



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, July 13, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[22-0877](#) Minutes from the June 22, 2022 meeting.

Attachments: [S & L Minutes 6-22-22.pdf](#)

4. Public Hearings/Apearances

5. Action Items

- [22-0810](#) Taxicab Driver License Application for Torrey Cronce.

Attachments: [Torrey Cronce.pdf](#)
[Memo Re Taxicab Drive Lic. 6-22-22.pdf](#)
[TorreyCronceDenial \(002\).docx](#)

Legislative History

6/22/22	Safety and Licensing Committee	held
---------	-----------------------------------	------

- [22-0882](#) "Class B" Liquor License application for Bowl Ninety-One LLC d/b/a Bowl Ninety-One, Thong Vue, Agent, located at 100 E College Ave, contingent upon approval from the Health and Inspections departments.

Attachments: [Bowl Ninety-One.pdf](#)

- [22-0847](#) Class "B" Beer License application for Mai's Deli LLC d/b/a Mai's Deli, Fong Lee, Agent, located at 104 S Memorial Dr, contingent upon approval from the Inspections and Public Works departments.

Attachments: [Mai's Deli.pdf](#)

- [22-0831](#) Class "B" Beer and "Class B" Liquor License application for Appleton Nickel Inc d/b/a Glass Nickel Pizza Co, Stacy Knaack, Agent, located at 2120 W College Ave, contingent upon approval from the Community Development, Health and Public Works departments.
Attachments: [Glass Nickel Pizza Co.pdf](#)
- [22-0775](#) Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment application for Grand Meridian Inc d/b/a Grand Meridian, Ken Vandeyacht, Agent, located at 2621 N Oneida St, on August 11-13, 2022, contingent upon approval from the Finance, Health and Inspections departments.
Attachments: [Grand Meridian.pdf](#)
- [22-0812](#) Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment application for DDC T Inc d/b/a Jim's Place, Jay Plamann, Agent, located at 223 E College Ave, on August 4-7, 2022, contingent upon approval from the Fire, Health and Inspections departments.
Attachments: [Jim's Place S&L.pdf](#)
- [22-0813](#) Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment application for Wooden Nickel Restaurant & Lounge Inc d/b/a Wooden Nickel Sports Bar & Grill, Anthony Mueller, Agent, located at 217 E College Ave, on August 4-7, 2022, contingent upon approval from the Fire, Health and Inspections departments.
Attachments: [Wooden Nickel Restaurant S&L.pdf](#)
- [22-0814](#) Temporary Class "B" Beer and Reserve "Class B" Liquor License Premise Amendment for The 10th Frame LLC d/b/a The 10th Frame, Chad Van Daalwyk, Agent, located at 618 W Wisconsin Ave, on September 10, 2022, contingent upon approval from the Finance, Inspections and Police departments.
Attachments: [The 10th Frame S&L.pdf](#)
- [22-0815](#) Temporary Class "B" Beer and Reserve "Class B" Liquor License application for The Trout Museum of Art Inc, Christina S Turner, Agent, located at 111 W College Ave, on August 26, 2022, contingent upon approval from the Inspections department.
Attachments: [Trout Museum of Art.pdf](#)
- [22-0819](#) Temporary Class "B" Beer and Reserve "Class B" Liquor Premise Amendment application for the Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W College Ave, on August 16, 2022, contingent upon approval from the Fire and Health departments.
Attachments: [Fox Cities Performing Arts Center.pdf](#)

[22-0830](#) 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, contingent upon approval from the Health department.

Attachments: [Emmetts Bar & Grill S&L.pdf](#)

[22-0871](#) Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Gregg Van Dinter d/b/a Riverside Bar & Grill, located at 906 S Olde Oneida St, on August 4-7, 2022, contingent upon approval from the Community Development, Health, Inspections and Police departments.

Attachments: [Riverside Bar & Grill.pdf](#)

[22-0826](#) Class "A" Beer and "Class A" Liquor - Cider Only License Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #182, Isaac A Peterson, New Agent, located at 306 N Richmond St.

Attachments: [Isaac A Peterson S&L.pdf](#)

[22-0841](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick N Save #187, Lyndsey Lawrence, New Agent, located at 511 W Calumet St, contingent upon approval from the Police department.

Attachments: [Lyndsey Lawrence S&L.pdf](#)

[22-0827](#) Cigarette and Tobacco Products Retail License application for James Holder d/b/a D8D Hemp, located at 2929 N Richmond Street Ste 1.

Attachments: [D8D Hemp S&L.pdf](#)

[22-0828](#) Pet Store License renewal application for Petco #1656, located at 3829 E Calumet St, contingent upon approval from the Inspections department.

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

[22-0857](#) Temporary Class "B" Beer and Temporary "Class B" Wine application for Sacred Heart Church, David J Erickson, Person in Charge, located at 222 E Fremont St.

Attachments: [Sacred Heart Church S&L.pdf](#)

6. Information Items

[22-0875](#) 2022 Police Department Mid-Year Report

Attachments: [APD 2022 Mid-Year Budget Report.pdf](#)

[22-0873](#) Appleton Police Department completion of the 2022 Edward Byrne Memorial Justice Assistance Grant (JAG) application.

[22-0874](#) Appleton Police Department Safer Communities Grant Allocation from the Wisconsin DOA

[22-0879](#) Special Events:
Appleton Area Jaycees / Festival Food Fireworks, Memorial Park, July 3, 2022
Bigger Productionz, Hip Hop for Humanity, Pierce Park, July 9, 2022
Fox Cities Kiwanis Club, 44th Annual Car Show and Swap Meet, Pierce Park, July 16, 2022
Church of the Resurrection Worship Service & Picnic, Pierce Park, July 24, 2022
Appleton Parks & Recreation Kids Rummage Sale, Pierce Park, July 26, 2022
Mission Church Arts Camp Celebration, Pierce Park, August 12, 2022

[22-0878](#) Director's Reports
City Clerk
Fire Chief
 -Request to Apply for an EMS Grant
 -Hiring Update
Police Chief
 -Update on Traffic Safety Officer Position
 -Lateral Hiring Bonuses

7. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, June 22, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

3. Approval of minutes from previous meeting

[22-0807](#)

Minutes from the June 8th, 2022 meeting.

Attachments: [S & L Minutes 6-8-22.pdf](#)

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

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

4. **Public Hearings/Appearances**

5. **Action Items**

[22-0810](#)

Taxicab Driver License Application for Torrey Cronce.

Attachments: [Torrey Cronce.pdf](#)
[Memo Re Taxicab Drive Lic. 6-22-22.pdf](#)

Hartzheim moved, seconded by Alfheim, that the Taxicab Driver License be held. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

[22-0778](#)

Class "B" Beer and "Class C" Wine Permanent Premise Amendment application for Area 509 LLC d/b/a Area 509, Reginald Desamour, Agent, located at 1025 N Badger Ave, contingent upon approval from the Community Development, Health, Inspections and Police departments.

Attachments: [Area 509 S&L.pdf](#)

Hartzheim moved, seconded by Alfheim, that the Premise Amendment be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

Balance of the action items on the agenda.

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

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

[22-0648](#)

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veteran's Association, Dave Willems, Person in Charge, Houdini Plaza, August 4-7, 2022, contingent upon approval from the Health and Inspections departments.

Attachments: [Mile of Music - Houdini Plaza S&L.pdf](#)

This Report Action Item was recommended for approval

[22-0650](#)

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veteran's Association, Dave Willems, Person in Charge, Ormsby Hall, 401 E College Ave, August 4-7, 2022, contingent upon approval from the Health and Inspections departments.

Attachments: [Mile of Music - Ormsby S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0784](#)

Temporary Class "B" Beer License application for Heart of the Valley Lions Club, Matthew Fronsee, Person in Charge, located at Jones Park, 301 W Lawrence St, on July 9, 2022, contingent upon approval from the Fire and Police departments.

Attachments: [Heart of the Valley Lions Club S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0787](#) Additional 2022-2023 Mechanical Amusement Device License renewal, contingent upon approval from all departments by 12:00 p.m. on June 30, 2022.

