



# City of Appleton

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

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

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Wednesday, June 28, 2023

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[23-0755](#) Safety & Licensing Committee Minutes from 06/14/2023

**Attachments:** [S&L Minutes 06-14-23.pdf](#)

5. **Public Hearing/Appearances**

[23-0618](#) Sushi Lover Demerit Point Violation appearance.

**Attachments:** [Demerit Point Notification Letter 2023 - Sushi Lover.pdf](#)

6. **Action Items**

[23-0613](#) Class "B" Beer License application for Core's Lounge LLC d/b/a Core's Lounge, Kor Xiong, Agent, located at 1350 W College Ave Suite D, contingent upon approval from the Community Development, Inspections and Police departments.

**Attachments:** [Core's Lounge.pdf](#)

[CoresLounge 2023 Lic Denial Letter.pdf](#)

**Legislative History**

6/14/23	Safety and Licensing Committee	held
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[23-0717](#) Request to apply for WE Energies Grant for EMS Supplies and Training Items

**Attachments:** [Request to Apply for WE Energies Grant for EMS Supplies and Training Items.d](#)

- [23-0778](#) Class "B" Beer and "Class B" Liquor License application for Taste of Thai Fox Valley LLC d/b/a Taste of Thai, Chisa Jitmaiwong, Agent, located at 321 E College Ave, contingent upon approval from all departments.  
**Attachments:** [Taste of Thai.pdf](#)
- [23-0747](#) Class "A" Beer and "Class A" Liquor - Cider Only Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #639, Alexandra D Beck, New Agent, located at 2175 S Memorial Dr.  
**Attachments:** [Alexandra D Beck S&L.pdf](#)
- [23-0710](#) Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for TNE Inc d/b/a Emmett's Bar & Grill, Sharon Reader, Agent, located at 139 N Richmond St, on August 3-7, 2023, for Mile of Music, contingent upon approval from the Health and Inspections departments.  
**Attachments:** [Emmetts Bar & Grill S&L.pdf](#)
- [23-0748](#) Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Stone Arch Brewpub Inc, Steven Lonsway, Agent, located at 1004 S Olde Oneida St, for Tuesday Night Summer Music Series, contingent upon approval from all departments.  
**Attachments:** [Stone Arch Brewpub - Summer Tuesday Nights S&L.pdf](#)
- [23-0749](#) Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Stone Arch Brewpub Inc, Steven Lonsway, Agent, located at 1004 S Olde Oneida St, on August 3-6, 2023, for Mile of Music, contingent upon approval from all departments.  
**Attachments:** [Stone Arch Brewpub - Mile of Music S&L.pdf](#)
- [23-0750](#) Temporary Class "B" Beer and Reserve "Class B" Liquor Premise Amendment for Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W College Ave, on August 16, 2023, contingent upon approval from all departments.  
**Attachments:** [Fox Cities PAC S&L.pdf](#)
- [23-0729](#) Temporary Class "B" Beer License application for Appleton Area Jaycees, Brittany Hovorka, Person in Charge, located at Appleton Memorial Park, 1620 E Witzke Blvd, on July 3, 2023, for the Festival Foods Fireworks Celebration.  
**Attachments:** [Appleton Area Jaycees S&L.pdf](#)

[23-0708](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Pius X Catholic Church, Andrew Miles, Person in Charge, located at 500 W Marquette St, on August 25-27, 2023, contingent upon approval from the Inspections department.

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

[23-0709](#) Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc., Jennifer Stephany, Person in Charge, located at Jones Park, on August 4-6, 2023, for Mile of Music, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Creative Downtown Appleton - MoM Jones S&L.pdf](#)

## 7. Information Items

[23-0752](#) Police Department Report on Alcohol Law Violation Convictions:  
-Sales of alcohol to minor at the following establishments (80 Point Violation):

Memorial Liquor - Total Points: 80

Lindo Michoacan Supermarket - Total Points: 80

Motomart (Calumet St.) - Total Points: 80

Motomart (Kensington Dr.) - Total Points: 80

TJ's Steakhouse - Total Points: 80

[23-0756](#) Police Department Support Services Memo

**Attachments:** [Support Services Memo 06-28-23.docx](#)

[23-0742](#) Special Events:  
Appleton Fox Cities Kiwanis Club, 13th Annual Fox Cities Butterfly Festival, City Park, June 17th  
Appleton Parks, Recreation and Facilities Management Department, Movie on the Hill Series, Appleton Memorial Park - Amphitheater, June 22nd, July 6th, July 20th, August 3rd  
Appleton Parks, Recreation and Facilities Management Department, Fun Runs, Appleton Memorial Park Soccer Field, June 22nd and July 23rd 2023  
YMCA of the Fox Cities, YMCA Swim Team Summer Classic, ERB Pool, June 17th - 18th 2023  
YMCA of the Fox Cities, YMCA Swim Team 24th Bird Bath Invitational, ERB Pool, July 7th - 9th 2023  
Appleton Parks, Recreation and Facilities Management Department, Playground Fair, Pierce Park, July 27th - 28th 2023

