



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, December 9, 2020

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[20-1603](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 11-18-2020.pdf](#)

4. Public Hearings/Apearances

5. Action Items

[20-1366](#) "Class B" Liquor and Class "B" Beer License application for Poonsiri Parncham d/b/a Jai Sung Mah, located at 122 W Wisconsin Ave, contingent upon approvals from all departments.

Attachments: [Jai Sung Mah - Poonsiri Parncham.pdf](#)

Legislative History

11/18/20	Safety and Licensing Committee	held
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[20-1526](#) Class "B" Beer and "Class C" Wine License application for Urban Modern Kitchen LLC d/b/a Urban Modern Kitchen, Shirley Bullock-Vazquez, Agent, located at 800 E Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Urban Modern Kitchen.pdf](#)

[20-1597](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Walgreens Co. d/b/a Walgreens #07323, Jeremy A Vetter, New Agent, located at 3330 E Calumet St, contingent upon approval from Appleton Police Department.

Attachments: [Jeremy A Vetter S&L.pdf](#)

[20-1618](#) 2021 Secondhand Article, Secondhand Jewelry and Pawnbroker license renewal applications, contingent upon approval from all departments.

Attachments: [2021 Secondhand-Pawnbroker S&L.pdf](#)

- [20-1509](#) Temporary Class "B" Beer License application for Ice Dog Booster Club, Nick Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, contingent upon approval from all departments.

**Attachments:** [Ice Dog Booster Club S&L.pdf](#)

## 6. Information Items

- [20-1606](#) Notification of changes to Police Department's Table of Organization

**Attachments:** [M-F Patrol to VSO TO Modification 2020.pdf](#)

[APD support letter 2020.pdf](#)

[Letter of Support APD Victim Services.pdf](#)

[20-1608](#)

Director's Reports

1. City Clerk

Candidate Filing Reminders for Spring Election

2. Fire Chief

2021 Hiring Process

3. Police Chief

## 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](http://www.appleton.org)

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, November 18, 2020

6:30 PM

Council Chambers, 6th Floor

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### SPECIAL

1. Call meeting to order

*The meeting was called to order by Chair Siebers at 6:43 p.m.*

2. Roll call of membership

**Present:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

3. Approval of minutes from previous meeting

[20-1521](#)

Approval of minutes from previous meeting

**Attachments:** [S&L Minutes 10-28-20.pdf](#)

**Reed moved, seconded by Van Zeeland, that the Report Action Item be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

4. Public Hearings/Appearances

5. Action Items

[20-1366](#)

"Class B" Liquor and Class "B" Beer License application for Poonsiri Parncharn d/b/a Jai Sung Mah, located at 122 W Wisconsin Ave, contingent upon approvals from all departments.

**Attachments:** [Jai Sung Mah - Poonsiri Parncharn.pdf](#)

**Siebers moved, seconded by Reed, that the License be held. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[20-1510](#)

Class "B" Beer and "Class B" Liquor License application for Lou's Brew Cafe & Lounge Inc d/b/a Lou's Brew Cafe, Laura Loukidis, Agent, located at 233 E College Ave, contingent upon approval from all departments.

**Attachments:**     [Lou's Brew Cafe.pdf](#)

**Lobner moved, seconded by Reed, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

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

**Lobner moved, Reed seconded, to approve the balance of the agenda. The motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[20-1513](#)

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Banquet Services, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

**Attachments:**     [Red Lion - Banquet Services.pdf](#)

**This Report Action Item was recommended for approval.**

[20-1514](#)

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Lombardi Bar, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

**Attachments:**     [Red Lion - Lombardi Bar.pdf](#)

**This Report Action Item was recommended for approval.**

[20-1515](#)

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Blaze, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

**Attachments:**     [Red Lion- Blaze.pdf](#)

**This Report Action Item was recommended for approval.**

[20-1516](#)

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Appleton Red Lion Paper Valley - Clubhouse, Linda M Garvey, Agent, located at 333 W. College Ave, contingent upon approval from all departments.

**Attachments:**     [Red Lion - Clubhouse.pdf](#)

**This Report Action Item was recommended for approval.**

[20-1517](#)

"Class B" Liquor and Class "B" Beer License application for Driftwood Special Servicing LLC d/b/a Fox Cities Exhibition Center, Linda M Garvey, Agent, located at 355 W. Lawrence St, contingent upon approval from all departments.