Attachments: [2nd Additional Amusement Device renewals 2022-23.pdf](#)

This Report Action Item was recommended for approval.

[22-0809](#) Taxicab Company License Renewal Application for LIR Transportation, DBA Fox Valley Cab, Owner, Igor Leykin, 719 W Frances St.

Attachments: [Igor Leykin- LIR Transportation.pdf](#)

This Report Action Item was recommended for approval.

6. Information Items

[22-0811](#) Special Events:
Street Music Week / Make Music Day, Creative Downtown Appleton, College Ave, June 13-21, 2022
Takin' It Outside Family Fun Day, B.A.B.E.S. Inc, Memorial Park, June 17, 2022
Fox Cities Butterfly Festival, Fox Cities Kiwanis Club, City Park, June 18, 2022
The Mission Church Picnic in the Park, Pierce Park, June 17, 2022
YMCA of the Fox Cities Summer Classic Swim Meet, Erb Park, June 18-19, 2022
Roe Response Rally, Houdini Plaza, June 26, 2022
YMCA of the Fox Cities Bird Bath Invitational, Erb Park, July 8-10, 2022
Appleton Pride Day Festival, Jones Park, June 18, 2022

[22-0808](#) Director's Reports
- City Clerk
- Fire Chief
- Police Chief
 1. Squad Car Graphics
 2. Recruitment and Staffing Update

Attachments: [Squad Car.jpg](#)

7. Adjournment

Wolff moved, seconded by Alfheim, that the meeting be adjourned at 5:39 p.m.
Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff



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

LICENSE APPLICATION for TAXICAB/LIMOUSINE DRIVER'S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd <u>3/16/22</u>
License fee	\$50.00	ChrgCode: CLLTDL
Investigation fee	\$ 7.00	ChrgCode: CLCPIF
Total fee paid	\$ <u>57</u>	Receipt <u>3332-6</u>

Original Application
 Renewal - License # _____

SECTION 1 - APPLICANT INFORMATION

Applicant Name (Last, First..MI) <u>Cronce Tamey J</u>		Maiden	
Street Address <u>819 S. West Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Driver's License Number <u>[REDACTED]</u>	State License Issued In <u>WI</u>	Are you a Citizen of the United States? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth <u>[REDACTED]</u>	Sex <u>M</u>	Home Phone Number	Cell phone Number <u>920 [REDACTED]</u>
Previous address - if less than 2 years at present address: <u>1928 W. College Ave</u>		City <u>Appleton</u>	State <u>WI</u> Zip <u>54914</u>
Company Employed by <u>Fox Valley Cab</u>	Date hired <u>3/15/2022</u>	Number of years you held a D/L	

SECTION 2 - CONVICTION RECORD

Has your license EVER been revoked or suspended?	<input checked="" type="radio"/> YES <input type="radio"/> NO	If Yes, when and for what reason? <u>1997, for a traffic violation</u>
Is your present driver's license a restricted occupational license?	YES <input type="radio"/> NO <input checked="" type="radio"/>	If Yes, please explain:
Within the last 5 years have you been convicted of operating a motor vehicle while intoxicated?	YES <input type="radio"/> NO <input checked="" type="radio"/>	If Yes, please explain:
Have you been convicted of more than three moving violations in the past year?	YES <input type="radio"/> NO <input checked="" type="radio"/>	If Yes, please explain:
Have you had more than three traffic accidents in the past year regardless of fault?	YES <input type="radio"/> NO <input checked="" type="radio"/>	If Yes, please explain:
Have you held a driver's license in another state in the past 5 years?	YES <input type="radio"/> NO <input checked="" type="radio"/>	If Yes, please explain:
Have you EVER been convicted of a felony or misdemeanor?	<input checked="" type="radio"/> YES <input type="radio"/> NO	If Yes, please explain in detail: <u>Robbery/ Had a contract Manipwoc County 2019 April 1</u>

SECTION 3 - PENALTY NOTICE

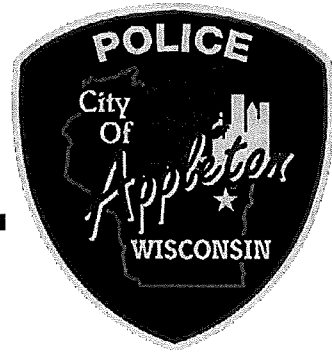
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
 Applicant's Signature Tamey Cronce

FOR OFFICE USE ONLY

Date sent to APD: <u>3/17/22</u>	Approve	Deny	By	Reason
Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911	Date issued	Exp. date	License Number	

Appleton Police Department

INTEROFFICE MEMORANDUM



To: City of Appleton Safety and Licensing Committee
From: Captain Mike Frisch
Re: Action Item 22-0810
Date: June 22, 2022

Safety and Licensing Committee members,

The Appleton Police Department recommends that action item number 22-0810 Taxicab Driver License Application for Torrey Cronic be held till the next Safety & Licensing Committee meeting in order to allow for the completion of the background check of the applicant.

Captain Mike Frisch

City of Appleton Police Department



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

TO: Safety and Licensing Committee
FROM: Lt. Adam Nagel
DATE: 06/30/22
RE: Denial of Torrey Cronce

Committee Members:

As designee for the police department, I am requesting that the Safety and Licensing Committee recommend to the Common Council to deny Torrey Cronce application for a Taxicab/Limousine Driver's license. In addition to his most recent criminal charges being substantially related to the ability to responsibly collect money or handle customer transactions, Torrey has not returned calls to complete his background investigation.

Torrey Cronce was convicted of Refuse to Take Test for Intoxication After Arrest on 05/02/22 Outagamie case number 2022TR003624. This case is related to an OWI for Torrey Cronce from 04/15/22. This OWI is still pending in court system. This conviction shows a lack of judgement and concerns for operating a motor vehicle while intoxicated.

He was convicted for misdemeanor Resisting or Obstructing an Officer on 01/19/22 Outagamie County case number 2021CM000889. During this incident Torrey started a bonfire in a city park. Officers contacted Torrey, and he provided officers with a fake name. Torrey was also highly intoxicated. He submitted to a PBT of 0.16. This demonstrates a lack of judgement that is necessary when dealing with customers.

He was found guilty of Felony Robbery with Threat of Force on 12/09/2019 Manitowoc County case number 2019CF000225. Torrey put in his application that it was something to do with a debt collection. I attempted approximately six phone calls with Torrey to discuss this incident further. I have not heard anything from Torrey. This conviction concerns the APD that Torrey would potentially pose a threat to customers.

Transporting customers to different locations in the city of Appleton requires the ability to drive appropriately and handle customers money/financial information responsibly. Torrey's history causes me concern that he would not be able to do that. Torrey has also been given the opportunity to contact me about his application. I am not able to complete my investigation without Torrey's cooperation. The Appleton Police Department feels Torrey Cronce has not demonstrated the necessary maturity and decision-making capacity to be allowed a

Taxicab/Limousine Driver's license in the City of Appleton.

Respectfully:

Lt. Adam Nagel #9191
Appleton Police Department

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/1/22 ending: 6/30/23
(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	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input 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>60</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Bowl Ninety One 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>VUE</u>	(First) <u>THONG</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2511 N Alexander St Appleton WI 54911</u>
Vice President / Member Last Name <u>VUE</u>	(First) <u>YEE</u>	(Middle Name) <u>LEE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2511 N Alexander St Appleton WI 54911</u>
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>VUE</u>	(First) <u>THONG</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2511 N Alexander St Appleton</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Bowl Ninety One LLC Business Phone Number 920 815 3184
 2. Address of Premises 100 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.)
Serve in Dining Room, Storage in Basement Dry Storage Room. Storage in cooler up behind bar.