[23-0741](#)

## Directors Report

1. City Clerk
2. Fire Chief
- Recruit Academy Update
3. Police Chief

## 8. Adjournment

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

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

*\*We are currently experiencing intermittent issues/outages with our audio/video equipment. Meeting live streams and recordings are operational but unreliable at times. This is due to delays in receiving necessary system hardware components. We continue to look for solutions in the interim and we hope to have these issues resolved soon.*



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
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## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, June 14, 2023

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

*This meeting was called to order by Chair Croatt at 5:30 p.m.*

2. Pledge of Allegiance

3. Roll call of membership

**Present:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

4. Approval of minutes from previous meeting

[23-0684](#)

Safety & Licensing Committee Minutes from 05/24/2023

**Attachments:** [S&L Minutes 05-24-23.pdf](#)

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

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

5. Public Hearing/Appearances

6. Action Items

[23-0613](#)

Class "B" Beer License application for Core's Lounge LLC d/b/a Core's Lounge, Kor Xiong, Agent, located at 1350 W College Ave Suite D, contingent upon approval from the Community Development, Inspections and Police departments.

**Attachments:** [Core's Lounge.pdf](#)

**Croatt moved, seconded by Schultz, that the license application be held until the next meeting on June 28th. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

[23-0651](#)

Shared Equipment Agreement

**Attachments:** [Equipment Sharing Agreement.pdf](#)

Van Zeeland moved, seconded by Wolff, that the Agreement be recommended for approval. Roll Call. Motion carried by the following vote:

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

[23-0652](#)

Request Approval of the Agreement Between the City of Appleton and Wisconsin Emergency Management for Hazardous Materials Response for Northeast Wisconsin

**Attachments:** [North East Wisconsin Hazmat Response System Services Agreement 23-25.pdf](#)

Siebers moved, seconded by Van Zeeland, that the Agreement be recommended for approval. Roll Call. Motion carried by the following vote:

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

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

Schultz moved, Van Zeeland seconded, to approve the balance of the agenda. The motion carried by the following vote:

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

[23-0650](#)

Class "B" Beer and "Class C" Wine application for Wild River Cafe LLC d/b/a Wild River Cafe, Randall Stadtmueller, Agent, located at 425 W Water St Suite 100, contingent upon approval from the Community Development, Finance, Health and Inspections departments.

**Attachments:** [Wild River Cafe.pdf](#)

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

[23-0616](#)

Class "B" Beer License application for United Sports Association for Youth d/b/a USA Sports Complex, Eric Gebhard, Agent, located at 3300 E Evergreen Dr, contingent upon approval from the Community Development and Inspections departments.

**Attachments:** [USA Sports Complex.pdf](#)

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

[23-0620](#)

Additional 2023-2024 Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2023.

**Attachments:** [2023-24 Alcohol License Renewals-3rd set.pdf](#)

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

[23-0473](#)

Temporary Class "B" Beer and Reserve "Class B" Liquor License Premise Amendment application for Trout Museum of Art, Christina Turner, Agent, to include Houdini Plaza, on August 25, 2023, contingent upon approval from the Community Development, Fire, Health and Inspections departments.

**Attachments:** [Trout Museum.pdf](#)

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

[23-0610](#)

Cigarette and Tobacco Products Retail License application for Appleton Liquor LLC, Heidi Guta, Applicant, located at 2727 N Meade St.

**Attachments:** [Appleton Liquor S&L.pdf](#)

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

[23-0637](#)

2023-2024 Cigarette and Tobacco Products Renewal application for Andrew Thornell d/b/a Marleys Smoke Shop, located at 530 W College Avenue.

**Attachments:** [Marleys Smoke Shop S&L.pdf](#)

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

[23-0611](#)

Pet Store License Renewal application for Petco Animal Supplies Stores, Inc. d/b/a Petco #1656, located at 3829 E Calumet St, contingent upon approval from the Inspections department.

**Attachments:** [Petco #1656 S&L.pdf](#)

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

[23-0612](#)

Salvage Dealer's License Renewal application for Golper Supply Co, David Golper, Applicant, located at 1810 W Edgewood Dr, Grand Chute WI 54913, contingent upon approval from the Inspections department.

**Attachments:** [Golper Supply Co S&L.pdf](#)

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

[23-0617](#)

Salvage Dealer License renewal application for Mach IV Motors LLC, Kara Tullberg, Applicant, located at 600 E Hancock St.

