

# **City of Appleton**

# Meeting Agenda - Final-revised

# Safety and Licensing Committee

Wedne	esday, June 9, 202	21	5:30 PM	Council Chambers, 6th Floor					
1.	Call meetin	g to order							
2.	Roll call of	membershij	c						
3.	Approval of	f minutes fro	om previous meeting						
	<u>21-0787</u>		Licensing Minutes from May 26th	, 2021.					
		<u>Attachme</u>	nts: S & L Minutes 5-26-21.pdf						
4.	Public Hea	rings/Appe	arances						
5.	Action Iten	Action Items							
	<u>21-0739</u>	<u>21-0739</u> Updates to the Alcohol License Policy & regulations relating to licensing of convenience stores that sell gasoline							
		Attachme	nts: 6-7-21 Convenience Stores Selling	Gasoline- Recommendation.pdf					
			2021 Alcohol License Policy Updat	<u>es.pdf</u>					
			Memo- 2021 Alcohol Policy & Conv	venience Stores.pdf					
		Legislative	<u>History</u>						
		5/26/21	Safety and Licensing he Committee	ld					
	<u>21-0779</u>	Peng Xio Ave, cont	Beer and "Class B" Liquor Licens ng d/b/a Shadows Food and Spiri ingent upon approval from all dep <u>nts:</u> <u>Shadows Food and Spirits.pdf</u>	its, located at 211 S Walter					
	<u>21-0751</u>	Youth, Ka upon app	Beer License application for Unit atherine Wood, Agent, located at a roval from all departments. <u>nts:</u> <u>United Sports Assoc for Youth.pdf</u>	•					

 <u>21-0752</u> Class "A" Beer and "Class A" Liquor License Permanent Premise Amendment for Appleton Liquor LLC d/b/a Appleton Liquor, Heidi Guta, Agent, located at 2727 N Meade St., contingent upon approval from all departments.

Attachments: Appleton Liquor S&L.pdf

21-0812 2021-2022 Alcohol License renewal, with a special exception to the license non-use policy, for Oneida Street South LLC, Katelyn James, Agent, contingent upon approvals from all departments by 12:00 p.m. on June 30, 2021.

Attachments: 2021-22 Alcohol License Renewal Oneida St South LLC.pdf

- 21-08102021-2022 Additional Alcohol License renewal applications, contingent<br/>upon approval from all departments by 12:00 p.m. on June 30, 2021.Attachments:2021-22 Alcohol License Renewals 3rd set.pdf
- <u>21-0740</u> Pet Store License renewal application for World's Fancy Fish, Sia Y Lor, Applicant, located at 1804 S. Lawe St, contingent upon approval from all departments.

Attachments: World's Fancy Fish S&L.pdf

- <u>21-0809</u> 2021-2022 Mechanical Amusement Device application for Ka Lee and Peng Xiong d/b/a Shadows Food and Spirit, located at 211 S Walter Ave, contingent upon approval from all departments.
   <u>Attachments:</u> Shadows S&L.pdf
- 21-0443 Temporary Class "B" Beer License application for Appleton Fox Cities Kiwanis Club for the Antique Car Show and Swap Meet, Jay B Stephany, Person in Charge, located at Pierce Park on July 18, 2021, contingent upon approval from all departments.

Attachments: Kiwanis Antique Car Show & Swap Meet S&L.pdf

21-0753Temporary Class "B" Beer and "Class B" Wine License application for St.<br/>Peter Lutheran, Inc, Nathan N Paul, Person in Charge, located at 820 W<br/>College Ave, The Core's parking lot, on August 5-8, 2021, contingent upon<br/>approval from all departments.

Attachments: St Peters - MOM S&L.pdf

21-0688 Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, Dave Willems, applicant, located at Lake Ormsby Hall at Lawrence University, 401 E College Ave, from August 5 through August 8, 2021, contingent upon approval from all departments.

Attachments: MOM-Lake Ormbsy S&L.pdf

- 21-0689 Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, Dave Willems, applicant, located at Washington Square, 100 E Washington St, from August 5 through August 8, 2021, contingent upon approval from all departments. <u>Attachments:</u> MOM-Washington Square S&L.pdf
- 21-0750 Temporary Class "B" Beer License application for United Sports Association for Youth, Doris Schommer, Person in Charge, located at 3300 E Evergreen Dr, on June 10-11, 2021 contingent upon approvals from all departments.

Attachments: United Sports Assoc for Youth-Beer Garden S&L.pdf

21-0773 Temporary Class "B" Beer License application for United Sports Association for Youth, Doris Schommer, Person in Charge, located at 3300 E Evergreen Dr, on June 22, 2021, contingent upon approvals from all departments.

Attachments: United Sports Assoc for Youth - Baseball League S&L.pdf

- 21-0774
   Temporary Class "B" Beer License application for United Sports

   Association for Youth, Doris Schommer, Person in Charge, located at

   3300 E Evergreen Dr, on June 25-27, 2021, contingent upon approvals

   from all departments.

   Attachments:

   United Sports Assoc for Youth-soccer tournament S&L.pdf
- <u>21-0790</u> Temporary Class "B" applications filed after the agenda was published.

#### 6. Information Items

 Special Events: Music of Life Church, Service in the Park, Jones Park, June 5, 2021 People of Progression, Juneteenth, Jones Park, June 6, 2021 Family of Vision Church, Gospel Concert, Pierce Park, June 6, 2021 Appleton Parade Committee, 2D Marine Band Division Band Concert, Houdini Plaza, June 11, 2021 YMCA of the Fox Cities, Summer Classic Swim Meet, Erb Park and Pool, June 19-20, 2021 Appleton Area Jaycees, Fireworks, Memorial Park, July 3, 2021

#### 21-0788 Director's Reports

- 1. City Clerk
- 2. Police Chief
  - -Lieutenant Promotions
  - -K9 Waskos
- 3. Fire Chief
  - Officer's Academy
  - Captain's Promotional Process
  - 2022 Hiring Process

#### <u>21-0789</u> Police Department information on liquor law violations.

#### 7. Adjournment

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

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



# **City of Appleton**

# Meeting Minutes - Final Safety and Licensing Committee

Wed	nesday, May 26, 2021		5:30 PM	Council Chambers, 6th Floor
1.	Call meeting to	order		
		The meeting w	ras called to order by Vice-Chair Smith	n at 5:30 p.m.
2.	Roll call of mem	bership		
	P	resent: 3 - Re	ed, Smith and Hartzheim	
	E	cused: 1 - Va	n Zeeland	
		Absent: 1 - Sc	hultz	
3.	Approval of min	utes from pre	vious meeting	
	<u>21-0731</u>	Safety & Lice	ensing Minutes from May 12th, 3	2021
		<u>Attachments:</u>	S & L Minutes 5-12-21.pdf	
			seconded by Hartzheim, that the Mir I by the following vote:	nutes be approved. Roll Call.
		<b>Aye:</b> 3 - Re	eed, Smith and Hartzheim	
	E	ccused: 1 - Va	an Zeeland	
		Absent: 1 - So	chultz	
4.	Public Hearing	s/Appearance	es	
5.	Action Items			
	<u>21-0739</u>	•	he Alcohol License Policy & reg ace stores that sell gasoline	ulations relating to licensing
		<u>Attachments:</u>	2021 Alcohol License Policy Upda Memo- 2021 Alcohol Policy & Con	

Hartzheim moved, seconded by Reed, that the Alcohol Policy Updates be held. Roll Call. Motion carried by the following vote:

Aye: 3 - Reed, Smith and Hartzheim

Excused:	1 -	Van Zeeland

Absent: 1 - Schultz

21-0736Taxi Cab Company License application for Antonio's Transportation<br/>Service, Corey A. Gaines, Owner, 240 Algoma Blvd, Oshkosh, WI.

Attachments: Corey Antonio Gaines.pdf

Reed moved, seconded by Hartzheim, that the license be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 3 - Reed, Smith and Hartzheim

Excused: 1 - Van Zeeland

Absent: 1 - Schultz

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

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

- Aye: 3 Reed, Smith and Hartzheim
- Excused: 1 Van Zeeland
- Absent: 1 Schultz

21-0696 Reserve "Class B" Liquor and Class "B" Beer License application for RH Events LLC d/b/a Poplar Hall, Sandy Emerich, Agent, located at 141 S Riverheath Way, contingent upon approval from all departments.

Attachments: Poplar Hall.pdf

This Report Action Item was recommended for approval

21-0735 2021-2022 Additional Alcohol License renewals, contingent upon approvals from all departments by 12:00 p.m. on June 30, 2021.

Attachments: 2021-22 Alcohol License Renewals-2nd set FINAL.pdf

This Report Action Item was recommended for approval.

21-07382021-2022 Additional Mechanical Amusement Device License renewals,<br/>contingent upon approval from all departments by 12:00 p.m. on June 30,<br/>2021.

Attachments: 2021 Additional Amusement Devices.pdf

This Report Action Item was recommended for approval.

<u>21-0737</u>	Class "B" Beer and Reserve "Class B" Liquor License Temporary Premise Amendment application for Fox Cities Building for the Arts d/b Trout Museum of Art, Christina Turner, Agent, Houdini Plaza, on June 2021, contingent upon approval from all departments.					
	Attachments: Trout Museum Exhibit Opening S&L.pdf					
	This Report Action Item was recommended for approval.					
<u>21-0370</u>	Class "B" Beer and Reserve "Class B" Liquor License Temporary Premise Amendment application for Fox Cities Building for the Arts d/b/a Trout Museum of Art, Christina Turner, Agent, located at 111 W College Ave, on August 27, 2021, contingent upon approval from all departments.					
	Attachments: Trout Museum of Art S&L.pdf					
	This Report Action Item was recommended for approval.					
<u>21-0237</u>	Temporary Class "B" Beer License application for Appleton Area Jaycees, Jon Lamers, applicant, for the Appleton Fireworks Celebration on July 3, 2021, located at Appleton Memorial Park, contingent upon approval from all departments.					
	Attachments: Appleton Jaycees Fireworks S&L.pdf					
	This Report Action Item was recommended for approval.					
<u>21-0475</u>	Temporary Class "B" Beer and "Class B" Wine License application for Fox Cities Building for the Arts, Christina Turner, Person In Charge, at City Park on July 24-25, 2021, contingent upon approval from all departments.					
	Attachments: Art at the Park S&L.pdf					
	This Report Action Item was recommended for approval.					
<u>21-0659</u>	Temporary Class "B" Beer License application for Appleton Firefighters Local 257, Troy Kinley, applicant, for a Softball Tournament located at Memorial Park on August 7, 2021, contingent upon approval from all departments.					
	Attachments: Appleton Firefighters Softball Tournament S&L.pdf					

This Report Action Item was recommended for approval.

21-0730 Temporary Class "B" Beer and "Class B" Wine License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, Jones Park, Thursdays from July 1 through September 30, 2021, contingent upon approval from all departments.

Attachments: Summer Music Concert Series S&L.pdf

This Report Action Item was recommended for approval.

<u>21-0732</u> Temporary Class "B" applications filed after the agenda was published.

There were no applications filed.

#### 6. Information Items

# 21-0734Director's Reports1. City Clerk-2021 Board of Review reminders2. Police Chief

- 3. Fire Chief
- <u>21-0733</u> Police Department information on liquor law violations.