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? Bowl Ninety One LLC

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 1/4/2018 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
Little Siam LLC
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>Vue Thong</u>	Title/Member <u>Owner</u>	Date <u>6/29/22</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-29-22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Bowl Ninety One

2. Name of Business: Bowl Ninety One 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: 100 E College Ave Appleton WI 54911

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

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>THONG</u>		<u>VUE</u>	●	/	●	/	●
First name	M.I.	Last name			Date of Birth		
<u>Yee Lee</u>		<u>VUE</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		

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

Name: N/A
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: Bowl Ninety One

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

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

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

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

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

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

_____ months ago.

10. Seating capacity: Inside 99 Outside —

11. Operating hours (Inside the building): 11AM - 9PM
Operating hours (Outdoor seating areas): —

12. Employees/Staff
Number of floor personnel 5 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 1,000 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:

Serve Food & Drink
Full Service with Servers & host

[Signature]
Signature

6/24/22
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Bowl Ninety One 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
Bowl Ninety One
(Trade Name)

located at 100 E College Ave Appleton WI 54911

appoints THONG VUE
(Name of Appointed Agent)

2511 N Alexander ST Appleton WI 54911
(Home Address of Appointed Agent)

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

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

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

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

Place of residence last year 2511 N Alexander St Appleton WI 54911

For: Bowl Ninety One 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, THONG VUE, 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] 6/27/22 Agent's age 30
(Signature of Agent) (Date)
2511 N Alexander ST Appleton Date of birth 01/01/92
(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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(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 ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●	
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
TOTAL FEE	\$ 160

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Vang, Mai Mai's Deli 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>Vang</u>	(First) <u>Mai</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3518 S Barker Ln, Appleton, 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>Lee</u>	(First) <u>Fung</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3518 S Barker Ln, Appleton, 54915</u>
Directors / Managers Last Name <u>Lee</u>	(First) <u>Lor</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3518 S Barker Ln, Appleton, 54915</u>

1. Trade Name Mai's Deli Business Phone Number 920-733-7900
 2. Address of Premises 104 S Memorial Dr, Appleton 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.)
Alcohol is to be stored in the dry storage room.
Alcohol to be sold is refrigerated in the beverage cooler by the server station.

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? Mai's Deli

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 2010 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Mai Vany</u>	Title/Member <u>Owner</u>	Date <u>6/29/22</u>
Signature <u>Mai Vany</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>06/29/2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Mai Vang

2. Name of Business: Mai's Deli

(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: 104 S Memorial Drive

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>Mai</u>		<u>Vang</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
<u>Fong</u>		<u>Lee</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
<u>Lon</u>		<u>Lee</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

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

Name: N/A

First name
Middle Initial
Last name

Address: _____

City
State
ZIP

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

Name: Mai's Deli

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside 25 Outside 0

11. Operating hours (Inside the building): M-SaL 10AM-8PM
Operating hours (Outdoor seating areas): 0

12. Employees/Staff

Number of floor personnel 2 Number of door checkers 0

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

a. Gross floor building area of the premises to be licensed: 1300 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:

Mai's Deli is a restaurant that serves malt beverages.

Fory Lee
Signature

6-29-22
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Mai's Deli 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 Mai's Deli
(Trade Name)

located at 104 S Memorial Dr, Appleton WI, 54911

appoints Fong Lee
(Name of Appointed Agent)

3518 S Barker Lane, 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).
Mai's Deli LLC

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 years

Place of residence last year 3518 S Barker Ln Appleton WI 54915

For: Mai's Deli LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Mai Van
(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, Fong Lee, 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.

Fong Lee 6/29/2022 Agent's age ●●●●
(Signature of Agent) (Date)

3518 S Barker Lane 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)

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
Will be taking course before issued
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 6/24/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>KRANOR Stacy L</u>	Title/Member <u>owner</u>	Date <u>6/24/2022</u>
Signature <u>Stacy Kranor</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>06/28/2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Stacy KnAAEK

2. Name of Business: ~~XXXXXX~~ Appleton Nickel, Inc
 (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: 2120 W College Ave

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>Stacy</u>	<u>L</u>	<u>KnAAEK</u>	<u>5-1-22</u>

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

Name: Douglas WASSMANN
 First name Middle Initial Last name

Address: 622 S. Lee St Appleton WI 54914
 City State ZIP

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

Name: The big Appleton

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside 180 Outside 40

11. Operating hours (Inside the building): 5-10 mon-thurs 11-11 Fri + Sun
Operating hours (Outdoor seating areas): " "

12. Employees/Staff

Number of floor personnel 7 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: 4741 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 40 square feet.
- c. Below, identify the operational details of the proposed establishment:

Restaurant w/ bar Area

Stacy Knaack
Signature

6/24/22
Date

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Knaack		Stacy		L	
Home Address (street/route)	Post Office	City	State	Zip Code	
927 Caroline St		Neenah	WI	54956	
Home Phone Number	Age	Date of Birth	Place of Birth		
●●●●●●●●	●●	●●●●●●	Neenah		

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.
 - owner/Agent** of **Appleton Nickel DBA Glass Nickel Pizza**
(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? 49 years
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. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Glass Nickel Pizza	217 Washington St, Menasha	5-2017	Current
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.

Stacy Knaack
(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 Ooutagamie
 City

The undersigned duly authorized officer/member/manager of Appleton Nickel
(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
GLASS Nickel PIZZA Co
(Trade Name)

located at 2120 W. College Ave

appoints ~~Stacy Krauer~~ Stacy Krauer
(Name of Appointed Agent)

927 Caroline St Neenah WI 54956
(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? 49 yrs

Place of residence last year 927 Caroline St, Neenah WI 54956

For: Appleton Nickel, Inc
(Name of Corporation / Organization / Limited Liability Company)

By: Stacy Krauer
(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, Stacy Krauer
(Print / Type Agent's Name), 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.

Stacy Krauer 6/24/2002 Agent's age
(Signature of Agent) (Date)

927 Caroline St Neenah WI 54956 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)



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

**REQUEST for
Alcohol License
Premise Amendment**

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/3/22</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>3689-4</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Grand Meridian</u>	
Address of Establishment <u>2621 N Oneida ST</u>	
Name of Agent <u>Ken Vandeyacht</u>	Phone Number <u>920 968 2621</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
See Attachment A & map Provided.
The only change would be to include the tent area.

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>The reason for the amendment is because our client is hosting a large wedding celebration, 300-400 guests will be eating socializing & celebrating in the main tent. This includes Alcohol consumption.</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
TENTS will be set up on Tuesday August 9th to be used on August 11, 9AM-11PM August 12, 9AM-11PM August 13 8AM-11AM

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: Ken Vandeyacht

FOR OFFICE USE ONLY

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



Regarding the Patel Wedding celebration from August 11 to August 13 at The Grand Meridian, 2621 N. Oneida Street, Appleton, WI.