**Attachments:** [Mach IV Motors S&L.pdf](#)

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

**7. Information Items**

[23-0653](#)

Special Events:

African Heritage Inc, Juneteenth Celebration, Jones Park June 10th - 11th 2023

Lawrence University Commencement Ceremony, Main Hall Green, June 11th 2023

ADI with Heid Music, Street Music Week/Make Music Day, College Ave between Richmond and Durkee, June 12th - June 20th 2023

[23-0619](#)

Director's Report

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

**8. Adjournment**

**Van Zeeland moved, seconded by Siebers, that the meeting be adjourned at 5:42 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff



LEGAL & ADMINISTRATIVE  
SERVICES DEPARTMENT

Office of the City Clerk

**Kami Lynch, Clerk**

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

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**May 18, 2023**

**Sushi Lover**

**527 W College Avenue**

**Appleton, WI 54911**

**Attention: Zhen Zhen Sun, Agent**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Sushi Lover, located at 527 W College Avenue, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on June 14th at 5:30 pm in the Council Chambers, to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for no licensed operator on the premises on March 13, 2023, which resulted in convictions on May 17, 2023. This violation carries an assessment of 40 demerit points. At this time, the license for this establishment has a total of 120 demerit points assessed against it within the last 36 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Adam Nagel at 920-832-5524.*

If you have any questions related to this matter, please contact me at 920-832-6443.

Respectfully,

Kami Lynch, City Clerk

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(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	\$ 100
<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	\$ 60 + 7
<b>TOTAL FEE</b>	<b>\$ 167</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Core's Lounge 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>Xiong</u>	<u>Kor</u>		<u>2618 N. 27th St Sheboygan WI 53083</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 Core's Lounge Business Phone Number \_\_\_\_\_

2. Address of Premises 1350 W. College Ave Suite D 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.)  
Drinks will be serve at tables.  
All beverages will be stored in the 2 door fridge which will be in the back storage.

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? Core's Lounge

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 employe 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.) <i>Xiong Kor</i>	Title/Member <i>Owner</i>	Date <i>05/24/23</i>
Signature <i>Xiong Kor</i>	Phone Number REDACTED	Email Address REDACTED

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>05/24/2023</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: Kor

2. Name of Business: Cow's Lounge

(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: 1350 W. College Ave. Suite D

Appleton, WI 54914

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>Kor</u>		<u>Xiang</u>	<u>REDACTED</u>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

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

Name: \_\_\_\_\_  
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: Coris Lounge

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) \_\_\_\_\_

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

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

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

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

12 months ago.

10. Seating capacity: Inside 50-60 Outside NONE

11. Operating hours (Inside the building): Monday - Sunday 10AM - 2AM  
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: 2400 square feet.

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

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

Restaurant, serving food and beer.

[Signature]  
Signature

05/24/23  
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Coe's Lounge 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 Coe's Lounge  
(Trade Name)

located at 1350 W. College Ave Suite D

appoints Kor Xiong  
(Name of Appointed Agent)

2618 N. 27th St. Sheboygan, WI 53083  
(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? 30 yrs.

Place of residence last year 2618 N. 27th St. Sheboygan WI 53083

For: Coe's Lounge 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, Kor Xiong, 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] 05/24/23 Agent's age REDACTED  
(Signature of Agent) (Date)

2618 N. 27th St. Sheboygan WI 53083 Date of birth REDACTED  
(Home Address of Agent)

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

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

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



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

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TO: Safety and Licensing Committee  
Common Council

FROM: Lt. Adam Nagel

DATE: 06/15/2023

RE: Police Department's Recommendation for Denial of Kor Xiong / Core's Lounge  
LLC Class "B" Beer License Application.

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Committee and Council Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to **deny** Kor Xiong's application for a Class "B" Beer License Application. This application is for the business Core's Lounge at 1350 W College Ave. The owner of this establishment, Kor Xiong and others associated with Core's Lounge have received multiple citations at Core's Lounge. These have included multiple underage drinking violations, noise complaints, and disorderly/violent behavior. Core's Lounge's liquor license was revoked by the common council in April 2022 and we have not seen any positive changes to the establishment that would reasonably demonstrate the assurances required to grant such a license to a habitual law offender.

In addition to the applicant being a habitual law offender, the Police Department believes that there are significant concerns for the public health, safety, and welfare of the community. Based on the convictions outlined below and the dozens of other instances where law enforcement assistance was requested due to excessive noise coming from the formerly licensed premises, we believe that each of the following reasons alone provide enough of a basis to deny the application, let alone in combination:

1. there will be an adverse impact on the overall peacefulness and quietness of the neighborhood where the establishment is located;
2. the proximity of the establishment to this particular residential area; or
3. the inability of police to provide law enforcement services to the new establishment and the impact of the new establishment on the ability to provide law enforcement services to the balance of the community at all times (i.e., we previously spent significant amounts of resources responding to this establishment and a person fell victim to gun violence. To increase police resources to a level that would assure public safety would take away from the safety of the remainder of Appleton).