**Attachments:**     [Fox Cities Exhibition Center.pdf](#)

**This Report Action Item was recommended for approval.**

[20-1518](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick 'N Save #8187, Ruth K Ackerman, New Agent, located at 511 W Calumet St, contingent upon approval from APD.

**Attachments:**     [Ruth K Ackerman S&L.pdf](#)

**This Report Action Item was recommended for approval.**

## **6. Information Items**

[20-1522](#)

Director's Reports

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

## **7. Adjournment**

**Reed moved, seconded by Lobner, that the meeting be adjourned at 7:03 p.m.  
Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } APPLETON.  
☐ Village of }  
☒ City of }

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

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

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

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

PARNCHARN POONSIRI

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>Parncharn</u>	<u>Poonsiri</u>		<u>4821 N Latitude Ln Appleton 54913</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Jai sung Mah Business Phone Number [REDACTED]  
2. Address of Premises 122 W. WISCONSIN AVE. Post Office & Zip Code 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.)

one open area with a kitchen. and a basement.  
one women restroom and one men restroom.  
there're two closet storage to keep all the LIQUOR.  
and store  
There're two fridges to store the LIQUOR. they are of  
The building is a total of 2,500 square feet.




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? Nusara Yang.

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  
The course was completed on 09.28.20.
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 \_\_\_\_\_ and date \_\_\_\_\_ 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.) <b>PARNCHARN Poonsiri</b>	Title/Member <b>owner</b>	Date <b>10.06.2020</b>
Signature 	Phone Number 	Email Address 

**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 Liquor License Questionnaire

1. Name of Applicant: POONSIRI PARNCHARN

2. Name of Business: JAI SUNG MAH

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

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

3. Address of Business: 122 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 ✓

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>POONSIRI</u>		<u>parncharn</u>	<u>          </u> / <u>          </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: NUSARA Yang

First name Middle Initial Last name

Address: 806 W. HARRIS ST. APPLETON WI 54914

City State ZIP



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

Name: Jai Sung Mah Pool club.

(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?

14 months ago.

10. Seating capacity: Inside 30 Outside 0

11. Operating hours (Inside the building): 6:00 PM - 2:00 AM  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2,500 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:

The building is an one open area of 2,500 sq. ft.  
there a kitchen. Two little storage closet by the wall.  
There 're 1 women restroom, 1 men restroom and a  
basement. All the liquors will be stored in the  
storage closet area and also in the 2 fridges we  
have in the building.

Signature

Date

10.06.2020

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 1/1/2021 ending: 6/30/2021  
(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 type="checkbox"/> Class B beer	\$
<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 type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

Urban Modern Kitchen 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)
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Bullock-Vazquez</u>	<u>Shirley</u>	<u>Jane</u>	<u>2851 Villa Way, Menasha 54952</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Vazquez Figueroa</u>	<u>Jose</u>	<u>Luis</u>	<u>2851 Villa Way, Menasha 54952</u>

1. Trade Name Urban Modern Kitchen LLC Business Phone Number 920 378 6274  
2. Address of Premises 800 E. Wisconsin Ave. Post Office & Zip Code 54911 (Appleton)

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.)

3500 sf including 3 dining areas, bar area, office,  
Kitchen, coolers, shelving and walk-in coolers.  
Additional space for outdoor patio on sidewalk  
in front of building for future use in spring/summer  
weather.

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

unknown

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 11-1-20 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. Draft Gastropub, Appleton WI 54911  
(664 W. Ridgeview Dr., Town of Grand Chute)
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>Bullock-Vazquez, Shirley J.</u>	Title/Member <u>Member / Owner</u>	Date <u>11-16-20</u>
Signature <u>Shirley J. Bullock</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 Liquor License Questionnaire

1. Name of Applicant: Shirley Bullock-Vazquez

2. Name of Business: Urban Modern Kitchen LLC

(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: 800 E. Wisconsin Ave., Appleton 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:

Jose Vazquez-Figueroa 2009 OWI

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.