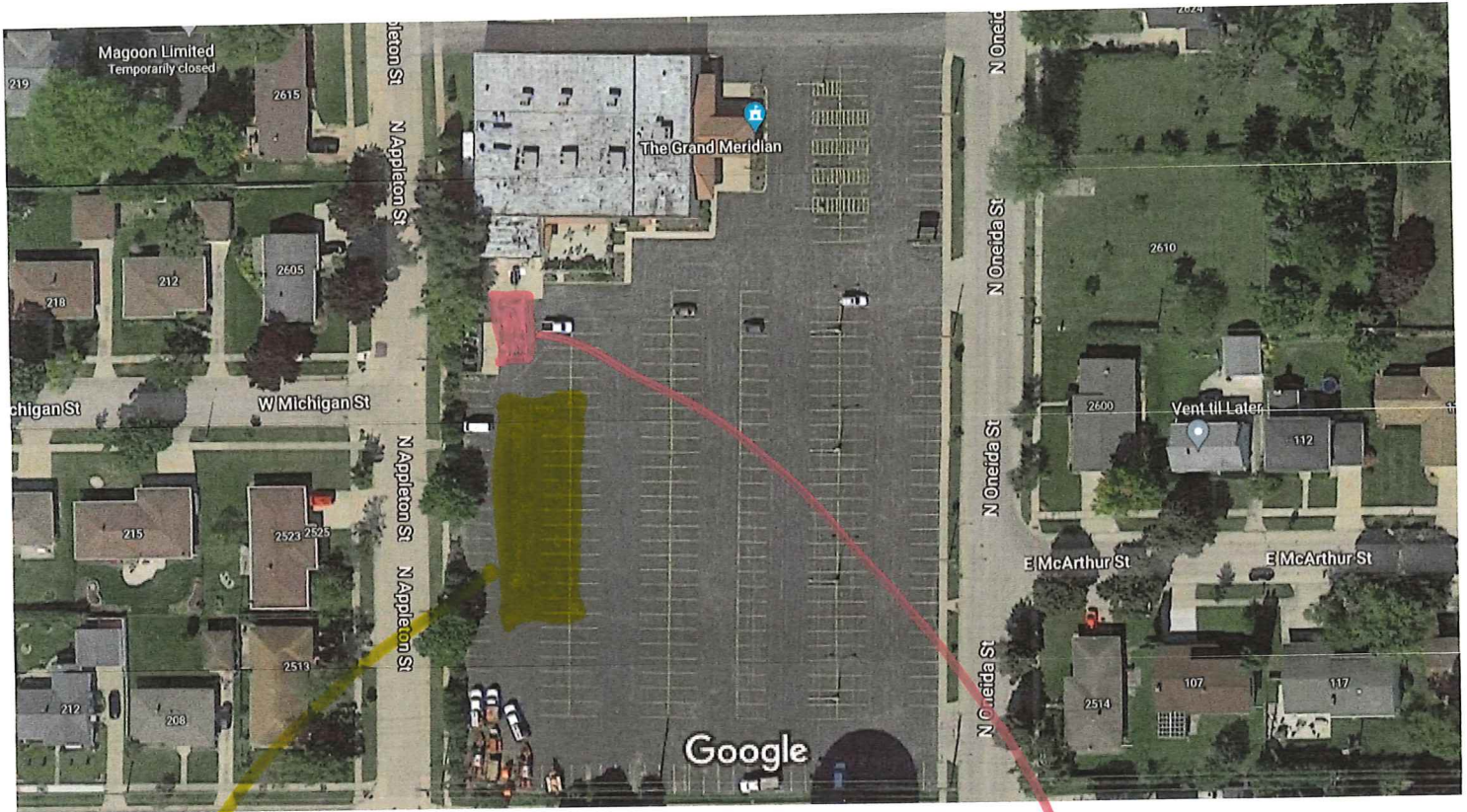
- 1) It is proposed that 2 tents will be set up in the parking lot of Grand Meridian. Tent set up is proposed to be as early as Tuesday, August 9, 2022 for use on Thursday, August 11 from 9am until 11pm, Friday, August 12 from 9am until 11pm and Saturday, August 13 from 8am until 11am.

Tent #1 - size 40ft x120ft will be used for guest dining and socializing. It is proposed that guests will obtain drinks and food inside of The Grand Meridian and be able to walk outside and seat in the large tent as desired. This tent will have tables, chairs and linens set under it.

Tent #2 – size 20ftx30ft will be used by the caterer as a cooking tent. Certificate of liability for caterer is attached

Both tents are being provided by Fox Valley Party Rentals. Certificate of liability is attached

- 2) Background music will be played using a Bluetooth speaker at a reasonable volume in the guest tent on Thursday, August 11 & and Friday, August 12. All outside music will cease by 11pm
- 3) It is proposed that guests will buy all alcohol from the fully-licensed bar inside of Grand Meridian but be allowed to carry these drinks out to the guest tent in the lot. See attached map.



Imagery ©2022 CNES / Airbus, Maxar Technologies, Map data ©2022 50 ft

 - Caterer's tent

 - Guest tent

parking lot

85'

Area to be extended for
liquor license

parking lot

parking lot

guest tent
40' x 120'

East

West

200'

parking lot

parking lot

parking lot

parking lot

parking lot

Cater tent

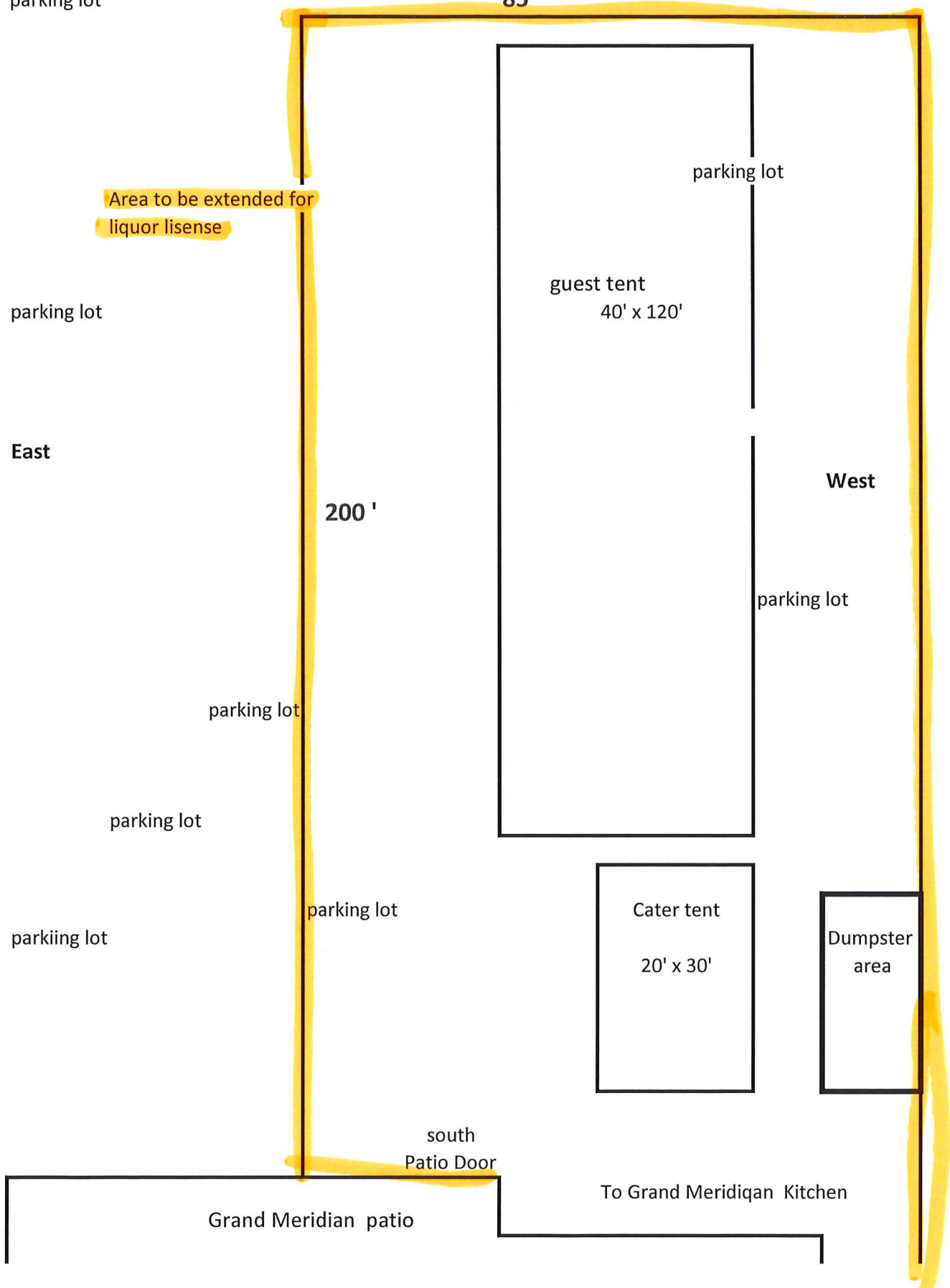
20' x 30'

Dumpster
area

south
Patio Door

To Grand Meridian Kitchen

Grand Meridian patio



Attachments A

Question 4, Description of the building, and areas of the building, where alcoholic beverages will be sold and stored

The facility which is located at 2621 North Oneida Street is 100' wide and 134' 8" long. It is 13,400 sq. ft. and consists of a 20' x 100 ft kitchen on the west end of the building. Alcohol will be used and stored in the kitchen. To the west of the kitchen there is a walk in cooler where alcohol will be stored.