Under Wisconsin law no license related to alcohol beverages may be issued to a habitual law

offender where the circumstances of the habitual law offenses substantially relate to the circumstances of the particular licensed activity.

Also an applicant is allowed an opportunity to show evidence of rehabilitation and fitness to engage in the licensed activity. The licensing agency must consider any of the following evidence if presented by the individual:

- (1) Evidence of the nature and seriousness of any offense of which he or she was convicted.
- (2) Evidence of all circumstances relative to the offense, including mitigating circumstances or social conditions surrounding the commission of the offense.
- (3) The age of the individual at the time the offense was committed.
- (4) The length of time that has elapsed since the offense was committed.
- (5) Letters of reference by persons who have been in contact with the individual since the applicant's release from any local, state, or federal correctional institution.
- (6) All other relevant evidence of rehabilitation and present fitness presented.

As part of any denial of licensing, the police department must determine if incidents are substantially related to the sale of alcohol. Kor Xiong and other staff responsible for the management of Core's Lounge were cited on multiple different occasions for offenses related to the sale of alcohol. These violations are detailed below. Nou Vang was a bar manager for Kor Xiong at Core's Lounge at all times relevant to the citations noted below. Kor was also cited and found guilty on two separate occasions for alcohol violations after Core's Lounge's alcohol licenses were revoked. Please consider this fact against any evidence of rehabilitation that the applicant may produce.

- On or about 11/05/22 Kor Xiong was cited at Core's Lounge for Operating a Premises without a Licensed Operator in violation of Appleton City Ordinance 9-51. There was a finding of guilt on this citation on or about January 4, 2023.
- On or about 04/24/22 Kor Xiong was cited at Core's Lounge for Operating a Premises without a Required Alcohol License in violation of Appleton City Ordinance 9-51. There was a finding of guilt on this citation on or about June 29, 2022.
- On or about 02/13/22 Kor Xiong hosted an event at Core's Lounge. During this event a person was shot. The individual arrested for this shooting was convicted of 1<sup>st</sup> Degree Reckless Injury on or about 10/12/2022. Multiple underage drinkers were located and cited. Underage drinkers admitted to being in Core's Lounge that evening. Nou Vang was cited for Permitting Underage Person to Loiter on Premises. There was a finding of guilt on this citation on or about March 9, 2022.
- On or about 09/04/21 Kor Xiong was cited at Core's Lounge for being Open After Hours / Failing to vacate in violation of Appleton City Ordinance 9-52(4). There was a finding of guilt on this citation on or about November 10, 2021.
- On or about 07/25/21 Nou Vang was cited at Core's Lounge for being Open After Hours / Failing to vacate and Loud and Excessive Noise in violation of Appleton City

Ordinance 9-52(4) and 12-80. There were findings of guilt on both citations on or about November 10, 2021.

- On or about 12/24/19 Kor Xiong was cited at Core's Lounge for Loud and Excessive Noise in violation of Appleton City Ordinance 12-80. There was a finding of guilt on this citation on or about July 15, 2020.

The above-mentioned violations have a significant link to the ability to serve alcohol responsibly and maintain control of a business. The service of alcohol includes coming into contact with individuals in a very vulnerable state and the Police Department feels that Kor Xiong and the bar management staff have not demonstrated the necessary maturity and decision-making capacity to be allowed an alcohol beverage license in the City of Appleton, including continued law violations after their previous alcohol license was revoked. Being aware of no evidence showing the licensee's rehabilitation and fitness to engage in the licensed activity, the Police Department recommends that the Council deny the application based on the applicant being a habitual law offender. Additionally, the Police Department's aforementioned concerns for public health, safety, and welfare of the community provide further reason to deny this application.

Very Respectfully:

A handwritten signature in black ink, appearing to read 'Adam Nagel', written over a horizontal line.