Shirley	J.	Bullock-Vazquez	●●●●
First name	M.I.	Last name	Date of Birth
Jose	L	Vazquez-Figueroa	●●●●
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?

Leasing

Name: Dean + Paula Sosnoski

First name Middle Initial Last name

Address: N2549 Sommers Drive Appleton WI 54913

City State ZIP

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

Name: Pizza King

(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?  
Unknown

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

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

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

8 months ago.

10. Seating capacity: Inside 70 Outside \_\_\_\_\_

11. Operating hours (Inside the building): 10:30 ~ 8:00 pm  
Operating hours (Outdoor seating areas): SAME

12. Employees/Staff

Number of floor personnel ~ 12 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: 3,500 square feet.  
b. Gross outdoor seating areas of the premises to be licensed: 200 square feet.  
c. Below, identify the operational details of the proposed establishment:

Restaurant with 70 seats indoors in 3 dining areas.

Alcohol to be stored in coolers, shelving, and walk-in

cooler in front and back of house. Requesting

patio to be implemented on front sidewalk of building.

Shirley Bullock  
Signature

11-16-20  
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 Urban Modern Kitchen 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

Urban Modern Kitchen

(Trade Name)

located at 800 E. Wisconsin Avenue, Appleton WI 54911

appoints Shirley Bullock-Vazquez  
(Name of Appointed Agent)

2851 Villa Way, Menasha WI 54952  
(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, 664 W. Ridgeview Dr, Appleton 54911 (Grand Chute)

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? 21 years

Place of residence last year 2851 Villa Way, Menasha 54952

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

By: Shirley Bullock  
(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, Shirley Bullock-Vazquez, 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.

Shirley Bullock 11-16-20  
(Signature of Agent) (Date)

2851 Villa Way, Menasha WI 54952  
(Home Address of Agent)

Agent's age 30

Date of birth 01/15/80

## 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)	
VETTER		JEREMY		ALLAN	
Home Address (street/route)		Post Office		City	State Zip Code
2611 N BALLARD RD. 7D		APPLETON		APPLETON	WI 54911
Home Phone Number		Age	Date of Birth		Place of Birth
●●●●●●●●		●	●●●●●●		OUTAGAMIE

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 **WALGREENS CO.**

(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? ● 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.
- 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, Location and Type of License/Permit)

(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
WALGREENS CO	305 RACINE, MENASHA 54952	10/17/●●	
Employer's Name	Employer's Address	Employed From	To

**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 WALGREENS CO.  
(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 WALGREENS #07323  
(Trade Name)

located at 3330 E CALUMET ST, APPLETON, WI 54915-4127

appoints JEREMY VETTER  
(Name of Appointed Agent)  
2611 N BALLARD RD, 7D 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?

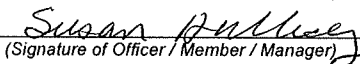
☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? ●

Place of residence last year 2611 N BALLARD RD, APPLETON WI 54911

For: WALGREENS CO  
(Name of Corporation / Organization / Limited Liability Company)

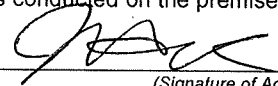
By:   
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, JEREMY VETTER, 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.

 11/19/20 Agent's age ●  
(Signature of Agent) (Date)  
2611 N BALLARD RD, APPLETON, WI 54911 Date of birth ●/●/●  
(Home Address of Agent)

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

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

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



## Secondhand Jewelry Dealers

COMPANY	AGENT/CONTACT	ADDRESS	CITY	STATE	ZIP
Appleton Trophy & Engraving	Jay J Parish	2401 N Richmond St	Appleton	WI	54911
Avenue Jewelers	Jason A Druxman	303 E College Ave	Appleton	WI	54911
Expert Jewelry Repair	Randy Kester	636 W College Ave	Appleton	WI	54911
Kay Jewelers	Amanda M Nadler	3845 E Calumet St	Appleton	WI	54915
Krieger Jewelers	Jamie Boyce	934 W Northland Ave	Appleton	WI	54914
Tennies Jewelry	Rebecca Juedes	208 E College Ave	Appleton	WI	54911