There is 1 large banquet hall that can be transformed into 2 smaller ones, adjacent and to the east of the kitchen, the overall dimensions of the banquet room are 100' x 77' 7" .. There is one bar that can be converted into 2 separate bars when the room is transformed into 2. alcohol will be stored & served and consumed in this room.

To the east of the banquet room is a corridor area measuring approximately 7' wide by 100' long. It is divided in the middle by a walk in cooler measuring 7' wide by 8' long. This cooler is an area where alcohol will be stored. Alcohol will also be consumed in this corridor area.

East of the corridor is a common foyer and public entrance to the facility. It also consists of two women's bathrooms, 2 men's bathrooms and a coat room. The overall dimensions of this area are 25' 6" wide by 100' long. This foyer area is an area where alcohol will be consumed.

Above the corridor is a mezzanine with an office area which will be used for storage of alcohol and records.

On the south side of the building adjacent to the kitchen is a cater staging & storage area. With an outside patio connected to the east. The storage area will be an area that alcohol will be stored and served to the guests who are using the patio. The patio is an area where alcohol will be served and consumed.



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>6/16/22</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>3732-7</u>	

SECTION 1 – LICENSE INFORMATION

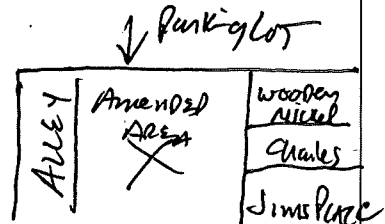
Name of Establishment <u>JIMS PLACE</u>	
Address of Establishment <u>223 E. COLLEGE AVE APPLETON 54911</u>	
Name of Agent <u>JAY PERMUTMAN</u>	Phone Number

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:

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

PARKING LOTS OF WOODEN ALLEY, CHARLES HILL PLACIST
& JIMS PLACE FOR AUGUST 4TH - AUGUST 7TH



Is this change Permanent?

YES NO

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

MUSIC OF MUSIC

Aug 4th 11:00 - 12:00 midday
5th 11:00 - 12:00 "
6th 11:00 - 12:00 "
7th 11:00 - 5:00

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

AUGUST 4, 2022 TO AUGUST 7, 2022

SECTION 3 – PENALTY NOTICE

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

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

Signature of Applicant: [Signature]

FOR OFFICE USE ONLY

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

S&L <u>7-13-22</u>	Council <u>7-20-22</u>	Date Issued	Exp. Date	License Number
--------------------	------------------------	-------------	-----------	----------------

To whom it may concern,

I Theodore Cervelli am allowing Jim's Place (Jay) and wooden nickel (Tony) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 4 through August 7th 2022 thank you.

A handwritten signature in black ink, appearing to read 'Theodore Cervelli'. The signature is fluid and cursive, with a long horizontal stroke extending from the middle of the name.

6-10-22



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>6/16/22</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>3732-7</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment
WOODEN NICKEL RESTAURANT & LOUNGE INC

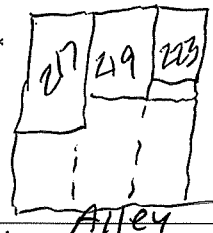
Address of Establishment
217 E. COLLEGE AVE APPLETON, WI 54911

Name of Agent
ANTHONY A. MUELLER

Phone Number
[REDACTED]

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
USING PARKING LOTS 217, 219, 223



Is this change Permanent? YES NO

If this is temporary please specify the reason for the amendment:
MILE OF MUSIC

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
8/4 11-12 8/6 11-12
8/5 11-12 8/7 11-5

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: Anthony Mueller

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-13-22</u>	Council <u>7-20-22</u>	Date Issued	Exp. Date	License Number

To whom it may concern,

I Theodore Cervelli am allowing Jim's Place (Jay) and wooden nickel (Tony) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 4 through August 7th 2022 thank you.

A handwritten signature in black ink, appearing to read 'Theodore Cervelli'. The signature is fluid and cursive, with a long horizontal stroke at the bottom.

6-18-22



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>5/11/22</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>10-3600-5</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>The 10th Frame</u>	
Address of Establishment <u>618 W. Wisconsin Ave</u>	
Name of Agent <u>Chad Van Doalwyk</u>	Phone Number <u>████████</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 will have a large tent in our parking lot for our 20 year anniversary party. We will have beer trailers, malt beverages and whatever else the city will allow us to sell.

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>This is temporary for a 20 year outdoor anniversary party open to the public outside in our parking lot.</u>
--	--

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
September 10, 2022 10am - 11pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [Signature]

FOR OFFICE USE ONLY

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

6TH WARD PLAT

Wisconsin Ave

The 10th Frame ↓

96

Street will be closed on east

Front entrance

Food stand Food stand

East St.

Tables table

Street will be closed to east parking lot

porta potty's

Beer Trailer

TENT

6-0709

stage

Frame Parking lot

Insta print booth

6-0707

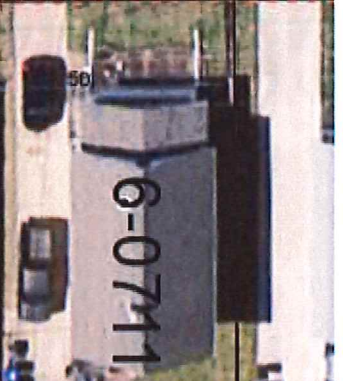
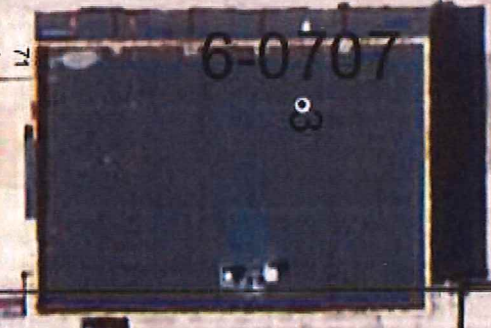
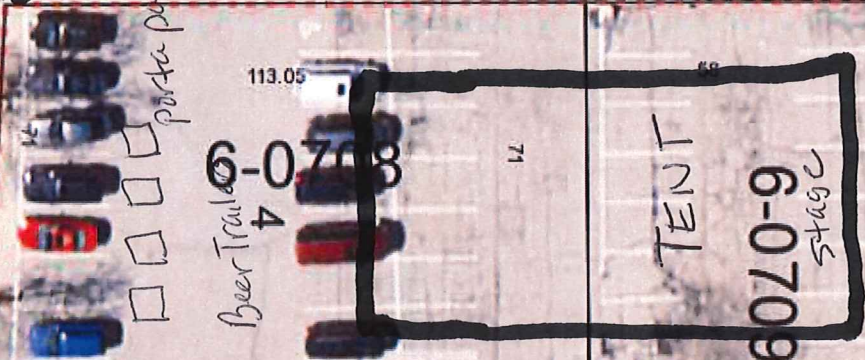
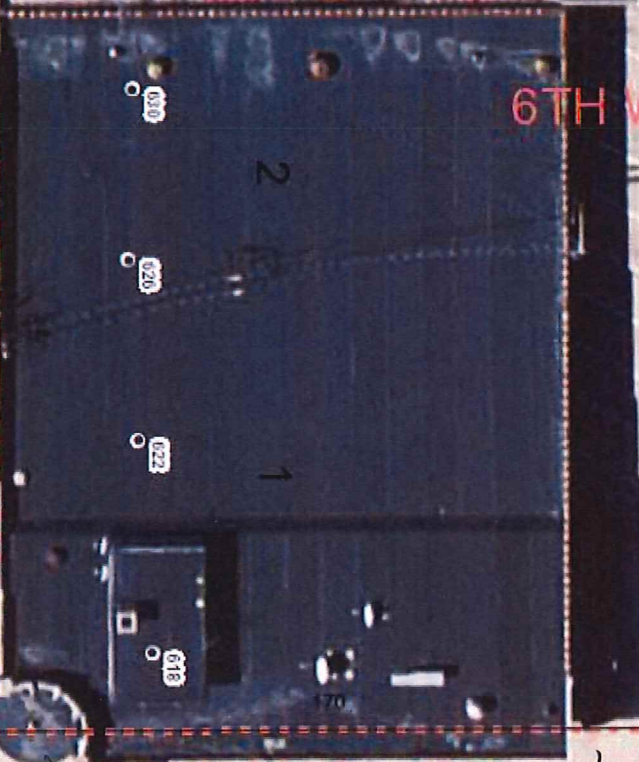
6-0752

7

6-0711

8

6TH W





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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>5/17/22</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>3631-1</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>Trout Museum of ART</u>	
Address of Establishment <u>111 W. College Ave. Appleton WI 54911</u>	
Name of Agent <u>CHRISTINA S. TURNER</u>	Phone Number <u>920-733-4089</u>

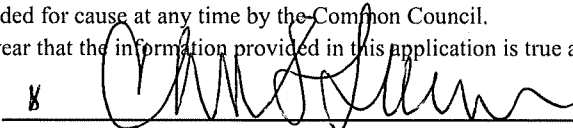
SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
Outside bar service on our property. Guests may spill into Houdini Plaza with alcoholic beverages. No programming in Houdini Plaza, but would like to add as premise amendment.