Lt. Adam Nagel  
Appleton Police Department

## Grants -- Request To Apply

Please enter and submit the Request To Apply Grant Form:

Date of Request:	<input type="text" value="6/14/2023"/>
Applicant Department:	<input type="text" value="Appleton Fire Department"/>
Applicant Department Grant Contact Name:	<input type="text" value="Kelly Lynch"/>
Applicant Department Grant Contact Title:	<input type="text" value="Battalion Chief of EMS"/>
Committee of Jurisdiction:	<input type="text" value="Safety &amp; Licensing"/>
Name of Grant:	<input type="text" value="WE Energies Foundation Grant"/>
Funding Source:	<input type="text" value="WE Energies"/>
Amount of Grant Request:	<input type="text" value="\$2,000"/> Local Match Requirement: \$ <input type="text" value="0"/>
Source of Match:	<input type="checkbox"/> General Fund <input type="checkbox"/> Non-General Fund <input checked="" type="checkbox"/> Not Applicable
Timeframe of Grant:	<input type="text" value="6/1/2023"/> through <input type="text" value="3/31/2024"/>
Type of Grant Request:	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Other (explain under 'purpose of grant')

**Please keep entries below to 300 characters or less.**

Purpose of Grant (summary):	<input type="text" value="To purchase a &lt;u&gt;Laerdal&lt;/u&gt; Multi-Venous IV Training Arm Kit, EZ-I0 System Training Kit, Vascular Doppler, and small amount of consumables to assist the department in maintaining skill proficiency and tools necessary to accomplish critical tasks."/>
How Does the Grant Meet City/Department/Program Goals:	<input type="text" value="Increased skill levels of our EMTs improves the quality of life for our citizens and visitors to the City of Appleton."/>
What are the Personnel Requirements (include both existing and new staff) of the Grant?:	<input type="text" value="AFD personnel would instruct our staff on the use of this new equipment."/>

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2023 ending: 06-30-2024  
(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 <b>REDACTED</b>	
FEIN Number <b>REDACTED</b>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>600</u>
<b>TOTAL FEE</b>	\$ <u>600</u>

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
TASTE OF THAI FOX VALLAY 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>JITMAIWONG</u>	(First) <u>Chisa</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>N203 Pinecrest Blvd Appleton WI 54915</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>JITMAIWONG</u>	(First) <u>Chisa</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>N203 Pinecrest Blvd Appleton WI 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Taste of Thai Business Phone Number 920-830-2030  
 2. Address of Premises 321 E. College 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.)  
First floor serving, second floor storage

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? "Class B" under name Natcha Jitmaiwong

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 employe 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 6/7/2023 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>JIMAIWONG CHISA</b>	Title/Member <b>OWNER</b>	Date <b>05/16/2023.</b>
Signature <b>CHISA J.</b>	Phone Number <b>REDACTED</b>	Email Address <b>REDACTED</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-16-23</b>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Name: Taste of Thai

(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?

75 months ago.

10. Seating capacity: Inside 170 Outside 0

11. Operating hours (Inside the building): 11:00 AM - 2:00 PM, 4:00 PM - 8:30 PM Wednesday - Monday  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 2 Number of door checkers 2

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

a. Gross floor building area of the premises to be licensed: 2,288 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:

Food service restaurant with alcohol sell.

CHISA J.  
Signature

05/16/2023.  
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of TASTE OF THAI, FOX VALLEY 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  
TASTE OF THAI  
(Trade Name)

located at 321 E. College Ave Appleton WI 54911

appoints Chisa Jitmainrong  
(Name of Appointed Agent)  
N203 Pinecrest Blvd 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).

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? 6 months

Place of residence last year 1021 Durham Ln. Menasha 54952.

For: TASTE OF THAI FOX VALLEY LLC.  
(Name of Corporation / Organization / Limited Liability Company)

By: CHISA J.  
(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, Chisa Jitmainrong, 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.

CHISA J. 05/16/2023. Agent's age REDACTED  
(Signature of Agent) (Date)

N203 Pinecrest Blvd Appleton WI 54915 Date of birth REDACTED  
(Home Address of Agent)

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

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

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

## 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 Winnebago  
 City

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.  
(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 Kwik Trip 639  
(Trade Name)

located at 2175 S. Memorial Dr., Appleton, WI 54915

appoints Alexandra D. Beck  
(Name of Appointed Agent)  
1345 Lucerne Dr., #2, 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).  
Agent of Kwik Trip 228, Town of Grand Chute, WI, until new agent appointment approved.

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? Since 1980

Place of residence last year 1345 Lucerne Dr., #2, Menasha, WI 54952

For: KWIK TRIP, INC.  
(Name of Corporation / Organization / Limited Liability Company)  
 By: Scott P. Zeltz  
(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, Alexandra D. Beck, hereby accept this appointment as agent for the 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.  
(Print / Type Agent's Name)

Alexandra D. Beck 06/09/23  
(Signature of Agent) (Date)  
1345 Lucerne Dr., #2, Menasha, WI 54952  
(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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #B200-0047-8589-01

Individual's Full Name (please print) (last name) <b>Beck</b>		(first name) <b>Alexandra</b>		(middle name) <b>Diffie</b>	
Home Address (street/route) <b>1345 Lucerne Dr., #2</b>		Post Office <b>Menasha</b>	City	State <b>WI</b>	Zip Code <b>54952</b>
Home Phone Number <b>REDACTED</b>			Age <b>REDACTED</b>	Date of Birth	Place of Birth <b>Winona, MN</b>

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 **Kwik Trip, Inc.**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company, or Nonprofit Organization)

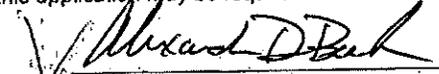
which is making application for an alcohol beverage license.