#### 7. Adjournment

Reed moved, seconded by Hartzheim, that the meeting be adjourned at 5:44 p.m. Roll Call. Motion carried by the following vote:

- Aye: 3 Reed, Smith and Hartzheim
- **Excused:** 1 Van Zeeland

Absent: 1 - Schultz



LEGAL SERVICES DEPARTMENT Office of the City Clerk Kami Lynch, Clerk 100 North Appleton Street Appleton, WI 54911

Phone: 920/832-6443 Fax: 920/832-5823

- To: Katie Van Zeeland, Safety & Licensing Committee Chair, Safety & Licensing Committee Members
- From: Kami Lynch, City Clerk; Todd Thomas, Police Chief; Darrin Glad, Assistant City Attorney

Date: June 07, 2021

Re: Recommendation on Convenience Stores Selling Gasoline- "Class A" Licenses

After the last Safety & Licensing Committee meeting, further information was gathered, and a staff discussion was held regarding the implications of allowing convenience stores that sell gasoline (gas stations) to hold "Class A" liquor licenses.

None of the City's neighboring municipalities (with the exception of the City of Neenah who is also looking at modifying this) have this restriction and therefore they all allow gas stations to hold "Class A" liquor licenses. It would be advantageous for the city to be consistent with our bordering municipalities and allow gas stations the opportunity to hold these licenses.

It is the recommendation of staff, that the Safety & Licensing Committee approve the Alcohol License Policy with the removal of the Convenience Stores Selling Gasoline provision and allow for these establishments to apply for/hold "Class A" licenses as otherwise permitted by Wisconsin law.

If there are any questions related to this recommendation, please do not hesitate to reach out to any of us.

CITY OF APPLETON POLICY				DLICY STATEMENT ON <mark>ER/LIQUOR</mark> LICENSING
ISSUE DATE: unknown	LAST UPDAT May 2021 June 24	1 101111		
POLICY SOURCE: Office of the City Clerk				TOTAL PAGES: 10
Reviewed by Attorney's Office Date: June 2017	Safety and Licens Approval Date: J Update approved Update approved Update approved Update approved Update approved	uly 29, 2 Oct. 28, Oct. 13, April 9, May 25	010 , 2010 , 2011 2015 , 2016	Council Approval Date: August 4, 2010 Update: November 3, 2010 Update: October 19, 2011 Update: April 22, 2015 Update: June 1, 2016 Update: June 14, 2017

# I. PURPOSE

The City of Appleton believes the safety and welfare of its citizens and neighborhoods are of highest priority and the judicious dispensing of alcohol is in keeping with this belief. The possession of a beer or liquor license in the city is a privilege <u>and</u> not a right; a privilege that must not be taken for granted but rather must be continually conditioned by the holder's adherence to applicable laws and regulations.

# II. POLICY

All licenses granted and issued for the sale of fermented or intoxicating liquors shall be carried out under the provisions of W.S.A. Chapter 125 and the City of Appleton Municipal Code, Chapter 9, Article III.

Safety and Licensing Committee shall consider the application at a public meeting at which all interested parties maywill be given an opportunity to be heard, at the discretion of the chair. The Committee will, by a majority vote of those present, make a recommendation to the Common Council which shall consider the application at its next regularly scheduled meeting.

In performing its review and preparing its recommendation for approval or <u>denial</u> <u>disapproval</u>, the Safety and Licensing Committee shall take <u>into consideration the type of</u> <u>operation in relation to</u> the following <u>community</u> matters-<u>under consideration</u>:

The existence of the community need will be assessed by the committee. In this regard, such things as the type of operation proposed will be assessed for area and community impact.

Adverse impact on traffic;

- Adverse impact on the peace, quiet and cleanliness of the neighborhood where the establishment is located;
- Insufficient parking for patrons;
- Proximity to other licensed establishments, residential areas, schools, churches, or hospitals;
- Ability or inability of the police to provide law enforcement services to the new establishment and the impact of the new establishment on the ability of the police to provide law enforcement services to the balance of the community at all times.

➢ A building should not only be appropriate to the intended use, but should also be appropriate from an aesthetic and tax revenue standpoint.

➤ The number of licensed premises within the immediate geographic area of the proposed location will be considered.

# III. DISCUSSION

Where required, no corporation, partnership or individual will be issued an alcohol beer/liquor license for the premises until a Special Use Permit application has been submitted. This would allow for the Community and Economic Development Department to review and determine whether or not the applicant must apply for and receive approval of a Special Use Permit pursuant to the current Zoning Code.

# IV. DEFINITIONS

Abandonment or non-use –A continuing refusal or failure of the licensee to use the license for the purpose or purposes for which the license was issued by the city for a period of one (1) year. The Common Council may, for good cause shown, extend such period.

Class "A" License – A license to sell <u>fermented malt beverages</u> beer to consumers in original packages or containers for off-premises consumption.

"Class A" License - A license to sell intoxicating liquor to consumers only in original packages or containers for off-premises consumption.

"Class A" (Cider Only) License – A license to sell cider to consumers for off-premises consumption.

Class "B" License – A license to sell <u>fermented malt beverages beer</u> to consumers for onpremises or off-premises consumption.

"Class B" License – A license to sell intoxicating liquor to consumers by the glass for onpremises consumption.

"Class C" License – A license to sell wine by the glass or in an opened original container for consumption on the premises where sold.

#### Convenience Store

Grant - (or granting) - The approval of a license application by the governing body.

Issuance – Completion of the licensing process by distributing the license to the licensee after department approvals are met and proof of payment of the license fee has been received by the appropriate municipal official.

Temporary Class "B" or Temporary "Class B" License – A license to sell <u>fermented malt</u> <u>beveragesbeer</u> or wine at a picnic or similar gathering of limited duration. Such license may be issued only to a bona fide club, state, local, or county fair associations, agricultural societies, churches, lodges or societies that have been in existence for at least six months prior to the date of application, posts of veterans' organizations, or chambers of commerce or similar civic or trade organizations organized under Chapter 181, Wis. Stats.

Reserve "Class B" license – A liquor license available under the quota system existing before December 1, 1997 that were not granted or issued by the municipality as of December 1, 1997. The number of Reserve "Class B" licenses authorized to be issued shall be determined pursuant to Wis. Stat. 125.51(4)(br).

Provisional Retail license – A license issued to a person who has applied for a Class "A", Class "B", "Class A", "Class B", or "Class C" license for a period of 60 days or when the <u>actual</u> license is issued to the holder, whichever is sooner.

# V. PROCEDURES

All new and renewal license applications shall be filed with the Office of the City Clerk on State of Wisconsin approved application forms. No other form will be accepted. A new application shall include respective Auxiliary Questionnaire for each member of the legal entity, Schedule for Appointment of Agent, proof of responsible beverage server's course (if applicable), copy of FEIN, copy of State Seller's permit, and a copy of proof of control of the premises (i.e., lease or purchase agreement). A minimum \$50.00 processing fee and publication fee (\$60.00 – new application, \$20.00 – renewal application) must be paid prior to the processing of the license application. All remaining fees, including outstanding obligations to the city, must be paid or subject to an agreedupon payment arrangement prior to the issuance of the license.

When the license application is filed for all applications for Class "A", "Class A", Class "B", "Class B", and "Class "C" with the City Clerk, it shall be forwarded to the Director of Community Development, the Inspection Supervisor, the Health Officer, the Police Chief, the Fire Chief, and the Finance Director for information and review. The purpose of the review shall be to assemble information regarding applications for beer and liquor licenses which may be helpful to the Safety and Licensing Committee in its decisionmaking process. When a provisional retail license is requested, the City Clerk shall inform the applicant that they must possess a Health license prior to operating this business. The City Clerk shall immediately notify the Health Department when such license has been issued.

Based upon the findings of the review, a written report by the staff member shall be submitted to the City Clerk who will present this information to the Safety and Licensing Committee. The Common Council shall not consider any application requiring staff review until it has been on file with the City Clerk for a minimum of fifteen (15) days.

The City Clerk will provide each applicant with a copy of all City policies and ordinances covering liquor and beer licensing. In addition, the Clerk will inform the applicant that one or more meetings will be scheduled at which the applicant's request will be discussed.

# Staff Inspection Procedures

All approving departments shall investigate and provide a written report to the City Clerk.

# **Police Department Investigation:**

- 1. The character and reputation of the applicant including the applicant's criminal record based upon a local and state check.
- 2. A financial background investigation of the corporation, partnership or individual.
- 3. If the owner is a corporation, a complete listing of all corporate officers and stock holders owning more than 10% of the shares.
- 4. A detailed summary of the nature of the proposed operation, to include special features or operating policies which may impact the demand for police services.
- 5. Whether the applicant currently has or previously had another Class A, B or C license in the city or in the State or is involved in multiple ownership circumstances.
- 6. The design, type and size of the proposed establishment and the operational details; number of floor personnel and door checkers; the groups to which the proposed establishment intends to cater; noise, crowd, parking lot control methods; outdoor facilities; and plans for live entertainment including decibel level and soundproofing measures.
- 7. The review of the operation should include if there is any agreed-to restriction that would enhance the application, i.e., a service bay only, beer only, the hours of operation, and the number of bar stools.

# Fire Department Investigation:

- 1. Compliance with all State and Local Fire codes.
- 2. Proper posting of capacity sign in an approved location.

- 3. Fire inspection history with facility and/or owner.
- 4. Any other items of concern regarding fire prevention and/or suppression.

#### Health Department Inspection:

- 1. The proposed building's compliance with all health code provisions.
- 2. The condition of the building and equipment from a health-standard viewpoint.
- 3. Any previous problems from a Health Department standpoint with the proposed owner.
- 4. Other health matters of potential concern.

# **Community and Economic Development Department Investigation:**

- 1. Ensure that all requirements of the Special Use Permit have been met. Review and determine whether or not the applicant must apply for and receive approval of a Special Use Permit pursuant to the current Zoning Ordinance.
- 2. Ensure the use of the building or property is allowed as a permitted use or special use in the Zoning District in which it is located.
- 3. Such things as traffic, parking and other related issues will be reviewed for their impact on the surrounding area.
- 4. Other planning and development factors.

#### Inspection Division Investigation:

- 1. Compliance with state building code and local building and zoning code requirements.
- 2. Any previous building code problems with the proposed owner.
- 3. Other items of concern from a building inspection standpoint.

# **Related Procedures for License Recommendations**

- 1. The Police, Fire, and Health departments shall-should make a minimum of one inspection during each license year. The most recent inspection shall be used to make recommendations on granting the renewal license.
- 2. The Inspection Division shall inspect the licensed premises only when a new application is received, a change of ownership is requested, or a complaint against the property is received.

- 3. With regard to the license renewal period, all compliance requirements shall be completed before issuance. All applicants who do not apply for renewal by April 15<sup>th</sup> will not receive the reduced renewal fee.
- 4. Throughout the license year, the Police and Health Departments shall notify the Safety and Licensing Committee of any convictions which result in the assessment of demerit points against any license. The City Attorney's Office shall also provide updates regarding the prosecution of licensed establishments.

a. Accumulation of demerit points shall-may be grounds for recommending non-renewal, revocation, suspension, or denial of the transfer of the license. The Safety and Licensing Committee may recommend that prosecution be undertaken by the City Attorney. Such action shall not preclude independent prosecution by the City Attorney.

b. If <u>a complaint is filed initiating proceedings to revoke or suspend a</u> <u>licenseprosecution is undertaken by the City Attorney</u>, a hearing shall be scheduled before the Safety and Licensing Committee. If a hearing takes place, the Safety and Licensing Committee shall comply with the requirements of Section 9-54 of the Municipal Code and the suspension or revocation would take place the Friday following Council action. Prior to the hearing date, the City Attorney may work out a settlement agreement with the licensee in lieu of the hearing. Any settlement agreement shall comply with the requirements of Section 9-54 of the Municipal Code and must be approved by the Safety and Licensing Committee and the Common Council, and begin within a 13-day period of Council -action.

c. If the license is suspended by the Safety and Licensing Committee and the Common Council, the City Clerk will provide that licensee with a sign that must be posted in a conspicuous location on the premises. The sign shall read as follows be in substantially the following form:

6

The (type of license) for this establishment:

(establishment name,

agent and address)

is suspended from

(date and time approved by Safety and Licensing Committee and Common Council) through

(date and time approved by Safety and Licensing Committee and Common Council)

due to the establishments violation of State Statute(s) and/or the Appleton City Ordinance(s) prohibiting (type of violation(s)).