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>Art exhibit opening.</u>
---	--

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
Aug 26, 2022 5p.- 8p.

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 07/13/2022	Council 07/20/2022	Date Issued	Exp. Date	License Number



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>6/22/22</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>3755-1</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment **Fox Cities Performing Arts Center**

Address of Establishment **400 West College Ave. Appleton, WI 54911**

Name of Agent **Nick Reising Maria Van Laanen** Phone Number **920-730-3785**

max Ver Voort
↳

SECTION 2 – PREMISE AMENDMENT

** contact max w/ questions*

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application
 The Fox Cities P.A.C. will be hosting our annual cookout as a thank you to our Partners support this past year. The event will be taking place on Tuesday, August 16, 2022 from 5:30 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 will be fenced in with stanchions and has a capacity of approximately 200 people. On site security will be present.

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

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
 The event will be Tuesday, August 16, 2022 from 5:30 PM - 7:30 PM

SECTION 3 – PENALTY NOTICE

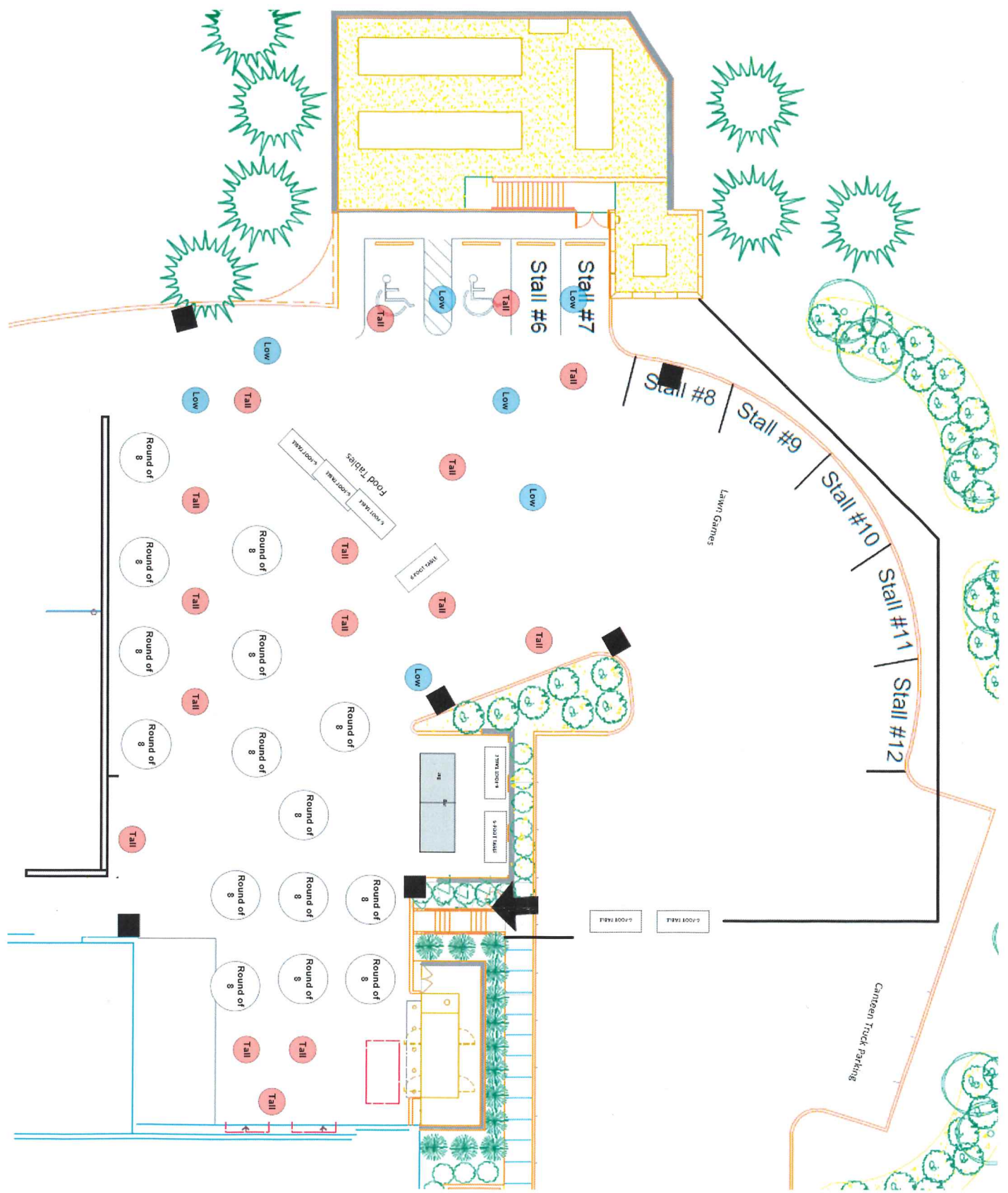
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: *Nicholas J. Reising*

FOR OFFICE USE ONLY

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

S&L	07-13-22	Council	07-20-22	Date Issued	Exp. Date	License Number
-----	----------	---------	----------	-------------	-----------	----------------





Where the Arts Come Alive!

Max
Ver Voort

Event Coordinator

(920) 730-3785
mvervoort@foxcitiespac.com
foxcitiespac.com

Fox Cities Performing Arts Center
400 W. College Avenue
Appleton, WI 54911



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE	Date Recv'd <u>6/28/22</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>3775-5</u>	

SECTION 1 – LICENSE INFORMATION

Name of Establishment	<u>Emmetts Bar & Grill</u>	
Address of Establishment	<u>139 N. Richmond St</u>	
Name of Agent	<u>Sharon Reader</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

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 2022</u>
--	--

Please list the date(s) and time(s) that this temporary premise amendment will be utilized: 11a-11p Daily
Thurs Aug 4th through Sunday Aug 7th

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 <u>7-13-22</u>	Council <u>7-20-22</u>	Date Issued	Exp. Date	License Number
--------------------	------------------------	-------------	-----------	----------------

May 5, 2022

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.

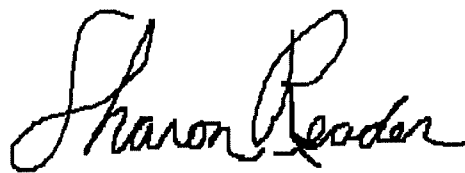
Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

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 920-378-3697.

Sincerely,

A handwritten signature in black ink that reads "Sharon Reader". The signature is written in a cursive, flowing style.

Sharon Reader
Owner - Emmetts Bar & Grill

WASHINGTON STREET

Brown Bldg. | Dumpsters

→ Parking

Back lot

HANDICAPPED STALL

BEER TENT

PORTABLES

Artist Entrance

STAGE

MAIN ENTRANCE

EXIT

EXIT

Entrance

Liquor Tent

Food Vendor Area

Evergreen C. U.