## Secondhand Article Dealers

Beatnik Bettys Resale Butik	Monika Austin	214 E College Ave	Appleton	WI	54911
ecoATM	Hunter Bjorkman	2700 N Ballard Rd	Appleton	WI	54911
ecoATM	Hunter Bjorkman	511 W Calumet St	Appleton	WI	54915
ecoATM	Hunter Bjorkman	3701 E Calumet St	Appleton	WI	54915
Replay Toys	Chris Freimuth	127 E Wisconsin Ave	Appleton	WI	54911
Richmond Resale	Dean VandenHoy	204 N Richmond St	Appleton	WI	54911
Side Quest Gaming	John Steudel	609A W. College Ave	Appleton	WI	54911
T&S Sports-Play It Again Sports	Michael Milloy	611 W Northland Ave	Appleton	WI	54911
Tiffani's Bridal	Tiffani Ebben	1314 W College Ave #6	Appleton	WI	54914
Warehouse Office Products	Jeff Lemery	1825 N Richmond St	Appleton	WI	54911
The Attique Resale	James Boylan	415 N Oneida St	Appleton	WI	54911

## Pawnbroker

JGB LLC d/b/a Mister Money	Gregory Baer	1933B N Richmond St	Appleton	WI	54911
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**FEES ARE NON-REFUNDABLE**

License Fee - \$10.00 per event

Investigation Fee + 7.00

Total Amount Paid 87-Date Rec'd 10/23/20

Acct. 11030.4322

Acct. 100.2359

Receipt 1434-0003**Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings****The named organization applies for:**

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) **Ice Dog Booster Club** Date Organized **01/01/2003**

Address **1941 PO Box 54912** City **Appleton** State **WI** Zip **54912**

Person in Charge of Event: Name: Last **Laird** First **Nick** Middle Initial **B** Date of Birth

Address **2314 N Appleton St** City **Appleton** State **WI** Zip **54911** Person in charge phone number:

President Last **van Houwelingen** First **Peter A.** Middle Initial  Date of Birth  Male ☒ Female ☐

Address **P.O. Box 847** City **Neenah** State **WI** Zip **54957**

Vice President Last **Laird** First **Nick B.** Middle Initial  Date of Birth Male ☒ Female ☐

Address **2314 N Appleton St.** City **Appleton** State **WI** Zip **54911**

Secretary Last  First  Middle Initial  Date of Birth  Male ☐ Female ☐

Address  City  State  Zip

Treasurer Last  First  Middle Initial  Date of Birth  Male ☐ Female ☐

Address  City  State  Zip

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning **01 / 08 / 2020** Ending: **03 / 27 / 2020** Hours **7:00pm** AM PM **10:00pm** AM PM

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

**Fox Cities Ice Dogs Hockey Game. Great Lakes Hockey League (GLHL) US Amateur Elite Hockey, Family Entertainment**

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:

**Appleton Family Ice Center, Consession stand at rear of building.**

Address **1717 E. Witzke Boulevard** City **Appleton** State **WI** Zip **54911**

Are you requesting an "open concept" license? ☒ No ☐ Yes Will minors be present? ☐ No ☒ Yes

Describe actual location and dimensions of area to be licensed -

Be precise!

**Designated area approx. 50'x30' in north east rear section**

If yes, how will you prevent minors from obtaining alcoholic beverages?