By Order of the City of Appleton Safety and Licensing Committee and the Appleton Common Council on

(date suspension is approved).

# Sale of Fermented Malt Beverages in a Park by the City

The City cannot grant a license to sell fermented malt beverages to itself. However, pursuant to W.S.A. 125.06, the sale of fermented malt beverages can occur in a public park operated by a municipality without a license as long as the municipality authorizes the sale. The Parks and Recreation Committee has jurisdiction to consider whether the sale of fermented malt beverages shall be allowed in a park. The Committee will, by a majority vote of those present, make a recommendation to the Common Council. If the Parks and Recreation Committee and the Common Council authorizes the sale of fermented malt beverages in any park the following will apply:

1. Any person serving fermented malt beverages shall obtain an operator's license.

- 2. The police department will periodically conduct inspections and Controlled Alcohol Transaction (CAT) checks at these locations.
- 3. The police department shall report any violations to the Park and Recreation Committee and the Safety and Licensing Committee.
- 4. Since technically a license cannot be obtained, demerit points cannot be assessed according to ordinance if a violation occurs at such a location. Therefore, demerit points shall be assessed to the location as if the location has a license in the same manner established in City Ordinance 9-54.
- 5. The Park and Recreation Committee shall suspend the authorization granted pursuant to W.S.A. 125.06 to sell fermented malt beverages in any public park for not less than 10 days or more than 90 days if the location accumulates demerit points totaling 150-199 within a 12 month period.
- 6. The Park and Recreation Committee shall revoke the authorization granted pursuant to W.S.A. 125.06 to sell fermented malt beverages in any public park for at least 12 months if the location accumulates demerit points totaling 200 or more within an 18 month period.

# Waiting List

- If the City has met its quota on the issuance of "Class B" Beer/Liquor Licenses as well as Reserve Licenses, a waiting list of those persons wishing to obtain a license will be established. The names will be added to the list in the order that they are received.
- 2. Every year at license renewal time, this list shall be updated. It shall be the requirement of the requestor to submit a written request no later than July 1 to the Office of the City Clerk indicating their name, company or corporation, and the proposed address, if known, indicating their desire to remain on the list. A letter confirming their placement will be sent after July 1.
- 3.1. If a license becomes available, the first person on the list will be notified and given 10 business days to respond. If they do not respond within the 10 business days, the next person on the list shall be notified.

# Inactive (Abandonment or Non-use of ed) Licenses

- 1. Any licensee issued a license to sell alcohol beverages that abandons such business shall forfeit any right or preference the licensee may have to the holding of or renewal of such license.
- 2. Abandonment shall be sufficient grounds for revocation or non-renewal of any alcohol beverage license.
- 3. The Appleton Police Department shall investigate any establishment that appears to have abandoned its license and report its findings to the City Clerk in writing. A license deemed abandoned, n-Inactive license will meet the definition of abandonment or non-use under Section 9-52(9) of the Appleton Municipal Code.
- 4. Upon receipt of this notification, the City Clerk will send a certified letter to the owner(s) and/or Agent as indicated on the original application for the sale

of <u>alcoholintoxicating liquors</u>. The date of letter will be the defining date for determining a one year period.

- 5. The license holder may request an extension of the one-year period. An extension may be granted for good cause. Any extension of the one-year period shall be reviewed and approved by the Safety and Licensing Committee and Common Council prior to the expiration of the one-year deadline.
- 6. If after one year, the establishment is still deemed as <u>abandoned or not</u> <u>usedInactive</u>, a revocation or non-renewal hearing shall be held<u>unless the</u> <u>applicant chooses to not apply for renewal of said license</u>.

# Convenience Store Beer License Regulations

The Safety and Licensing Committee and the Common Council of the City of Appleton issue Class A licenses to convenience stores with the provision that only Class "A" beer licenses will be issued to convenience stores also selling gasoline.

Certain limits will be placed on the issuance of those licenses:

- The City of Appleton shall issue no more than one license for every 1500 persons residing in the City, to be reviewed every 5 years, with the next review to be done in the year 2021.
- The establishment shall be limited to twenty (20) percent the amount of floor area used relating to the sale of alcoholic beverages.
- The hours of operation for all Class "A" beverage sales will be 8:00 a.m. to 12:00 midnight.
- 4. If the applicant has previously held a license and has required an inordinate number of police calls to maintain order and public presence as a good neighbor, those facts may be considered as ground for denial of the license.

# Temporary Special Class "B" Beer, "Class B" Wine Licenses

<u>Temporary</u>Special Class "B" Beer and <u>Temporary</u>Special "Class B" Wine Licenses may be issued by the City Clerk after approval is granted by the Safety and Licensing Committee and all necessary department recommendations are satisfied.

All applications for <u>TemporarySpecial</u> Class "B" Beer Licenses must be on file in the Office of the City Clerk for at least ten (10) <u>business working</u> days. All applications for <u>TemporarySpecial</u> "Class B" Wine licenses must be on file in the Office of the City Clerk for at least 15 <u>business</u> days.

Should the Safety and Licensing Committee deny approval of any <u>TemporarySpecial</u> Class "B" Beer or "Class B" Wine License, such denial shall be considered as a recommendation to the Common Council. Said request is forwarded to the Common Council for <u>actionits approval or denial</u>.

# Sidewalk Café

A Class B license holder may serve alcoholic beverages in the sidewalk café area as long as a Special Use Permit has been granted for the sidewalk café and the Class B license has been amended to include the parameters of the sidewalk café. In addition, pursuant to Section 9-262 of the Municipal Code, the licensee must comply with all regulations pertaining to sidewalk cafes.

# **Open Street Concept** Special Class "B" Beer License

Open Street Concept" refers to the sale and consumption of beverages, which are allowable with a Special Class "B" Beer license within a geographically defined area that is not secured or enclosed by fences or other physical barriers.

The Safety and Licensing Committee may make a recommendation of the Open Street Concept when granting a Special Class "B" Beer License and forward the same to the Common Council for final approval. When considering requests for Special Class "B" Beer licenses involving the Open Street Concept, the Safety and Licensing Committee and/or the Common Council may require the organizers of such events to comply with beverage sale restrictions or any other restrictions that they may deem appropriate or provide for an environment that promotes public health and safety regarding alcohol consumption at these events. This consideration should be done in a consistent fashion.

In addition, the Safety and Licensing Committee reserves the right to limit the number of Open Street Concept events held within the City each license year.

#### **Open Street Concept** Beverage Sale Restrictions

1. Fermented malt beverages shall be served in single portion containers, not to exceed 16 oz.

 2.
 Sale of fermented malt beverages shall

 halt at least one half hour prior to the end of the scheduled activities or entertainment.

 3.
 Comparable non alcoholic beverages

 (e.g., soda) should be made available in at least the same number of service sites as alcoholic beverages.

 4.
 There must be at least one person per dispensing site on premises at all times who is licensed under Section 9–71 of the Municipal Code to supervise the service of beverages.

 5.
 The sponsoring organization will:

 →
 provide and implement a plan and

mechanism of identification to ensure that persons under the legal drinking age are not served alcoholic beverages;

provide and implement a plan for event
 security;
 promote designated driver programs
 which could include free non alcoholic beverages, a contract with taxi or bus company

for free rides, or other means to promote incentive for responsible choices; provide and implement promotional advertising campaigns that incorporate messages of abstinence or responsible use, such as printed ads and radio/television spots that encourage such messages in conjunction with the event's promotional information;

provide and implement an onsite advertising campaign devoted to messages of abstinence, responsible use, and the health risks associated with alcohol consumption, such as posters, banners, etc.

Updated and approved by Council June, 2017



LEGAL SERVICES DEPARTMENT Office of the City Clerk Kami Lynch, Clerk 100 North Appleton Street Appleton, WI 54911 Phone: 920/832-6443 Fax: 920/832-5823

То:	Katie Van Zeeland, Safety & Licensing Committee Chair, Safety & Licensing Committee Members
From:	Kami Lynch, City Clerk
Date:	May 24, 2021
Re:	2021 Alcohol Licensing Policy Updates & Convenience Store Regulations

The Alcohol Licensing Policy is reviewed and updated periodically to ensure it is consistent with state law, municipal code, and best practices for licensed establishments. Upon the most recent review, it was a goal to define and clarify the provisions on "Convenience Store" licenses. The current policy indicates that convenience stores selling gasoline may not hold a "Class A" liquor license, therefore some research was done to locate where this is referenced in our municipal code. After review, we are unable to confirm any action taken to create an ordinance to prohibit the issuance of "Class A" liquor licenses to convenience stores that sell gasoline. The City has operated under this policy of not allowing convenience stores selling gasoline to hold "Class A" liquor licenses since the 1990s but in order for this to continue, the City needs to adopt an ordinance that both defines convenience stores and prohibits the issuance of "Class A" liquor licenses to said stores that sell gasoline.

Therefore, as the Alcohol License Policy is before you, staff would like direction on the policy and also on the provision of convenience stores selling gasoline holding "Class A" liquor licenses. The options include:

- 1. Leave the provision that prohibits convenience stores selling gasoline from holding "Class A" liquor licenses and direct staff to draft an ordinance on this provision.
- 2. Remove the provision that prohibits convenience stores selling gasoline from the policy and allow these establishments to apply for "Class A" liquor licenses going forward.

Please do not hesitate to reach out to me if you have any questions on the Alcohol License Policy and the related implications of the convenience stores selling gasoline provision of the policy.