Emmett's

Booster Mobile Taper

Vacant

Lindo Michoacan

Lindo Michoacan

Storage Units / Attic



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/5/2022</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>PAPEX RECEIPT 088018</u>	
3798 -7		

SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>RUCESIDE BAR / Grill</u>	
Address of Establishment <u>906 S OWE ONIBOO st 54915</u>	
Name of Agent <u>Gregg Van Datta</u>	Phone Number <u>920-955-3808</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

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:
August 4, 2022 Thru August 7, 2022
9a-12a Daily

SECTION 3 – PENALTY NOTICE

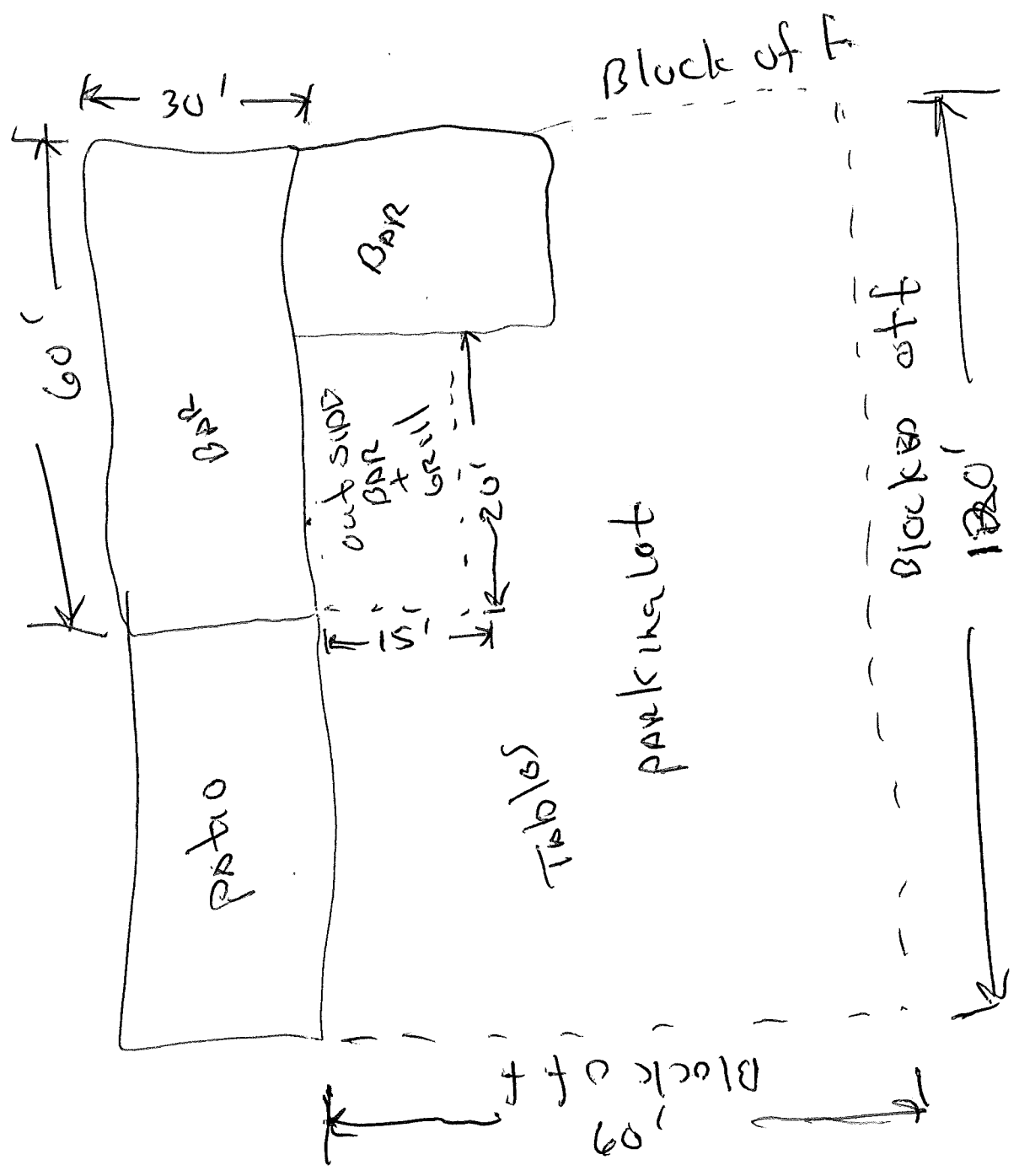
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [Signature]

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L 07/13/2022	Council 07/20/2022	Date Issued	Exp. Date	License Number

Riverside Bar & Grill



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 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 182
(Trade Name)

located at 306 N. Richmond St., Appleton, WI 54911

appoints Isaac A. Peterson
(Name of Appointed Agent)

732 E. Harrison St., Appleton, WI 54915
(Home Address of Appointed Agent)

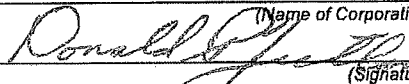
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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).
Agent of Kwik Trip 452, 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? All my life

Place of residence last year 732 E. Harrison St., Appleton, WI 54915

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

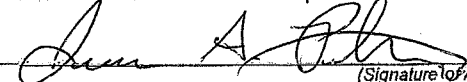

By: 
(Signature of Officer / Member / Manager)

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, Isaac A. Peterson, 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.

  Agent's age ●●●
(Signature of Agent) (Date)
732 E. Harrison St., Appleton, WI 54915 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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Peterson		Isaac		Alan	
Home Address (street/route)		Post Office	City	State	Zip Code
732 E. Harrison St.		Appleton		WI	54915
Home Phone Number		Age	Date of Birth		Place of Birth
					Fond du Lac, WI

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent of 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.

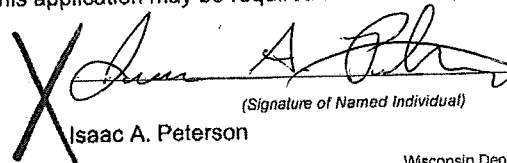
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- 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. Agent Kwik Trip 452, Town of Grand Chute, WI, until new agent approved.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Address	Employed From	To
Walgreen's	729 W. Northland Ave, Appleton, WI	9/2007	11/2011
General Beverage Dist.	2855 Oregon St., Oshkosh, WI	1/2005	9/2007

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)
 Isaac A. Peterson

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 Ultimate Mart, 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 Pick 'n Save #187
(Trade Name)

located at 511 W Calumet St Appleton, WI 54915

appoints Lyndsey Lawrence
(Name of Appointed Agent)
2814 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).

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? 34 years

Place of residence last year 2814 Villa Way, Menasha, WI 54952

For: Ultimate Mart, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature] VP 6/9/22
(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, Lyndsey Lawrence, 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.

Lyndsey Lawrence 6/7/22 Agent's age ●●
(Signature of Agent) (Date)
2814 Villa Way, Menasha, WI, 54952 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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Lawrence		Lyndsey		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
2814 Villa Way		Menasha	Menasha	WI	54952
Home Phone Number			Age	Date of Birth	Place of Birth
●●●●●●●●			●●	●/●/●●	Brookfield, WI

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

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** of **Ultimate Mart, LLC**

(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? 34 years
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. _____
(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 Licenses or Permits) (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
Roundys Supermarkets	875 E Wisconsin Ave MKE WI	10/31/2011	Current
American TV & Appliances	N/A	5/15/2010	10/30/2011

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.