**Id Checks, Braclets for of age consumption**

**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

**FOR OFFICE USE ONLY**

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

11-01-09

**Reasonable accommodations for persons with disabilities will be made upon request and if feasible.**

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

## **PENDING SCHEDULE**

11/28 at 8p @ Eagle River – need to reschedule

**1/8 at 730p VS West Bend**

1/16 at 8p @ Fon Du Lac

1/22 at 8p @ Mosinee

**1/23 at 730p VS Mosinee**

1/30 at 8p @ Fon Du Lac

2/19 at 8pm @ West Bend

**2/26 at 730p VS Fon Du Lac**

2/27 at 730p @ De Pere

**3/5 at 730p VS Fon Du Lac**

3/6 at 730pm @ West Bend

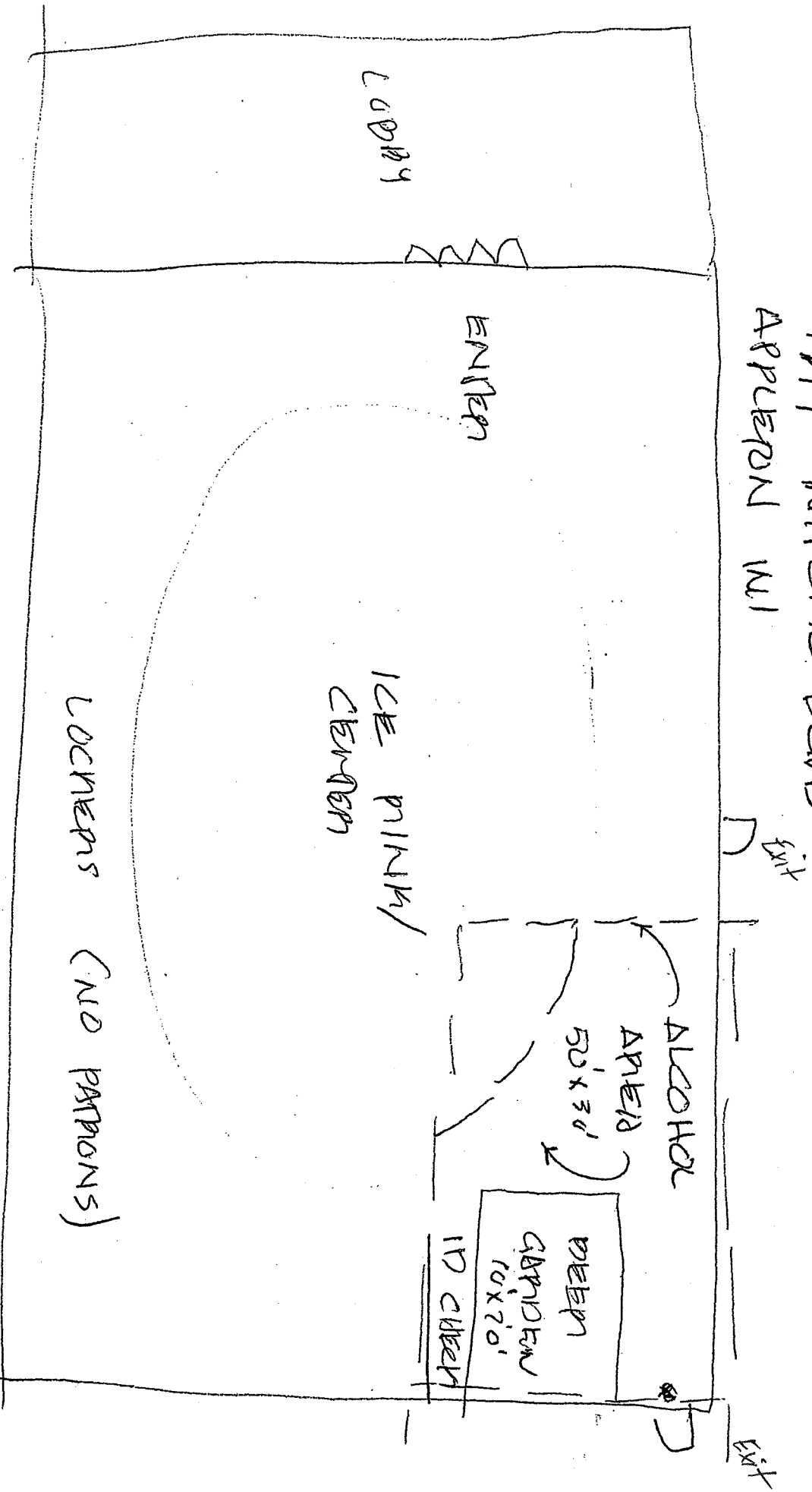
**3/13 at 730p VS De Pere**

**3/19 at 730p VS West Bend**

**3/20 at 730p VS Eagle River**

**3/28- League Tournament at Appleton Family Ice Center.**

APPLETON FAMILY ICE CTR  
1717 WITZKE BLVD  
APPLETON WI



FOX CITIES ICE DUGS (for HOME GAMES)

US ALL GREAT LAKES

NICK LAIRD 920-970-9380

~~WITZKE~~



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

## POLICE DEPARTMENT

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

To: Alderperson Thao, Human Resources Committee Chairperson  
Alderperson Siebers, Safety and Licensing Committee Chairperson

From: Chief Todd Thomas

Date: December 2, 2020

Subject: Police Department Table of Organization Modification

We constantly review processes, programs and our organizational structure to make sure we are delivering excellent service in the most efficient way. I am presenting the following changes to our table of organization:

Move one (1) **Monday-Friday Patrol Officer** position to a **Victim Services Officer** (VSO) position in the **Community Resource Unit** (CRU).