Respectfully,

mount

Kami Lynch, City Clerk

#### 5 .

Original Alconol Be (Submit to municipal clerk.)	verage Retai	I LICENSE A	pplication	Applicant's Wisconsin Seller's Per	
For the license period beginning	na: 07-01-21				
For the license period beginni	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	Ault		lass A beer	\$
To the Governing Body of the	: □ Village of }	Appleto		🖊 Class B beer	\$ 100
	🔀 City of 🤳	, ,		Class C wine	\$
County of Outaga			c Dist. No.	Class A liquor	\$
County of	mile	(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
			· ,	Class B liquor	\$ 500
		~		Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liability			Class B (wine only) winery	
🎾 Partnership	Corporation/No	onprofit Organizat	tion	Publication fee TOTAL FEE	
ί					15 C
					00/
Name (individual / partners give last hee, Ka; X			y companies give register	red name)	
· · · ·		J			
An "Auxiliary Questionnair					
by each member of a partne each member/manager and					
			-	•	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	, , ,, ,, ,,
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
-		, ,	, ,		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
	(1)	(initiality frame)			
	1 - m A		1		71 14 - 1
<ol> <li>Trade Name</li></ol>	Lows Food	and Spir	ITS Business Pho	one Number <u>920 95</u>	4-1234
2. Address of Premises $\hat{\sigma}$	VI Walter	Ave.	Post Office &	Zip Code 54915	
					······································
				re to be sold and stored. The	
				service, consumption, and/or stored only on the premises	
described.)	ages and records. (.	Alcollol beverage	es may be sold and	stored only on the premises	
	D	(	+1, com	total an alac	
Day Area,	Dining a	ILA, JU	almooni, K	Michen Wieu,	
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storage area	where h	eer and is	stored w	itchen alea, nent devices 1 4 Freezers for	(
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tood stor	age, Mini	storage	for uses	nsils-water hea	<u>"</u> 4
Furnan	Le alea.				_
J ·					
<b></b>				······································	-
Management of the state of the					-
4. Legal description (omit if	street address is giv	/en above):	· · · ·		-
5. (a) Was this premises lic	ensed for the sale o	f liquor or beer du	uring the past license	e year?	. 🔀 Yes 🗌 No
(h) If yoo under uh-t	ma wan licansa isaw	do Tam	lour 1 -	· Detriction	Vane
(b) if yes, under what ha	me was license issu	eur Jone	strig bee	. Patria Lee	yang
		,	J	٤	0

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		No.
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?		X No
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	☐ Yes	Бр <sub>No</sub>
9.	(a) Corporate/limited liability company applicants only: Insert state and date		
	of registration.         (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain		<b>S</b> LNO
	(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	<mark>∕⊋-</mark> No
0.	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
1.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes	🗌 No
2.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?	Yo Yes	🗌 No

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.)	$\sim$	Title/Member	Date	
Lee Ka, X	Tones Venez	Manager	4/19/2021	
Signature	And	Phone Number	Email Address	Carl Carl
- <u>-</u>	N CL			

#### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
Date license granted	Date license Issued	License number issued		
·		<u> </u>		
AT-106 (R. 3-19)				

V

Applicant: <u> </u>	Liquor L	icense Q	uestion	naire	
Applicant: K					
LL	a Lee,	Pena	Xion	lg	
Susiness: $(s)$	identify prim	<u>FOOO</u>		<u>د</u>	
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f Business:	211 Wal	Her Av	18.		
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olation? Yes					
r an r ti r	oplicable Box(s) to aurant cm/Night Club/Wi obrewery/Brewpu ting/Craft Studio of Business:	oplicable Box(s) to identify primaurant ern/Night Club/Wine Bar obrewery/Brewpub ting/Craft Studio er (describe) of Business:21) Wat	oplicable Box(s) to identify primary business aurant ern/Night Club/Wine Bar obrewery/Brewpub ting/Craft Studio er (describe) of Business:211 Walter Av	oplicable Box(s) to identify primary business activity) aurant ern/Night Club/Wine Bar obrewery/Brewpub ting/Craft Studio or (describe) of Business:211 Walter Ave	aurant rn/Night Club/Wine Bar obrewery/Brewpub ting/Craft Studio r (describe)

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.

Ka		Lee	
First pame	M.I.	Last name X1 UMG	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth

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

Name: Jong!	Sena	Lee	•
First name	O Middle Initial	Last name	
Address: 2 10	025 Alva Street	Menacha	WI 54952
• • • • • • • •	· · ·	City	State ZIP

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

Name:	Shadows	Food	<u>, Jairi</u>	<u>ts</u>	•
(Check A	pplicable Box(s) to ider	ntify primary	business acti	vity)	
<b>EX</b> Rest	taurant		•		• ;
Tave Tave	ern/Night Club/Wine Ba	r			
<b>Mic</b>	robrewery/Brewpub				
<b>D</b> Pain	nting/Craft Studio				
<b>Othe</b>	er (describe)				

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

**Yes**  $\searrow$  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?
 4 months ago.

10. Seating capacity: Inside	99 Outside	· · ·
<b>11. Operating hours</b> (Inside the bui <b>Operating hours</b> (Outdoor seati	ilding): <u>Wednessty</u> B Gpm ing areas):	- 2 am.
12. Employees/Staff Number of floor personnel	2Number of door checker	<u> </u>
13. In general, state the size and o	perational details of the proposed e	stablishment:
<ul><li>b. Gross <u>outdoor seating</u> areas o</li><li>c. Below, identify the operation</li></ul>	he premises to be licensed: of the premises to be licensed: al details of the proposed establishme bo(, opening & Wed-Sund	
except Saturday 2:30	2pm. Kitchen applisance	hook up to get
- w hood ventilation. 8	5 cold storage unit w/ a	15 being freezer.
<u>3 for colling unit.</u> K room for amusement go ultiple tos. for	araoke/music setion, 2 ames. 2 pathrown, storage	pool table, I small, area for bodrs, utensils.
Par 1	· · · · · · · · · · · · · · · · · · ·	5/15/2021
Signature		Date

·M

Original Alcohol Be (Submit to municipal clerk.)	verage Retail	License A	pplication	Applicant's Wisconsin Seller's Per	mit Number
For the license period beginning	na: 7 - 1 - 20	21 ending 6	30-2022		
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	🗌 Town of 🕤			Class A beer	\$
To the Governing Body of the:	□ Village of > AP	PLETON		X Class B beer	\$ 100.00
	City of			Class C wine	\$
				Class A liquor	\$
County of OUTAGAMIN	E	Aldermanic (if required	: Dist. No	Class A liquor (cider only)	\$ N/A
		(if required	by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liability	Company		Class B (wine only) winery	+ · · · · · · · · · · · · · · · · · · ·
Partnership	Corporation/Nor		on	Publication fee	\$
		ipront organizati		TOTAL FEE	\$
Name (individual / partners give last n	ame first middle: cornors	ations / limited liability	companies give registers	ad name)	
Unitify S	ponts A	SSOCIATION	h Yo	tr.	
An "Auxiliary Questionnaire by each member of a partne each member/manager and a President / Member Last Name	rship, and by each agent of a limited li	officer, director	r and agent of a co y. List the full name	rporation or nonprofit orga	nization, and by
	$\Gamma$ $\hat{\Omega}$				-1 0 1
THEILLO Vice President / Member Last Name	171614		57(0).	FLACIDIA AVE AC City or Post Office, & Zip Code)	plu SYAII
	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Schonner	Doeis		W6363 Sam	Dr. Menrin Sitvor Post Office, & Zip Code)	54952
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	Sity)or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First) Jason	(Middle Name)		City or Post Office, & Zip Code) Support And All City or Post Office, & Zip Code)	1 549.15
Agent Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	12 / 2
Wass	(First)		610 HAR	ous when Apple	W 549F5
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
1. Trade Name <u>United</u>	SOME AN		Ч И Ducinena Dha		
<ol> <li>Address of Premises</li></ol>	2200 6 6	UCIATINI BA	Con Business Phot		546.2
2. Address of Premises	300 E. Wer	1 Green Vil	Post Office & 2	Zip Code	31713
3. Premises description: Des applicant must include all storage of alcohol bevera described.)	rooms including living sources and records. (Al	ng quarters, if us Icohol beverages	ed, for the sales, se s may be sold and s	e to be sold and stored. The ervice, consumption, and/or tored only on the premises of Prancy lo	
Lencessed	STAL NO	en no	M ans	at which to	*1
		· · · · · · · · · · · · · · · · · · ·	······································		
······································					
4. Legal description (omit if s	treet address is give	n above):			
5. (a) Was this premises lice	nsed for the sale of I	iquor or beer dur	ing the past license	year?	□Yes 🖄 No
(b) If yes, under what nam	e was license issue	d?			
AT-106 (R. 3-19)				Wisconsi	Department of Revenue

6.	Is individual, partners or agent of corporation/limited liability con beverage server training course for this license period? If yes,	mpany subject to completion of the , <b>explain</b>	responsible	🗌 Yes	X No
	· · · · · ·				.*
7.	Is the applicant an employe or agent of, or acting on behalf of a <b>If yes, explain.</b>	anyone except the named applican	t?	🗌 Yes	⊠ No
				*	
8.	Does any other alcohol beverage retail licensee or wholesale business? If yes, explain	permittee have any interest in or		🗌 Yes	Х No
				4, <sup>1</sup>	
9.	(a) Corporate/limited liability company applicants only: In of registration.	nsert state and d	ate		
	(b) Is applicant corporation/limited liability company a subsic company? If yes, explain	diary of any other corporation or li	mited liability	🗌 Yes	🗌 No
	(c) Does the corporation, or any officer, director, stockholder member/manager or agent hold any interest in any other <b>If yes, explain.</b>	or agent or limited liability compa- alcohol beverage license or permi	ny, or any it in Wisconsin?	🗌 Yes	□ No
10.	Does the applicant understand they must register as a Retail E government, Alcohol and Tobacco Tax and Trade Bureau (TTE business? [phone 1-877-882-3277]	3) by filing (TTB form 5630.5d) befo	ore beginning	X) Yes	🗌 No
11.	Does the applicant understand they must hold a Wisconsin Se	eller's Permit? [phone (608) 266-2	776]	🖄 Yes	🗌 No
12.	Does the applicant understand that they must purchase alcohors breweries and brewpubs?		wholesalers,	🖄 Yes	🗌 No
he har assi Con	D CAREFULLY BEFORE SIGNING: Under penalty provided by law, the a best of the knowledge of the signer. Any person who knowingly provides m \$1,000. Signer agrees to operate this business according to law and that gned to another. (Individual applicants, or one member of a partnership ap ipanies must sign.) Any lack of access to any portion of a licensed premise sdemeanor and grounds for revocation of this license.	naterially false information on this applica t the rights and responsibilities conferred plicant must sign; one corporate officer, c	ation may be require by the license(s), it one member/manage	ed to forfeit f granted, v er of Limite	not more vill not be d Liability
Con	act Person's Name (Last, First, M.I.)	Title/Member	Date	- /	
	WOOD JASH	TRASMY	5-26	-21	
Sigr	ature	Phone Number	Email Address	_	

#### TO BE COMPLETED BY CLERK

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

AT-106 (R. 3-19)



# City of Appleton

Liquor License Questionnaire

r. Name of Applicant: Richard Theilig	
2. Name of Business: United Sports Association for Youth	•
3. Address of Business: 3300 E. Evergreen of Appleton	>
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes NoX AND/OR been convicted of a felony? Yes NoX If yes to either question, please explain in detail:	

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

Richard	P	Theilig	
First name	Initial	Last name Schommer	Date of Birth
First name AJU	Initial M	Last name WcS	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

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

Name:		
First name	Initial	Last name
Address:	ne actual de la fait de la company de la character de la company de la company de la company de la company de l	
City, State, Zip:		
7. What was the previous name a	nd nature of	the business operating at this location?
USA Youth - Unit	ed SPG	rts Association for louth

- 8. Are alcohol sales an existing use in this building? Yes\_\_\_\_\_ No\_\_\_\_\_ If no, When did the operation cease? \_\_\_\_\_ months ago.
- 9. Are alcohol sales a new use in this building? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes \_\_\_\_ No\_\_\_\_\_

11. Seating capacity: Inside <u>N/A</u> Outside <u>250</u>

12. Operating hours: M-F 5Pm-9Pm Sat/Sun 9Am-9pm

13. Number of floor personnel S - 10 Number of door checkers 1 - 2

14. In general, state the size, design and type of the proposed establishment and the operational details.

outdoor sports facility with centralized

Concession Stand

4-9-2021

Date

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

#### Clerh/Word/Licenses/Liquor License Questionnaire 09.docx

#### SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT **ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

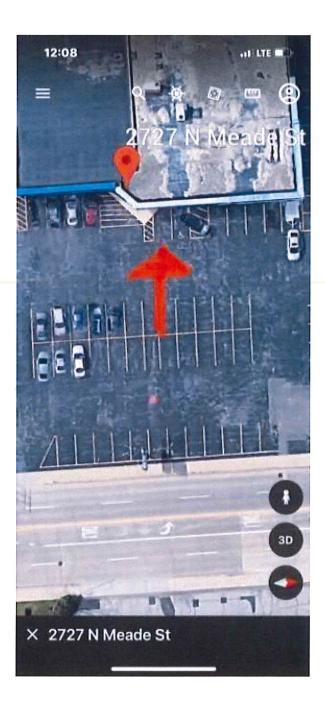
All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization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