X Lyndsey Lawrence
(Signature of Named Individual)

Rec 3767-8
6/27/22

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>James Holder</i>			Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name) <i>D8DHMP</i>			Telephone Number 	
Business Address (License Location) <i>2929 N. Richmond St Ste 1</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <i>(920) 574-3984</i>
Municipality <i>Appleton</i>	State <i>WI</i>	Zip Code <i>54911</i>	of: <i>Appleton</i>	
Mailing Address (if different than Business Address)		Municipality	State	Zip Code <i>Outagamie</i>

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



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

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>6/27/22</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75.00</u>	Acct. Code: CLPETK
Investigation Fee	+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82.00</u>	Receipt <u>3767-9</u>
License period July 1 to June 30		

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>Petco # 1656</u>			
Business Street Address <u>3829 E Calumet Street</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Business Telephone Number <u>920-997-1543</u>			
SECTION 2 – APPLICANT INFORMATION			
Name <u>Petco Animal Supplies Stores, Inc.</u>			
Home Street Address <u>654 Richard Hills Drive % License Dept.</u>	City <u>San Antonio</u>	State <u>TX</u>	Zip <u>78245</u>
Date of Birth <u>●●●●●●●●</u>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Telephone Number <input type="text"/>
SECTION 3 – SERVICES TO BE PROVIDED			
Please check the type(s) of services your establishment will offer:			
<input checked="" type="checkbox"/> Live animals	<input checked="" type="checkbox"/> Pet Food		
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	<input type="checkbox"/> Other	
SECTION 4 – PENALTY NOTICE			
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature of Applicant: <u>Wendy Richards</u>			
SECTION 5 – FEE SCHEDULE			
Pet Store License	Initial Fee - \$90.00	Renewal Fee - \$75.00	
Kennel License	10 or less animals - \$55.00	25 or less animals - \$130.00	
	50 or less animals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00	
FOR OFFICE USE ONLY			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L <u>7-13-22</u>	Council <u>7-20-22</u>	Date Issued	Exp. Date
			License Number

09-24-19

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



* See Attached page for events 2-8

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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/30/22</u>
License Fee - \$10.00 per event <u>x 8</u>	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>87</u>	Receipt <u>3787-3</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) Sacred Heart Church Date Organized 1898

(222) Address 222 E. Fremont St. City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Erickson First David M.I. J Date of Birth [REDACTED]

Address W6060 Dahlia Drive City Appleton State WI Zip 54911 Person in charge phone number: [REDACTED]

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 8/19/22 Ending: 8/21/22 Hours: 6:00 pm - 10 pm 8/19 11:00 AM to 10 AM 8/20 10:00 AM to 3 pm 8/21

Event # 1 Please describe the type of event you are going to have: PARISH FEST PARISH PICNIC

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: TENTS IN PARKING LOT and Cafeteria in Basement

(222) Address 222 E. Fremont Street City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: **BE PRECISE!** Cafeteria in Basement is 120x300 Beer tent in parking lot is 120x300 Food tent in parking lot is 120x240 Will minors be present? No Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? check IDs and give out bracelets

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 Daniel J. Erickson

FOR OFFICE USE ONLY

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

SACRED HEART PARISH EVENTS

Event # 2

Beer only

Chili Dinner 10/22/22 5-8 pm

BEER ONLY sold in Cafeteria in Basement
dimensions 120x300
will check IDs at point of sale

Event # 3

Beer and
Wine

Spaghetti Dinner 1/28/23 5-8 pm

Beer AND Wine sold in Cafeteria in Basement
dimensions 120 x 300
will check ID's at point of sale

Event # 4

Family Bingo Night 2/18/23 5-9 pm

Beer and
Wine

BEER AND wine sold in Gym on main floor
dimensions 180 x 400
will check IDs at point of sale

Events # 5, # 6, # 7

Lenten Fish Frys 3-3-23, 3-17-23, 3-31-23
5-8pm

Beer only sold in Cafeteria in Basement
dimensions 120x300 will check IDs at Point of Sale

over →

Event # 8

Cinco Celebration 5/6/23 5-8 pm

Beer only Sold in Cafeteria in Basement.
dimensions 120 x 300
Will check ID's at point of sale.

APPLETON POLICE DEPARTMENT

2022 Mid-Year Budget Report

Significant 2022 Events

Ongoing recruitment and retention are critical to our policing capabilities and continues to be a major emphasis of the Department in 2022. Staffing shortages in policing is a nationwide trend that created the challenge of rebuilding public perception and changing the framework of how we engage in community policing efforts. Another trend since the COVID emergency in 2020 is the increase in retirements/resignations. Prior to 2020 our 5-year average the first half of the year was 3.4 retirements/resignations compared to 8 in 2021 and 7 in 2022. Although there is no simple solution, we are committed to maintaining recruitment standards to provide excellent services to our community.

Pedestrian and traffic safety remains one of the top concerns in Appleton, especially in summer months when there are more vehicles, motorcycles, scooters, bicycles, and pedestrian traffic. To ensure the safety of all travelers a Traffic Safety Unit pilot program was established to address traffic enforcement, collect and analyze data, identify safety problem areas, and educate the public on traffic safety. The Traffic Safety Officer will continue to assist the Patrol Unit during high-volume calls for service. This position will be requested as part of the 2023 budget process.

The pilot program for the Crisis Response Team (CRT) is a partnership between Appleton Police Department's Behavioral Health Officer and Outagamie County Health and Human Services Clinical Therapist. CRT will address the growing concerns of mental health calls for service through assisting police officers on calls for service, facilitating support for individuals and families coping with mental health issues, and providing clinical assessment for intervention and case management to be proactive in addressing and preventing a mental health and/or substance abuse crisis. The 2-year program will be evaluated for its progress annually.

Governor Evers allocated American Rescue Plant Act (ARPA) funding for the Safety Communities Law Enforcement program. Appleton was awarded \$225,618 in grant funds that we designated for a wireless router system. Taking advantage of technology is essential when officers are mobile and need to manage connectivity on multiple devices. Utilizing a secure wireless router system will ensure access can be provided remotely without lagging or loss of connectivity. Our assessment of the pilot program determined this was essential for a safe and efficient response that will increase officer's situational awareness to take appropriate action.

Another program we had recently piloted is the automated license plate reader (ALPR) computer-based system. There are high-speed, high-resolution fixed cameras that capture license plates that are stored in a database and compared to other databases. This technology quickly provides officers in locating a suspect or assisting investigators in solving crimes. One of the features is the interface with AXON programs and the wireless router system mentioned above.

Providing funding for essential core services will enable the department to maintain operational readiness and emergency services such as SWAT (Special Weapons and Tactics), sensitive investigative scenes, mutual aid and other rapid deployments. It is imperative that, with the sophisticated technology advancements and expansion of social media, we are focused on increasing our presence in the community and expanding our technological abilities to maintain professional police services.

PERFORMANCE INDICATORS

	Actual 2020	Actual 2021	Target 2022	Projection 2023
Mental Health / Behavioral Health				
# of behavioral health officer contacts	89	42	40	40
# of clinical therapist contacts	New	New	70	70
Special Investigative Unit				
# of arrests	48	38	45	45
# of citations	82	36	35	35
# of DA referrals	20	31	25	25
Traffic Data				
# of directed traffic enforcements	10,630	15,977	16,000	16,000
# of traffic stops	22,711	29,246	30,000	30,000
Crime Prevention By District				
# of Downtown District contacts	4,594	4,493	4,500	4,500
# of Northern District contacts	3,300	3,187	3,200	3,200
# of Southern District contacts	2,074	2,175	2,000	2,000

Areas of Primary Concentration for 2023:

Educate the community through the continued collaboration of the Police Chief's Community Advisory Board. Citizens' expectations vary widely, and the diversity of the Board supports community involvement as they evaluate police services that identify and focus on public safety issues.

Evaluate the Crisis Response Team collaboration with Outagamie County Health and Human Services.

Review other technology upgrades to ensure we are successfully improving our ability to respond to the needs of the community.

Update the Crossing Guard contracted service to meet the needs of the children at guarded crossings in continued collaboration with the Appleton Area School District.

Promote the continued health and well-being of employees through wellness check-ins.

Maintain police policies to promote effective community engagement that is responsive to the needs of the community.

Continue assessment of the Officer Safety Program for equipment and body worn cameras.

Enhance marketing the Department through social media outlets and evaluate other options to attract qualified candidates to ensure we are providing quality police services.

Evaluate and refresh patrol allocation model for determining optimum patrol levels.

Expand and use our communications platforms to educate the community on our successes and encourage active participation in public safety.

Provide excellence in investigative services to citizens and victims impacted by crime in our community.

Continue working on alternatives to entering students/juveniles into the juvenile justice system and continue our communication with the schools we serve on safety, education and response issues.

Provide ongoing opportunities for citizens to be educated in crime prevention and other police services through Neighborhood Watch, School Resource Program, media outreach and citizen contacts