- Our current table of organization includes two (2) **M-F Patrol Officer** positions.
- Our current **Community Resource Unit** is comprised of one (1) **Behavioral Health Officer** and one (1) **Community Liaison Officer** (CLO).

For several years we have been working towards creating a *Mental Health Response Team*, comprised of officers and civilian clinicians, who would triage and respond to the appropriate mental health calls for service. After this move, our **Community Resource Unit** would be a four person team consisting of a Social Worker/Clinician, our BHO, our CLO, and the new VSO. Each of the members of this team would have a specialty, but they would operate as a multi-disciplinary team to address the issues that frequently overlap each other. We are working with several community partners to create this Mental Health Response Team at APD and I am optimistic we will have it in place in early 2021.

The Community Response Unit would be:

- The **Behavioral Health Officer** – overseeing the Mental Health program and our responses and a member of our Mental Health Response Team (along with an outside Clinician).
- The **Community Liaison Officer** – current duties with additional duties as member of the Mental Health Response team.

- The ***Victim Services Officer*** specialist – working with victims of crime with additional duties as a member of the Mental Health Response Team.
- The embedded **Social Worker/Clinician** Position – currently being proposed and worked on with community partners.

For years we have had a patrol officer performing the Victim Services Officer (VSO) duties when they were available to and when not responding to calls. There is an overwhelming need to support the victims of crimes in a more dedicated manner. The **VSO** will also support patrol operations by taking on much of the follow-up work currently being performed by other officers. This, combined with leaving one (1) **M-F Patrol Officer** position in place, will maintain the resources available for patrol operations while also improving the quality of service offered to the community.

There will be no financial impact. It is a lateral transfer and the VSO position will also cover patrol shifts as needed to mitigate overtime.

I have included two letters of support for this position, one from Harbor House and one from Diverse and Resilient.

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

Chief Todd Thomas



April 30, 2020

Chief Todd Thomas  
Appleton Police Department  
222 S. Walnut Street  
Appleton, WI 54911

Re: Victim Services Officer position

Dear Chief Thomas:

It is with great pleasure that we write this letter of support for the Appleton Police Department to add a new Victim Services Officer position.

Domestic violence calls are some of the most dangerous and complex situations that police officers respond to while in the line of duty. As advocates at Harbor House Domestic Abuse Programs, we know that the most dangerous time for victims of domestic violence is when they are leaving or after they have left the abusive relationship. We also know that danger is heightened when victims report domestic abuse and cooperate with the criminal justice system. Therefore, the Appleton Police Department is typically part of this heightened dangerous time.

In 2019, 637 unduplicated individual adults sought out legal advocacy at Harbor House. Clients reach out to our Legal Advocacy program for support and assistance when they are working within the civil system, criminal system or family court system or are involved in these systems simultaneously. Our intervention program saw 219 domestic violence offenders for assessments in 2019. Almost all of those individuals were arrested for domestic violence with cases in the criminal justice system.

For many years, Harbor House Domestic Abuse Programs has had an officer designated as our liaison with the Appleton Police Department. The liaison officer participates in our Outagamie County Domestic Violence Intervention Team (DVIT). This team brings criminal justice players together to collaborate on domestic violence issues that focus on victim safety and offender accountability.

The liaison is also a member of the DVIT board. The board is made up of a smaller team of individuals who help to set the agenda for our monthly intervention team meetings as well as provide expertise, do needed research and project planning.

The liaison is also called upon by Harbor House for other reasons such as to meet with victims at the program for assistance with enhanced safety planning, filing of a report, providing further

[www.HarborHouseWI.org](http://www.HarborHouseWI.org)

720 W. Fifth St., Appleton, WI 54914 • 920-832-1667

investigation and follow up on initial reports which could include additional statements and follow up photos.