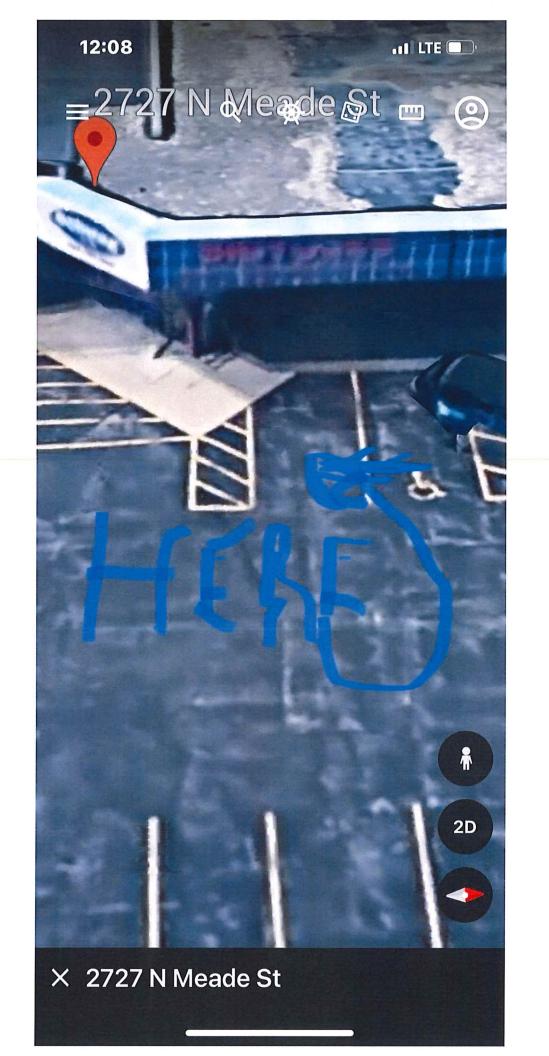
	🗌 Town	A					
To the governing body of	: 🗌 Village 🔀 City	of	setal	County o	f Outa	GANIE	
The undersigned duly au	thorized officer(s)	/members/mana	gers of	red name of corporation	Jorganization or lim	ited liability company	10.A
a corporation/organization	n or limited liability	company making	g application for an	alcohol beverage	license for a pre	mises known as	6
	) n'erres	Sports	ASSOCIAT	y Ca	Yor		
located at	3300	E. Rus	(trade name) science Dr	ι	Aroll	wr g	57913.
appoints	14	Ashain	Was				
	610	Horis.	me of appointed agent)		ou .	~ <u>r</u> 5	7965.
to act for the corporation/ to alcohol beverages con organization/limited liabili	ducted therein. Is	ed liability compar applicant agent (	ny with full authority or sently acting in	y and control of the that capacity or ree	questing approv	al for any corpo	
Yes X No I	so, indicate the c	orporate name(s)	/limited liability cor	npany(ies) and mu	nicipality(ies).		
Is applicant agent subject	to completion of	he responsible be	everage server trail	ning course?	Yes 🕅 1	No	
How long immediately pri	or to making this a	application has the	e applicant agent r	esided continuously	1		ns.
Place of residence last ye	ear 6.	o thread	sun	Appell	ur	Suri	
F	For:	Uniros	SPANS	Arsocum	Company)	r	
1	Ву:	Trensury	. 9	fficer/Member/Manager	> · · ·		
A	nd:		l l	fficer/Member/Manager			
<u></u>		ACCE	PTANCE BY AGE	NT			
I,	(print/type a	igent's name)			cept this appoin	tment as agent	for the .
corporation/organization/ beverages conducted on					ct of all busine	ss relative to a	lcohol
huboc	(signature of agent)		5-	26-21 (date)	Agent's a	ge	
610	HAROLD	e address of agent)	Apoll	l we st	15 Date of bi	irth 💽 - 🌔 -	
******			ENT BY MUNICIP		······		

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	b	У	Title	
	(date)	(signature of proper local official)		(town chair, village president, police chief)
AT 404 (D 4 00)				

App	iner.	ating com	nunity needs		
REQUES Alcohol Premise	enh T for   License	hancing qu B	rolity of life" L R	SARE NON-REFUNDAE icense Fee \$10.00/ev teceipt	
SECTION 1	- LICENSE I	NFORM	MATION	TELEVER NA	
Name of Esta	a la			110	
Address of Est	ł	App 1	LETON LIQU	reade S	+ · ·
Name of Agen	it ]_	teie	i, buta,	owner	Phone Number
SECTION 2-	- PREMISE	AMEN	DMENT		
Plants days"	the shares	in	alses:		
Please describ *A drawing/di			nises: ed area must also be subr	nitted with this applicat	ion*
The second second second	e atta			1	
+ Se	e atiq	arec			
Is this change VES	Permanent?	If this	s is temporary please spec	ify the reason for the ar	nendment:
Please list the	date(s) and t	ime(s) t	hat this temporary premis	se amendment will be u	tilized:
SECTION 3-1	PENALTY NO	TICE			5 ·
	a the state of the				
application may	f law, I swear th	tor cause	at any time by the Common (	Council	agree that any license granted under this t to the best of my knowledge and belief.
FOR OFFICE U	ISE ONLY	A deal and		11	
Department	Approve	Deny	By	Reason	
Comm. Dev.				arcuson.	4
Finance					
Fire Health				14	
Inspections			1		
	and the second second			Contraction of the second	
Police	A STATISTICS	P all and a start of	and the second se	STATE AND A STATE OF A STATE	
ALCONE DELETION DE CAMPAGINA	Counci	<u>.</u> 1	Date Issued	Exp. Date	





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

# TRADE NAME

ADDRESS

NAME Oneida Street South LLC Katelyn E. James, Agent, 200 E James St Appleton WI 54915

1200 S Oneida St

#### ADDITIONAL 2021-2022 RENEWALS

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

#### <u>NAME</u>

#### TRADE NAME

ADDRESS

339 W Wisconsin Av #1

1804 S Lawe St Ste 204

Yer Xiong KKY Pool Hall 1202 N Division St Appleton WI 54911

Lilac Enterprises LLC May's Kitchen May Vang, Agent, 1226 Appleton St Menasha WI 54952

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

NAME

ADDRESS 1024 S Olde Oneida St

Sunflower Spa LLC Sunflower Spa Lacy A. Hardy, Agent, N10878 Artesia Beach Rd Malone WI 53049

The Draw LLC The Draw John C. Adams, Agent, 425 E Circle St Appleton WI 54911

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

TRADE NAME NAME Mango Tree Inc Koreana Restaurant Kou Lee, Agent, 525 Inverary Ct Hobart WI 54155

Kor Xiong, Agent, 1748 Golf Bridge Dr Neenah WI 54956

Lou's Brew Café & Lounge Inc. Lou's Brew Café & Lounge 233 E College Ave Laura A. Loukidis, Agent, 4769 Indian Bend Rd Oshkosh WI 54904

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

#### NAME Core's Lounge LLC

ADDRESS 1350 W College Ave Ste D

TRADE NAME Core's Lounge

ADDRESS

201 W Northland Ave Ste K

T<u>RADE NAME</u>

800 S Lawe St



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

# FEES ARE NON-REFUNDABLE

FEES ARE NON-REF	Date Rec'd 5/24/2021					
See SECTION 5 for Fee						
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	\$82.00	Receipt 3149- 7				
License period July 1 to June 30						

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

NOTE: The location of a Kennel or		er all quest	ions comp	letel	y. Please	PRINT cl	early	
	Pet Sto	re is subje	ct to appli	cable	zoning ar	d other	regulations.	
Business Name	~ 1	<b>.</b>	1 -1	``				
World's fancy fish (Lor Business Street Addrees	<u>ig Chi</u>	eng Mark	et place	2)	City n		State	Zip
1804 S. Lawe St.	-				Apple	ten	WI	54915
Business Telephone Number		- 001 -				· · · ·		
<u>920 - 681 - 0788 primary / 920 - 3</u> SECTION 2 – APPLICANT INFORMA	<u>142 - 7</u>	1876 Seca	ndary		······		· · · ·	
Name	TION							
Sia Y. Lor								
Home Street Address 929 S. 24 <sup>th</sup> St.					City Mani	towoc	State WI	Zip 54220
Date of Birth			Male		Female	Telephon	e Number	
SECTION 3 - SERVICES TO BE PROV	IDED			l	<b>A</b>			
Please check the type(s) of services you	r establi	shment will	offer:	Liv	e animals		Pet Food	
Pet Accessories F	'ish	/	Other-	Brin	10 Shrim	o Fish I	Foods, Live	alord more
SECTION 4 – PENALTY NOTICE		Freels	Jecolo	inte	Dru Llos	d worm	istfish su	nlian
Signature of Applicant:		•						
SECTION 5 – FEE SCHEDULE		'' 1 D	00.00			1.5	<u> </u>	
Pet Store License		nitial Fee - \$						
Kennel License		-10 animals	<u>6</u>					
	20	6-50 animals	5 - \$255.00	- \$255.00 More than 50 animals - \$5.00 with a minimum of \$280.00			) per animal	
FOR OFFICE USE ONLY	L				<b>I</b>			
Dept.	Approve	Deny	By			Reason		
Police								
Fire								
City Sealer								
1								
Inspection								
Inspection Community Development								
	ا ا- ما	۵-2۱	Date Issu	ed		Exp. D	Date	

03-30-21

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

	2178-12
meeting community needs	FEES ARE NON-REFUNDABLE       Date Rec'd 0000         Acct Code: CLCAMS License Fee:         \$15.00 per machine () X \$15.00 =         15 machines and over \$250.00         Acct Code. CLCPIF         Investigation Fee         +\$7:00         TOTAL AMOUNT PAID \$         Receipt No.
APPLICATION for	License period – July 1 and ending June 30 of the following year

# MECHANICAL AMUSEMENT DEVICE LICENSE

<b>DEFINITION – A me</b>	echanical ar	nuseme	nt device is a	machine	which upon th	e insertio	on of a	coin or slug op	erates a game	, .
contest or amusement, except music. A billiard table or pool table is a mechanical device when operated commercially,									,	
whether is it coin c	operated or	not.								
SECTION 1 – BUSIN		MATION		questions	s completely. I	Please PF	RINT cle	-		Kalee
Name of Corporation/ I		Ķ	a hee.	<u>^1</u>	12 .	$\sim$		Date of Birth		,
Sparaton		ork	and >p	what's	Peng	N100	15			, 
Corporation/Individual		57	reet		City Mena	sha		State	2ip 5495	2
Corporation/ Individual					11/20100			<u> </u>	12112	
SECTION 2 - LOCAT	TION INFOR	MATIO	V							
Trade Name of Establis			, (	· ·/	_		Teleph	one Number		
Shadon			and Sp	DIVIT			92	9-959	1230	
Street address where d	evices will be	operated:	Ave		City Apple	e ton		State NL	1230 Zip 5491	5
SECTION 3 – AMUS			<u> </u>				an a	l A terrer all parts		- *
Number of Devices:			NOTE: IF	YOU ARE	LICENSING 15 OI	R MORE A	MUSEN	IENT DEVICES, A	SPECIAL USE	
			1		QUIRED. PLEAS					
5			DEVELOF	MENT FO	R DETAILS. (920.	832.6468)	)			
Description of Dev	ices:									_
Spoolly	cash									_
Spook y's	2								~~	_
Power P	lay									
Diamor	o Gr	ien (	ollectro	2						weeting
ISIS CAL										
SECTION 4 – PENAL										
The undersigned req	uest that a li	cense be	granted in acco	ordance wi	th Sections 9-12	6 to 9-129	9 of the	Municipal Code	of the City of	
Appleton.										
Signature of Applic	ant:	ph	×>	)			X	N		
				$\searrow$	/		,, .			
FOR OFFICE USE OF	and a substance of the second				en e			1		
DEPARTMENT	APPROVE	DENY	ВҮ	V		REASON				
POLICE										
FIRE										
INSPECTION						-				
COMMUNITY DEVEL		L								
· · · · · · · · · · · · · · · · · · ·										
Date Issued:					License No:					