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? Since 1980
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. Agent of Kwik Trip 228, Town of Grand Chute, WI, until new agent appointed  
(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. \_\_\_\_\_  
(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	Address	Employed From	To
Lane Bryant	800 Willard Dr, Ashwaubenon, WI	2/2007	7/2009
JJ Keller	3003 Breezewood Ln, Neenah, WI	1/2007	2009

**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)  
 Alexandra D. Beck



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# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/5/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5177-10</u>	

### SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Emmetts Bar &amp; Grill</u>	
Address of Establishment <u>139 N. Richmond St Appleton</u>	
Name of Agent <u>Sharon Reader</u>	Phone Number <b>REDACTED</b>

### 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?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment:  <u>Mile OF MUSIC</u>
--	---

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

Thursday Aug 3<sup>rd</sup> 4pm - 1am      Saturday Aug 5<sup>th</sup> 4pm - 1am  
Friday Aug 4<sup>th</sup> 4pm - 1am      Sunday Aug 6<sup>th</sup> 11am - 8pm

### 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: *Sharon Reader*

### FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

S&L 06/28/2023	Council	Date Issued	Exp. Date	License Number
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May 29, 2023

To Whom It May Concern,

I would like to amend my liquor license to include my parking lot (approximate sq. footage = 175 x 175 sq ft) for the Mile of Music weekend. The dates are Thursday, August 4 through Sunday, August 7, 2022. We are planning to have live music and serve alcohol outside.

Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

I have gotten permission from my landlord and surrounding business and neighbors to hold the event outside.

I have to say that I was extremely pleased how my security staff handled this event each year.

If there is any more information you would need, please call me at REDACTED

Sincerely,

A handwritten signature in black ink that reads "Sharon Reader". The signature is written in a cursive style with a large, prominent initial "S".

Sharon Reader  
Owner - Emmetts Bar & Grill

WASHINGTON STREET

Brown Bldg. | Dumpsters

Parking

Back Lot

HANDICAPPED STALL

BEER TENT

EXIT

PORTABLES

Artist Entrance

STAGE

MAIN ENTRANCE

EXIT

Entrance

Liquor Tent

Food Vendor Area

Evergreen C.V.

Emmetts

Booster Mobile

Toppers

Vacant

Linda Michoacan

Linda Michoacan

Storage Units | Attic



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# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/7/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5187-5</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>STONE ARCH BREWPUB, INC.</u>	
Address of Establishment <u>1004 S. OLE ONEIDA ST</u>	
Name of Agent <u>STEVE LONSWAY</u>	Phone Number <u>REDACTED</u>

## SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:  
 \*A drawing/diagram of the proposed area must also be submitted with this application\*  
WE WISH TO UTILIZE OUR NORTH AREA FOR LIVE MUSIC ON TUESDAYS FROM 5 TO 11P (MUSIC ENDS AT 9P) ~~AND DURING MILE OF MUSIC WEEK~~  
2 DIAGRAMS ATTACHED

Is this change Permanent?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment:  <u>Tuesdays music starting 7/11/23</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
TUESDAYS DURING SUMMER ~~AND MILE OF MUSIC DAY~~  
~~AUG 3 TO 6~~ 5PM TO 11PM (MUSIC TILL 9PM)

## 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: St Lonsway

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

S&L 06/28/2023	Council 07/12/23	Date Issued	Exp. Date	License Number
----------------	------------------	-------------	-----------	----------------





Google Earth

30 m

Camera: 448 m 44°15'11"N 88°24'10"W 228 m





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# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/7/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5187-5</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>STONE ARCH BREWPUB, INC.</u>	
Address of Establishment <u>1004 S. OLBE ONEIDA ST.</u>	
Name of Agent <u>STEVE LONSWAY</u>	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\*  
WE WISH TO UTILIZE OUR NORTH AREA FOR ~~LIVE MUSIC ON TUESDAYS~~  
FROM 5 TO 11P (MUSIC ENDS AT 9P) AND DURING MILE OF MUSIC WEEK  
2 DIAGRAMS ATTACHED

Is this change Permanent?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment:  <u>mile of music</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
~~TUESDAYS DURING SUMMER AND~~ MILE OF MUSIC DAY  
AUG. 3 TO 6 NOON TO 11PM - FRI, FRI, SAT. - NOON TO 5PM SUN.