The liaison provides valuable assistance to program staff with respect to safety concerns that arise at Harbor House especially when perpetrators of violence are threatening via the phone or on site.

The liaison is also extremely beneficial within the police department for fellow officers in enhancing communication with our program, to provide training for officers on the issue of domestic violence and to build sensitivity and understanding of crime victim trauma. Other key functions of this liaison is to train officers on providing thorough investigations, oversee good report writing to ensure successful prosecution and to assist with the Lethality Assessment Program (LAP).

LAP is the homicide prevention program implemented in Outagamie County in recent years. The LAP consists of 11 questions that officers ask victims of domestic violence who are believed to be in high danger. When victims do score high danger, the officer immediately connects that individual with Harbor House to discuss safety planning.

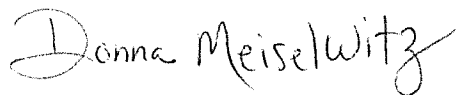
We are fortunate to have a strong working relationship with the Appleton Police Department and appreciate the sensitivity and understanding of trauma and domestic violence when working with crime victims. We can easily see having a full time officer as a Victim Services Officer instead of an officer who is trying to do patrol and liaison work at the same time. Having a full time individual could also help us to expand our collaboration between victim services and law enforcement which would benefit crime victims of domestic violence.

It is our hope that the Appleton Police Department will be supported in adding the Victim Services Officer position to provide justice and accountability for the crime victims and citizens of Appleton in Outagamie County.

Sincerely,



Wendy Gehl  
Director of Program Services  
Harbor House Domestic Abuse Programs



Donna Meiselwitz  
Legal Advocate  
Harbor House Domestic Abuse Programs





## Diverse&Resilient

May 13, 2020

Appleton City Council

Dear Council Members:

Diverse & Resilient is writing in support of adding the position of Victim Services Office to the Appleton Police Department.

At Diverse and Resilient we work to achieve health equity and improve the safety and well-being of LGBTQ people and communities in Wisconsin. Diverse & Resilient opened our Room to Be Safe Anti-Violence Program in October of 2019 serving survivors of violence including intimate partner, sexual and community-based violence.

Upon opening our Appleton office, Sgt. Duven came and met with our staff to offer support and assistance with LGBTQ survivors of violence. Sgt. Lori Duven is currently the liaison office that we work with for individuals impacted by intimate partner violence. She comes highly recommended from her work at Harbor House who has a long history of collaboratively working with Diverse and Resilient since 2004 in our statewide work. Now that we are located in Appleton with advocates here working with LGBTQ survivors, our need for collaboration and partnership has increased even more.

LGBTQ, especially LGBTQ survivors of color report fear reporting violence to police due to a negative experience in the past with police and social service agencies or the increasing climate of a lack of respect and care for the LGBTQ community that is currently promoted through destructive federal policies that impact us locally. This can be a barrier when an LGBTQ survivor does want to report a crime that has happened to them. It helps to have a trusted liaison in the police department to help. Sgt. Duven splits her work between patrol duties and trying to follow up on domestic violence cases. Anyone with experience knows that successful agencies have full-time staff dedicated to this issue. Especially now.

Prior to the start of the pandemic in early March, Wisconsin was projected to lose 87 lives in 2020 to domestic violence homicide. Since that time, the numbers have skyrocketed. We are now trending at 107, or a lost life every 3.4 days. To review data, visit [www.domesticviolencehomicidehelp.com](http://www.domesticviolencehomicidehelp.com). Intimate Partner Violence in the LGBTQ community is something that is often only talked about behind closed doors. We are grateful for Sgt. Duven who understands the reluctance in reporting and wants to help remove barriers for LGBTQ survivors. Funding a Victim Services Office will help add another layer of support to LGBTQ survivors of intimate partner violence.

We support this request for funding for the Appleton Police Department. If you have any questions, please contact me at 414-343-9032 or email at [kflores@diverseandresilient.org](mailto:kflores@diverseandresilient.org)

Sincerely,

Kathy Flores-Statewide  
Director of Diverse & Resilient's  
Room to Be Safe Anti-Violence Program