, to get the biggest impact from the resources we have. We have been researching different traffic safety unit initiatives and specialty officer positions that others have implemented to determine what may be possible, and what would be the best fit for Appleton. These units and officers' sole duties are to address traffic issues and complaints, strictly enforce laws and ordinances, and work with community members and engineers to develop strategies to address areas of concern. They also make community education and promoting safe driving and pedestrian behavior one of their core duties.

With the retirement of a civilian Police Communications Specialist (front desk service) in April, we can use the salary savings from that position to fund an additional police officer position, from June 1st to the end of the year, and create a pilot program for a **Traffic Safety Unit Officer**. We will adjust the hours of our front desk to minimize the impact of the open position and adjust work schedules as needed. We estimated the cost savings for this position being left to be approximately \$52,000. We are going to use that to pay for an additional officer to work in the position of **Traffic Safety Officer** from June 1st to December 31st, 2022.

During this pilot period we will develop what a permanent program may look like and gather data on the effectiveness and productivity of the unit. The data, and feedback from the council, community members, and officers on the position, would be used to determine if we should request to continue the initiative, eliminate it, or do planning to expand the unit.

I have attached a job description to explain the purpose of the *Traffic Safety Unit* and the duties of the officer. We know this is just a framework to start with and that adjustments and changes will be necessary and should be expected.

Our message to the community: We want to grow and support a community wide commitment to improve pedestrian and traffic safety so that Appleton can continue to be a safe and amazing place for us and our families to live and play.

“Making Traffic and Pedestrian Safety a Shared Community Responsibility” will be one of the mantras of this unit.

Thank you all for your support and patience while we worked on developing this initiative.

Chief Todd Thomas