## 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: St. Lonsway

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L 06/28/2023	Council		Date Issued	Exp. Date
				License Number





Google Earth

30 m

Camera: 448 m 44°15'11"N 88°24'10"W 228 m





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

# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/7/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5187-6</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment <b>Fox Cities Performing Arts Center</b>	
Address of Establishment <b>400 West College Ave. Appleton, WI 54911</b>	
Name of Agent <b>Maria Van Laanen</b>	Phone Number <b>REDACTED</b>

## SECTION 2 – PREMISE AMENDMENT

**Please describe the change in premises:**

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

The Fox Cities PAC. will be hosting our annual cookout as a thank you to our Partners support this past year. The event will be taking place on Wednesday, August 16, 2023 from 5:00 PM -7:30 PM. We are planning to host a summer cookout, outdoors at the Center, on our Loading Dock. Traditional Wisconsin Cookout food will be served and a variety of beverages. To allow us to serve alcohol at this event we are requesting a one-day amendment to our liquor license. The space has a capacity of approximately 200 people. On site security will be present. Since the event is on the loading dock and in part of the staff parking lot, the Center will provide additional Handicapped parking in the Center's north parking lot. A drawing of the proposed area is attached.

<b>Is this change Permanent?</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>If this is temporary please specify the reason for the amendment:</b>  Although this event will be hosted on Center property, it is outside and we will need our liquor license amended for the day to extend outside to this space.
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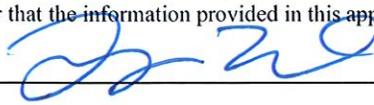
**Please list the date(s) and time(s) that this temporary premise amendment will be utilized:**

The event will be on Wednesday, August 16, 2023 from 5:00p.m. - 7:30p.m.

## 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: 

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

S&L 07/12/2023	Council 07/19/23	Date Issued	Exp. Date	License Number
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.....enhancing quality of life"

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>6/16/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>5009-11</u>

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

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

<b>The named organization applies for: (Please check one or both)</b>					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)					
<b>SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly</b>					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>Appleton Area Jaycees</u>					Date Organized
Address <u>PO Box 483</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54912</u>	
Person in Charge of Event:  Name: Last <u>Hovorka</u> First <u>Brittany</u> M. I. <u>N</u>		Date of Birth <u>REDACTED</u>			
Address <u>229 Lake St</u>		City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>	Person in charge phone number: <u>REDACTED</u>
President	Last <u>Hovorka</u>	First <u>Brittany</u>	Middle Initial <u>N</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>229 Lake St</u>		City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>	
Vice President	Last <u>Anderson</u>	First <u>Katie</u>	Middle Initial <u>M</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>N 3936 Washington Ave #11</u>		City <u>Freedom</u>	State <u>WI</u>	Zip <u>54130</u>	
Secretary	Last <u>Obenland</u>	First <u>Marissa</u>	Middle Initial <u>E</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>N 9581 Friendship Dr Apt 3</u>		City <u>Laukauna</u>	State <u>WI</u>	Zip <u>54130</u>	
Treasurer	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		City	State	Zip	
<b>SECTION 2 – EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning <u>7/3/2023</u> Ending: <u>7/3/2023</u>		Hours <u>3:00 AM (PM)</u> <u>10:00 AM (PM)</u>			
Please describe the type of event you are going to have: <u>Festival Foods Fireworks Celebration</u>					
Do you plan to serve food at this event?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429) <input checked="" type="checkbox"/>	
Location where beer or wine will be sold or served: <u>Appleton Memorial Park</u>					
Address <u>1626 E Witzke Blvd</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Describe actual location and dimensions of area to be licensed below:- <b>BE PRECISE!</b>			Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
<u>60' x 60' to the right of memorial parks' stage next to theatre pavillion</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Must have wristband to buy drink</u> <u>Must show ID to obtain wristband</u>		
<b>SECTION 3 – PENALTY SECTION</b>					
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.					
Signature of Officer					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L <u>6-28-23</u>	Date Issued		Exp. Date	License Number	



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.....enhancing quality of life"

<b>FEES ARE NON-REFUNDABLE</b>	Date Recd <u>MAY 17 2023</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17.00</u>	Receipt <u>5086-4</u>