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1			<b>6</b> 1	- <b>A</b>	RE	- 6				-	-	***		1 200		**		-	
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					SC 132														
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							Sec. 1				9			52 Y State					

+ 7.00

Date Recv'd <u>4ノノノ)</u> Acct. 11030.4322

Acct. 100.2				
Receipt	97	74	-	Ú

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

Investigation Fee

Total Amount Paid

The named or	ganizatior	n applie	s for:								
X A temporary Cla	iss "B" licens	e to sell FI	RMENTED M	ALT BE	VERAGES at	t picnics or s	imilar gath	ering unde	er s. 125.25(6) Wis	. Stats.	andere en
A temporary Cla	iss "B" licens	e to sell W	INE at picnic	s or sim	nilar gatheri	ng under s.	125.51(10)	Wis. Stats.	. (Limit 2 permits i	n a 12 mont	h period)
SECTION 1-0	RGANIZA	TION IN	FORMAT	ON -	Answer	all ques	tions cor	mpletel	y. Please PRI	NT clearl	y
Name of Organiza Appleton Fox Ci			lodge or soc	viety, v	eteran's or	rganization	or fair ass	sociation)	Date Organiz 9/22/1972	zed	
Address PO Box 62						City Apple	ton	S W	itate	Zip 54912	
Person in Cha	rge of Ev	vent:		lame:	Las	st	Firs	st	Middle Initia	Date of	Birth
Address 3209 S. White Bircl	n Lane				City Appleton		State WI	Zip 54915	Person in cha	arge phone n	umber:
President	Last Dick			`irst Rosemari	e	Middle I	nitial		Date of Birth	Male	Female x
Address 124 W Marquette Street						City Appleton		S	tate	Zip 54911	
Vice President	Last Long Radi	off		<sup>7</sup> irst <sup>arah</sup>		Middle	Initial		Date of Birth	Male	Female
Address 1628 W Packard						City Appleton		S Wi	tate	Zip 54914	
Secretary	Last Shrode			First Paul		Middle	Initial		Date of Birth	Male ×	Female
Address 726 E. Washington St.		·····				City Appleton		S WI		Zip 54911	
Treasurer	Last Aronson			irst ric		Middle	Initial		Date of Birth	Male ×	Female
Address 3609 S. Christopher Ct.						City Appleton		S WI	tate	Zip 54915	
SECTION 2 - E	/ENT INFO	DRMAT	<b>ON SECTI</b>	ON							
Please describe the Antique Car Show Do you plan to ser	v, Swap Me ve food at tl	eet, and ( his event?	Concession No		If yes, con	ntact the A	ppleton He	ealth Dep	artment. (920.83)	2.6429)	
Location where be Pierce Park- inclose				treets.	3 beverag	je stands w	rithin the pa	ark bordei	rs and 2-4 bevera	ige carts.	
Address Pierce Park		*******				City Apple	ton	S W	tate /I	Zip 54911	
Are you requesting	g an "open c	oncept" l	icense?	No	Yes	Will min	ors be pres	sent?	·····	No	Yes
Describe actual loc Be precise! Northw						beverage	s?	•	minors from obta	U	holic
SECTION 3 - PE	a na sa										
This application must be If the event will last mor This organization also a license is granted. The correct to the best of the <b>Signature of Officer</b>	re than four (4) grees to comply officer(s) of the ir knowledge	days, the ap y with all la organizatio	plication shall vs, resolutions,	be filed ordinand	15 days prior ces and regula	to the granting tions (state, fo	g of the licens ederal or loca s of law that	se. I) affecting t	ion provided in this a		
FOR OFFICE US	100 M 20 B 20 C	/ 	, ζ								
Dept.	Approve	Deny	Ву			Reaso	n				
Police Fire											
Health											
Inspection		<u> </u>									
S&L	Council	1	Dat	e Issue	d	E>	p. Date		License Num	ber	
11-01-09 Reas	onable acc	ommoda	tions for per	sons v	vith disabi			pon reau	est and if feasibl		

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



#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.00 Total Amount Paid Date Rec'd 5 27) Acct Code: CLCSPB Acct Code: CLCPIF Receipt 3168-8

Application for	Temporary	Class "	'B" Beer	or "Class	<b>B</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)

K         A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.								
X A temporary C	lass B" license	to sell WINE at pice	nics or similar gatherin	ng under s. 125.51(10) Wis.	Stats. (Limit 2 licenses in a	a 12 month pe	eriod)	
				all questions compl				
Name of Organiza	tion (Bona f	ide club, lodge or	society, veteran's or	ganization or fair associa	tion) Date Organized	d ,		
	utheran,				Statts	HYL I	868	
Address Na740	1/	nch Road		City Appleton	State	Zip 54113		
Person in Cha			Name: Last	First / /	M. I.	Date of Bin	rth	
			City	State 2	Zip Person in charg	e phone numb	ner:	
Address 2149 W. Butter	25 Morts	Beach Rend	City		4456 <b>1</b> 0000			
President	Last	nfeldt	First Mack	Middle Initial	Date of Birth	Male	Femal	
Address 623	EGE	do st		CityAppleton	State wr	Zip 54	811	
Vice President	Last	hm	First Dauglas	Middle Initial	Date of Birth	Male	Femal	
Address N3954	1 Mari	Jaan Lt.		City	State WI	Zip 5493	3	
Secretary	Last	202	First Brien	Middle Initial	Date of Birth	Male	Femal	
Address 1216	South T	heidore St.	to the second	CityAppleton	State wI	Zip 549	15	
Treasurer	Last Sch	ulta	First Grang	Middle Initial	Date of Birth	Male	Femal	
Address 20 54	nny Meac	lows Dr.		City Kankauna	State	Zip 541	30	
SECTION 2 - EN	ENT INFO	<b>DRMATION SEC</b>	TION					
Date(s) of Event:	Beginning	81512	/ Ending: 😴 /	8 1.21 Hours	11 M/PM	11	M/PM	
Please describe the type of event you are going to have: Mile of Music in the loe's pasking lot (sao w. collage								
Do you plan to see	ve food at th	nis event? No	Yes If yes, con	ntact the Appleton Health	Department. (920.832.6	5429)		
Location where be			1	of (see attaching	gent)			
Address	College	1	- Ford	City	State	Zip 5491	4	
Describe actual lo		and the second sec		Will minors be present		No	Yes	
to be licensed belo				*		~		
In a text !!	n the a	alking lot. R	ashly 20'x		event minors from obtain			
In a leni i	1 5	1 TH	240'	beverages? Spits w		allalahb	5. They w	
ACAMANT	mont bl	details		here a b	actendess at all	hmescu	d will che	
SECTION 3 - PI				4			II	
This application must b	e on file in the C	days the application sh	for at least ten (10) busing	ess days prior to granting the lice to the granting of the license.	ense.			
This organization also a	grees to comply	with all laws, resolution	ons, ordinances and regula	tions (state, federal or local) affe	ecting the sale of fermented ma	lt beverages if t	he	
license is granted. The	officer(s) of the	organization, individua	ally and together, declare u	inder penalties of law that the in	formation provided in this appl	lication is true a	nd	
correct to the best of the		la belief.						
Signature of Office	1	-						
FOR OFFICE US	and the subscription of th					An L <sub>a</sub> s		
Dept.	Approve	Deny By		Reason	and the second			
Police								
Fire Health								
Inspection			the second s					
S&L	L	Date Issued	ana	Exp. Date	License Numbe	r		

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





#### FEES ARE NON-REFUNDABLE

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

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Date Rec'd 5/14/21 Acct. 11030.4322 Acct. 100.2359 Receipt 0109 -

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:							
A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.							
A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)							
SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly							
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Date Organized							
Address N. Morrison Gity Depleton State Wi 54911							
Person in Charge of Event:							
Address 59 S. Mcadow Dr. City Pleton State Zip 54915 Person in charge phone number:							
President Last BUETTCHEFFIRST BUB Middle Initial A Dete of Birth Male Female							
Address 1409 Harrison CityAppleton State WI Zip 54911							
Vice President Last Falk First Don Middle Initial F Des of Burth Male Female							
Address 528 Claire Dr. City Appleton State WI Zip 54915							
Secretary Last Willhours First Jue Middle Initial E Date of Birth Male Female							
W7064 VELAC Allengsha Wi 20054952							
Treasurer Last Will War MS First Jue Middle Initial E Date of Birth Male Female							
Address W7064 Verna Rd Cimenasha State WI Zip 54952							
SECTION 2 – EVENT INFORMATION SECTION							
Date(s) of Event: Beginning 08/05/2021 Ending: 08/09/2021 Hours 11:00 AM PM 11:00 AM PM							
Please describe the type of event you are going to have: FLEE MUSIC FLSTNGL (PEN do THE DENERAL PUBLIC							
Do you plan to serve food at this event? No (es) If yes, contact the Appleton Health Department. (920.832.6429)							
Location where beer or wine will be sold:							
Address State Zip							
401 E. CATTELE AVI (S. Drw / College) APPIeton WI 54911							
Are you requesting an "open concept" license? No Yes Will minors be present? No Yes							
Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining alcoholic							
Be precise! beverages? WVISTOOND PUV Chase with Do to beverages? WVISTOOND PUV Chase with the provided and t							
In frint of Ormsby Mall. See Phote Orink nelects and license box tender							
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 below.							
Signature of Officer							
FOR OFFICE USE ONLY							
Dept. Approve Deny By Reason							
Police							
Fire							
Health							
Inspection Date Issued Exp. Date License Number							
Sach     Content     Date issued     Exp. Date     Elective Number       11-01-09     Reasonable accommodations for persons with disabilities will be made upon request and if feasible.     Image: Content is a content is content is a content is a content is content is a conten							

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



#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.00

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Date Rec'd <u>5/14/31</u> Acct. 11030.4322 Acct. 100.2359 Receipt <u>3109-9</u>

# Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

Total Amount Paid \_\_\_\_

A nempory Clas <sup>D*</sup> iteme to all FERMINED MAIL EVERAGES at picels or similar gathering under 125.25(6) WB. Stat.       Exempory Clas <sup>D*</sup> iteme to all WRE at picels or similar gathering under 1.25.26(6) WB. Stat.       Exempory Clas <sup>D*</sup> iteme to all WRE at picels or similar gathering under 1.25.25(6) WB. Stat.         A nempory Clas <sup>D*</sup> iteme to all WRE at picels or similar gathering under 1.25.25(6) WB. Stat.       Exemption to Classify and the classify and t	The named organization applies for:								
SECTION 1- ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly         Jame of Organization (Bona fide club, lodge or society, vertean's organization or fair association)       Date Organization         Date of Organization (Bona fide club, lodge or society, vertean's organization or fair association)       Date Organization         Date of Organization (Bona fide club, lodge or society, vertean's organization or fair association)       Date of Birth         Address       Development       State       State         State       Date of Birth       Mall       Date of Birth         Address       Development       Wall       Print       Middle Initial         Address       Development       State       Zip       Print       Male         President       Last       Clappetin       State       Zip 54:911         Vice President       Last       First       Dom       Middle Initial       Pate of Birth       Male       Fermale         Address       10.04       Net Normal       First       Doe       Middle Initial       E       Pate of Birth       Male       Fermale         Address       10.04       Net Normal       First       Doe       Middle Initial       E       Pate of Birth       Male       Fermale         Address									
Jame of Ognization (Bona fide club, lodge or society, versure):       Address       Date Organization         OxNotiley, Niethoam Neteron, Stascatom       Oct. 1983         Address       Morrisson       State         Person in Charge of Event:       Name:       Last         Address       Don't dependent       Middle Initial         Address       Don't dependent       State         See S. Mecoclow D.A.       Hopeters       State         Vice President       Last       Date of Birth         Address       Morrison       Citypeters       State         Vice President       Last       Don't dependent       State       Zip         Address       S.2.8       Cloare. Dr.       Citypeters       State       Zip       State         Address       S.2.8       Cloare. Dr.       Citypeters       State       Zip       State         Address       S.2.8       Cloare. Dr.       Citypeters       State       Zip       State         Address       S.2.8       Cloare. Cloare       Middle Initial       Date of Birth       Male       Female         Address       S.2.8       Cloare. Cloare       Citypeters       State       Zip       State         Secretury			·····						
FOXNONLEY NICHAAM Veterans Association       IDEA: 1983         Address       UT       State       State         Address       President       State       State       State         President       Last       President       Middle Initial       Date of Birth         Address       Address       Address       President       Middle Initial       President       Male         President       Last       Boettchck       First       Boettchck       State       President       Male         Address       409       Harrison       Cityperens       State       Will       Male       Female         Address       228       Claire       01       Cityperens       State       Will Permale         Address       228       Claire       01       Cityperens       State       Will Permale         Address       Claire       01       Male       Female       Male       Female         Address       Claire       01       Male       Female       Male       Female         Address       Claire       02       State       Will Male       Female       Male       Female         Address       Claire       No       Male			ly						
Address       State       Zip       Yin       Zip       Yin       Zip       Yin       Zip       Yin			<b>&gt;</b>						
Person in Charge of Event:       Name:       Last       First       Middle Initial       Date of Birth         Address       State       Zip       Person in charge phone number.         Sensitive       Last       City Plettan       UL       State       Zip         President       Last       City Plettan       UL       State       Zip         Address       How of Last       First       Bob       Middle Initial       Aldress         Address       How of Last       First       Bob       Middle Initial       Date of Birth       Male       Female         Address       How of Last       First       Joe       Middle Initial       E       Date of Birth       Male       Female         Address       Tosu       Name       First       Joe       Middle Initial       E       Date of Birth       Male       Female         Address       Tosu       Name       First       Joe       Middle Initial       E       Date of Birth       Male       Female         Address       Tosu       No       Middle Initial       E       Date of Birth       Male       Female         Address       Tosu       No       Co       Middle Initial       E       Da	Address								
Address       Millens       Male       Person in chare phore number:         President       Laborttone       First       Bob       Middle Initial       A       Date of Buth       Male       Person         Address       409       Hox (rison       Cippleton       State       Zip       State	Person in Charge of Event: Name: Las	st First Middle Initial Date of	of Birth						
SQ       S. Meadow D/.       IPPPleth will Sign A.         President       Las Cettore       First Bob       Middle Initial A       Date of Birth       Male       Female         Address       409       Harrison       Citx Porento       State       Zip 54911         Vice President       Last FQIK       First Don       Middle Initial       F       Date of Birth       Male       Female         Address       C10/re       Or       Citx Porento       State       Wi       Zip 54915         Secretary       Last       First       Joe       Middle Initial       E       Date of Birth       Male       Female         Address       WI       Harror R.       First       Joe       Middle Initial       E       Date of Birth       Male       Female         Address       WI       No       Ca       GW encycle       State       Zip 4952         Section verse       Cevert You are going to have:       Female       Male       Female         Address       WI       No       Ces       Hype fermi       Hule       State       Zip 54952         Section where beer or wine will be sold:       WI       Male       Female       Male       Female         Address<	Wille								
Address       Last Falk       First Don       Middle Initial F       DirectBirth       Male       Fernale         Address       S28       Claire       Or.       CitAppletth       State       CitAppletth       Male       Fernale         Address       S28       Claire       Or.       CitAppletth       State       CitAppletth       Male       Fernale         Address       State       Wilharms       First Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Male       Forst       Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Male       Forst       Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Maldress       State       Willows       State       City State	59 S. Meadow Dr. HPPI	eton WI 54915 Person in charge phone	number:						
Address       Last Falk       First Don       Middle Initial F       DirectBirth       Male       Fernale         Address       S28       Claire       Or.       CitAppletth       State       CitAppletth       Male       Fernale         Address       S28       Claire       Or.       CitAppletth       State       CitAppletth       Male       Fernale         Address       State       Wilharms       First Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Male       Forst       Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Male       Forst       Joe       Middle Initial E       DitortBirth       Male       Fernale         Address       Maldress       State       Willows       State       City State	President Last Boettcher First Bob								
Address 528       Claire DY.       Cit Pletin       State       Zip 51495         Address 528       Claire DY.       State       Zip 51495         Address 528       Claire DY.       Midde Initial E       Date of Birth       Male         Address 528       Claire DY.       Midde Initial E       Date of Birth       Male         Address       Midde Initial E       Date of Birth       Male       Remale         Address       Midde Initial E       Date of Birth       Male       Remale         Address       Midde Initial E       Date of Birth       Male       Remale         Address       Midde Initial E       Date of Birth       Male       Remale         Address       Midde Initial E       Date of Birth       Male       Remale         Address       ECTION 2.       EVENT INFORMATION SECTION       Date of Birth       Male       Remale         Date of Vent Wey of event you are going to have:       Hours II:00       MM N       No       Yes       If yes, contact the Appleton Health Department. (920.832.6429)         Location where beer or wine will be sold:       Mide Initial E       State       Zip       Zip       Zip         Midde Initial coation and dimensions of area to be licensed       If yes, how will you prevent minors from obtai	Address 409 Harrison	Citypleton State WI Zip 5	4911						
Address       S.2.8       Claire Dr.       Cit Ppicton       State       Zip 54915         Secretary       Last Wilharms       First Jac       Middle Initial E       Date of Bith       Male       Female         Address       Address       To use of Bith       Male       Female       Zip 54952         Treasurer       Last Wilharms       First JOC       Middle Initial E       Date of Bith       Male       Female         Address       To use of Bith       Male       Female       State       Zip 54952         Section 2 - Event Information Section       Ending:       State       Zip 54952       State       Zip 54952         Please describe the type of event you are going to have:       Frequencies       Hours       Hours       Dift of Bith       Male       Female         Address       Out of event you are going to have:       Frequencies       Hours       Hours       Dift of Bith       Male       Female         Address       Out of event you are going to have:       Frequencies       Hours       Hours       Dift of Bith       Dift of Bith       Dift of Bith       Male       Female         Address       Ostion factor Bith       No       Yes       Hours       Hindee       Dift of Bith       Dift of Bith       D	ruk bon								
Address       List Willharms       First JOE       Middle Initial E       Date of Bith       Male       Female         Address       Toto of Pathon       State       Zip 54952         SECTION 2 - EVENT INFORMATION SECTION       Bate (S) of Event: Beginning 6 / 5 / 5 / 1       Ending: 8 / 8 / 21       Hours       Hours       Lind       Middle Premale         Please describe the type of event you are going to have:       EVENT INFORMATION SECTION       EVENT       Hours       HILO       MM         Please describe the type of event you are going to have:       EVENCE (MUSIC LULTA difference)       The COP(2A)       Hours       HILO       Address         Do you plan to serve food at this event?       No       (es) If yes, contact the Appleton Health Department. (920.832.6429)       Location where beer or wine will be sold:       Vin the Mark of the State       Zip         VM ftShing-Tool       Sup (A)       (es) If yes, how will you prevent minors from obtaining alcoholic beverages?       No       Yes         Describe actual location and dimensions of area to be licensed - Be precise! ENTIFIE SPACE AT WASH. So.       If yes, how will you prevent minors from obtaining alcoholic beverages?       No       Yes         This application must be on file in the Offic of the CI: Clerk for st least ten (10 business day prior to the granting of the license.       If yes, how will you prevent minors from obtaining alcoholic beverages of the markee gladation	Address 528 Claire Dr.	City PPICTON State WI Zip 5	4915						
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FREE       MUSIC WINT OFFICE       Wint office         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:       Will Shing Tool SQUARE       State       Zip         Address       IOD E. WOSHINGTON SQUARE       Will minors be present?       No       Yes         More requesting an "open concept" license?       No       Yes       Will minors be present?       No       Yes         Describe actual location and dimensions of area to be licensed – Be precise!       EANT WASH. SV.       Will minors be present?       No       Yes         Describe actual location and dimensions of area to be licensed – Be precise!       EANT WASH. SV.       If yes, how will you prevent minors from obtaining alcoholic boverages?       Will minors be present?       No       Yes         SECTION 3 - PENALTY SECTION       If yes, how will you prevent minors from obtaining alcoholic correct to the office of the City Clerk for at least ten (10) business days pior to granting the license.       If the event will last more than four (4) days, the application shole be information provided in this application is true and correct to the soft hork howedge and batter.       Signature of Officer       FOR OFFICE USE ONLY         Depl.       Approve       Deny       By       Reason       Police       Internet mone the inde induced and batter of the clin to the state of the cl		\$ / 3.1 Hours 11:00 MPM 11:00	AM (M)						
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:       White intervent in	Please describe the type of event you are going to have:	a consect fulling							
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Address       City       State       Zip         Mo       Ces       City       State       Zip         Are you requesting an "open concept" license?       No       Yes       Will minors be present?       No       Yes         Describe actual location and dimensions of area to be licensed - Be precise!       ENTIRE SPACE AT WASH. SV.       If yes, how will you prevent minors from obtaining alcoholic beverages?       No       Yes         SECTION 3 - PENALTY SECTION       If yes, how will you prevent minors from obtaining alcoholic beverages?       Or ince field is 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.       If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of 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.       If the event will last more than four (4) days, the application event will all laws. resolutions, ordinances and regulations of law that the information provided in this application is true and correct to the best of their knowledge add bate!       If the event will law that the information provided in this application is true and correct to the best of their knowledge add bate!       If the event will law that the information provided in this application is true and correct to the best of their knowledge add bate!       If the event will be event event event eve									
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Be precise! ENTIRE SPACE AT WASH. SQ.       beverages? Whithband Purchase with provide on the second provided p	Are you requesting an "open concept" license? No Yes	Will minors be present?   N	Non-market						
PLEQSE       Sec cittached Photo       Ond Once hekots. Licensed box tender or Site         SECTION 3 – PENALTY SECTION       Insection       Insection </td <td></td> <td>If yes, how will you prevent minors from obtaining alc</td> <td>oholic I.O.</td>		If yes, how will you prevent minors from obtaining alc	oholic I.O.						
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 fegulations (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 ad beint?         Signature of Officer         Port Mapping Dept.       Approve       Deny       By       Reason         Police       Image: Council       Date Issued       Exp. Date       License Number	PLEQSE SEC attached Photo	and Drink trekets. Licensed boy	tender on site						
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 feelare under penalties of law that the information provided in this application is true and correct to the best of their knowledge add belief. Signature of Officer          FOR OFFICE USE ONLY         Dept.       Approve       Deny       By       Reason         Fire       Image: Council	SECTION 3 – PENALTY SECTION								
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 acclare under penalties of law that the information provided in this application is true and correct to the best of their knowledge add belief.         Signature of Officer									
correct to the best of their knowledge and belief.         Signature of Officer         FOR OFFICE USE ONLY         Dept.       Approve       Deny       By       Reason         Police       Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="	This organization also agrees to comply with all laws, resolutions, ordinances and regula	ations (state, federal or local) affecting the sale of fermented malt beverage							
Signature of Officer       A. W.M.M.         FOR OFFICE USE ONLY       Police         Dept.       Approve       Deny       By       Reason         Police       Image: Constant of the second of t		under penalties of law that the information provided in this application is	true and						
Dept.ApproveDenyByReasonPoliceFireHealthInspectionS&LCouncilDate IssuedExp. DateLicense Number									
Dept.ApproveDenyByReasonPoliceFireHealthInspectionS&LCouncilDate IssuedExp. DateLicense Number		~							
Police     Image: Constant of the second secon									
Fire     Image: Constant of the standard		Reason							
Health     Image: Council       S&L     Council       Date Issued     Exp. Date       License Number									
Inspection     Date Issued     Exp. Date       S&L     Council     Date Issued     Exp. Date									
		Exp. Date License Number							