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

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

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

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>ST. PIUS X CATHOLIC CHURCH</u>				Date Organized <u>1957</u>		
Address <u>500 W. MARQUETTE ST.</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>		
Person in Charge of Event:		Name: Last <u>MILES</u>	First <u>ANDREW</u>	M. I. <u>J.</u>	Date of Birth <u>REDACTED</u>	
Address <u>1427 E. KEYSTONE LANE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54913</u>	Person in charge phone number: <u>REDACTED</u>	
President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City		State	Zip	
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City		State	Zip	
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 <u>08/25/2023</u> Ending: <u>08/27/2023</u>	Hours <u>FRI 5:00 AM - 10:00 PM</u> <u>SAT 1:00 PM - 11:00 PM</u> <u>SUN 9:00 AM - 1:30 PM</u>
Please describe the type of event you are going to have: <u>FESTIVAL WITH FOOD, BEER/WINE TENT, GAMES, AND BANDS</u>	
Do you plan to serve food at this event?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)
Location where beer or wine will be sold or served: <u>BEER TENT IN PARKING LOT OF THE CHURCH</u>	
Address <u>500 W. MARQUETTE ST.</u>	
City <u>APPLETON</u>	
State <u>WI</u>	
Zip <u>54911</u>	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!	Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
<u>SOUTHEAST CORNER OF EAST CHURCH PARKING LOT. LARGE EVENT TENT APPROX. SIZE OF 50 X 100 FEET</u>	If yes, how will you prevent minors from obtaining alcoholic beverages? <u>CHECKING I.D.'S UTILIZING WRISTBANDS</u>

**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	Date Issued		Exp. Date	License Number



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>5/25/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>17.00</u>	Receipt <u>5128-11</u>

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

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

<b>The named organization applies for: (Please check one or both)</b>											
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.											
<input checked="" type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)											
<b>SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly</b>											
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Creative Downtown Appleton, Inc.						Date Organized 10/22/2014					
Address 333 W. College Ave., Suite 100				City Appleton		State WI	Zip 54911				
Person in Charge of Event:			Name: Last Stephany		First Jennifer	M. I. L.	Date of Birth REDACTED				
Address c/o ADI 333 W. College Ave., Suite 100			City Appleton		State WI	Zip 54911	Person in charge phone number: REDACTED				
President		Last King		First Lyssa		Middle Initial M.	Date of Birth REDACTED	Male	Female X		
Address 211 W. College Ave.				City Appleton		State WI	Zip 54912				
Vice President		Last Lonsway		First Steve		Middle Initial T.	Date of Birth REDACTED	Male X	Female		
Address 1004 S. Olde Oneida St.				City Appleton		State WI	Zip 54911				
Secretary		Last Knuth		First Kolby		Middle Initial	Date of Birth REDACTED	Male X	Female		
Address 901 S. Lawe St.				City Appleton		State WI	Zip 54915				
Treasurer		Last Klister		First Tom		Middle Initial J.	Date of Birth REDACTED	Male X	Female		
Address 100 W. Lawrence St.				City Appleton		State WI	Zip 54911				
<b>SECTION 2 – EVENT INFORMATION SECTION</b>											
Date(s) of Event: Beginning 08 / 04 / 2023				Ending: 08 / 06 / 2023		Hours 11:00		AM / PM	11:00	AM	PM
Please describe the type of event you are going to have: Mile of Music 10. FREE music event, featuring live, original "crafted" music.											
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											
Address Water Street and Lawrence Street				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 X		
Wristbands & tickets purchased at designated areas, marked clearly. Beer stations will be setup separately, keeping flow of customers moving & utilizing the full space.				If yes, how will you prevent minors from obtaining alcoholic beverages? Wristband required with ID, tickets used for alcohol purchase. Licensed bartenders on site.							
<b>SECTION 3 – PENALTY SECTION</b>											
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.											
Signature of Officer											
<b>FOR OFFICE USE ONLY</b>											
Dept.	Approve	Deny	By	Reason							
Police											
Fire											
Health											
Inspection											
S&L		Date Issued		Exp. Date		License Number					



## Appleton Police Department

Compassion. Integrity. Courage.

222 South Walnut Street  
(920) 832 - 5500



Appleton, WI 54911 - 5899

Fax (920) 832-5553

<http://www.appleton.org/police>

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

From: Chief Polly Olson

Date: June 28, 2023

Subject: Informational Item – Safety and Licensing Committee  
Action Item – HR/IT

The Support Services Lieutenant will be reassigned to patrol on January 1, 2024. With this change, we have reassigned some duties to the Support Services Administrative Support Specialist position. The Administrative Support Specialist will be changed to the Professional Development Administrative Specialist under the supervision of the Investigations and Support Services Captain. The increase in position duties led to a reclassification of this position from pay grade 5 to pay grade 6. Changing this position effective immediately will allow for time to cross-train.

There will be no financial impact associated with this move in 2023.

Chief Polly Olson