11-01-09

easonable accommodations for persons with disabilities will be made upon request and if feasible. Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.00 Total Amount Paid 10 Date Rec'd <u>5 / 27/21</u> Acct Code: CLCSPB Acct Code: CLCPIF Receipt <u>2168-6</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) Date Organized Assoc.ml G. ITED SPONS Address City State 3300 f-polu SUND Name: Last Date of Birth First M. I. Person in Charge of Event: SCL onne Address State Person in charge phone number: City Zip 54952 26363 m Arch A President First / Middle Initial Date of Birth nast Male Femal Address CityAPPLLL State WI Zip 54911 Ave Vice President Middle Initial Date of Birth Last Firs Male Femal State Address City-Zip  $O_r$ USZ Secretary First Middle Initial Male Last Date of Birth Femal Address City State Zip Treasurer Middle Initial Last First Date of Birth Male Femal City Address State Zip 54915 Apple 210 N HArmo M **SECTION 2 – EVENT INFORMATION SECTION** Date(s) of Event: Beginning 10 / 21 Ending: 6 / 11 121 Hours AM /PM AM (PM) :00 11:00 Please describe the type of event you are going to have: Gard Do you plan to serve food at this event? Yes If yes, contact the Appleton Health Department. (920.832.6429) /No/ Location where beer or wine will be sold or served: Smo Address City State Zip 3300 APPLI SHIU QL UE Freibred E. Describe actual location and dimensions of area Will minors be present? No Yes to be licensed below:- BE PRECISE! If yes, how will you prevent minors from obtaining alcoholic Nont beverages? 40 - 40 **SECTION 3 – PENALTY SECTION** This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief. Signature of Officer FOR OFFICE USE ONLY Dept. Approve Deny Ву Reason Police Fire Health Inspection S&L Date Issued Exp. Date License Number

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



# FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee Total Amount Paid Date Rec'd \_\_/\_\_/\_ Acct Code: CLCSPB Acct Code: CLCPIF Receipt \_\_\_\_\_

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. (Li	imit 2 licenses in a 12 month perio
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)	Date Organized

A temporary "Class B" license to sell WINE at picnics or similar gatheri	ng under s. 125.51(10) Wis. Sta	ats. (Limit 2 licenses in a	a 12 month period)
SECTION 1 - ORGANIZATION INFORMATION - Answer	all questions complet	ely. Please PRIN	T clearly
Name of Qrganization (Bona fide club, lodge or society, veteran's o	rganization or fair association		
United Spoars Associat	For York	3-8	- 1994
Address 3300 E Eventreel Dr	City	State	ZipSYSIS
Person in Charge of Event: Name: Last	First Jonis	M. I.	Date of Birth
Address	State Zip	Person in charg	ge nhone number:
W6363 San De Mennes	no us 5	7452 <b>DOC</b>	
Period Prod	Middle Initial		
President Last First Kick		Date of Birth State	Male Femal
511 W. Flowar Are	CityAPPLH	$\omega_{\mathtt{L}}$	Zip 54911
Vice President Last First Schonnen First	Middle Initial	Date of Birth	Male Femal
Address W6363 FZ Fight In	City news	State ve	Zip 54913
Secretary Last First	Middle Initial	Date of Birth	Male Femal
Address	City	State	Zip
Treasurer Last First	Middle Initial	Date of Birth	Male Femal
Address (210 thans um	Cityford	State	Zip SY915
SECTION 2 - EVENT INFORMATION SECTION			
Date(s) of Event: Beginning / / 22 / 21 Ending: /	22/21 Hours 12	:00 AM/EM/	1:00 AM/M
Please describe the type of event you are going to have:	4		9
	Lemere ntact the Appleton Health D	epartment. (920.832.0	6429)
Location where beer or wine will be sold or served:			
USA Youn Concessed	<u> </u>		[ rz•
Address 3300 E. Everned In	City APPLA	State	Zip 54913
5 500 iz. Eveneral Va	Will minors be present?	<u> </u>	No Yes
to be licensed below:- BE PRECISE!	with miniors be present:		
Cancessed some	If yes, how will you preve	nt minors from obtain	ning alcoholic
	beverages?		
SECTION 3 – PENALTY SECTION			
This application must be on file in the Office of the City Clerk for at least ten (10) busin		ð.	
If the event will last more than four (4) days, the application shall be filed 15 days prior This organization also agrees to comply with all laws, resolutions, ordinances and regulations of the second sec			14 1
license is granted. The officer(s) of the organization, individually and together, declare		Ŷ	Ų
correct to the best of their knowledge and belief.	$\bigcirc$		
Signature of Officer	and the second descent and the second descent and the second descent des		
Consistence of the second se			
FOR OFFICE USE ONLY			
Dept. Approve Deny By	Reason		
Police			
Fire Lizette			
Health Inspection			
S&L Date Issued	Exp. Date	License Numbe	r
	1		

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



#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee Total Amount Paid Date Rec'd \_\_/\_\_/\_\_\_ Acct Code: CLCSPB Acct Code: CLCPIF Receipt \_\_\_\_

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*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 MAIT 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) Date Organization (Bona fide club, lodge or society, veteran's organization or fair association) Address $330.0 \in Executed D_L$ Address $0.2 \int 4 City$ State 2.5 - 1.594 Address $0.6 \int Executed D_L$ Address $0.6 \int Executed D_L$ Address $0.6 \int Executed D_L$ Address $0.63.5 \int City$ State $1.6 \int 1.6 \int 1$
I A temporary Class "" 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 clearlyName of Organization (Bona fide club, lodge or society, veteran's organization or fair association)Date OrganizedName of Organization (Bona fide club, lodge or society, veteran's organization or fair association)Date OrganizedAddressStateZip30 6ExactleName: LastBerson in Charge of Event:Name: LastName: LastCityPerson in Charge of Event:Name: LastAddressQrCityStateZipStateZipStateZipStateAddressQrCityStateZipStateZ
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 clearlyName of Organization (Bona fide club, lodge or society, veteran's organization or fair association)Date OrganizedAddress $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \ge 0$ (Excellent) $3 \le 0 \le 1594$ Address $3 \le 0 \le 1594$ $3 \le 0 \le 1594$ PresidentLastFirstMiddle InitialAddress $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le 0 \le 1594$ Address $3 \ge 0 \le 1594$ $3 \le $
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Address       330 0 E Eventional Dial       City Appleld       State       Zip       SZRIS         Person in Charge of Event:       Name: Last       First       M. I.       Date of Birth         Address       Ub363       Or       City       State       Zip       Person in charge phone number:         Address       Ub363       Or       City       State       Zip       Person in charge phone number:         Address       Or       City       State       Zip       Person in charge phone number:         Address       Or       City       Middle Initial       Date of Birth       Male         Address       Site       City Appleld       State       Zip       Site         Address       Site       State       Zip       Site       Zip       Site         Address       Site       State       Zip       Site       Zip       Sit
Person in Charge of Event: Name: Last Schorm First M. I. Date of Birth Address W6363 S. Or City State Zip Person in charge phone number: Address W6363 S. Or City Mensure State Zip Strift President Last City Polell State Zip Strift Vice President SLast on the Float of An City Apolell State Zip Strift Vice President SLast on the Float of An City Apolell State Zip Strift Address W6363 Son Or City Apolell State Zip Strift Address W6363 Son Or City Apolell State Zip Strift Secretary Last First Middle Initial Date of Birth Male Femal Address City State Zip Strift Zip Strift State Zip Strift Treasurer Last First Middle Initial Date of Birth Male Femal Address G10 Haron Me State City Apolell State Zip Strift SECTION 2 - EVENT INFORMATION SECTION Date(s) of Event: Beginning 6 / 25 / 2 (Ending: 6 / 27 / 2 (Hours 9:00 M)/PM 10:00 AM/PM Please describe the type of event you are going to have: Soccan Townard
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President       Last Inc ilig       First Cick       Middle Initial       Date of Birth       Male       Femal         Address       371       W. Flotion An       City Apolell       State       Zip 54911         Vice President       SLast       First       Middle Initial       Date of Birth       Male       Femal         Address       W 6363       Sonn       Date       City Apolell       State       Zip 54952         Address       W 6363       Sonn       Date       City Apolell       Date of Birth       Male       Femal         Address       W 6363       Sonn       Date       City Apolell       State       Zip 54952         Secretary       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       City       State       Zip       Zip 54952         Secretary       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       City       State       Zip       Zip       State       Zip
Address       371       W. Floqued       An       City Applell       State       Zip 5471/         Vice President       SLast       First       Middle Initial       Date of Birth       Male       Femal         Address       W 6363       Sonn       Que       City antria       State       Zip 54952         Secretary       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       City       State       Zip 54952       Secretary       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       City       State       Zip       54952       Secretary       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       City       State       Zip       Zip       State       Zip       State <t< td=""></t<>
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Vice PresidentLast SchonneFirst Dot isMiddle InitialDate of BirthMaleFemalAddress $Wb3b3$ Son Son FirstCity FirstState Middle InitialState Date of BirthZip StateZip StateAddressCityStateZipTreasurerLast WordFirstMiddle InitialDate of BirthMaleAddressCityStateZipTreasurerLast WordFirst StateMiddle InitialDate of BirthMaleAddressG10Hardon MardonCity ApoleLLState StateZip ZipState StateZip StateSECTION 2 - EVENT INFORMATION SECTIONDate(s) of Event: Beginning $/25$ $/21$ Ending: Last $/27$ $/21$ Hours 9:00AM/PM Dio0AM/PMPlease describe the type of event you are going to have: SoccanTo why and $/200$ $/200$ AM/PM
Secretary     Last     First     Middle Initial     Date of Birth     Male     Femal       Address     City     State     Zip       Treasurer     Last     First     Middle Initial     Date of Birth     Male     Femal       Address     G10     Harrow     Gity     State     Zip       SECTION 2 - EVENT INFORMATION SECTION     City     Address     G10     For and       Date(s) of Event: Beginning     G / 25 / 21     Ending: 6 / 27 / 21     Hours G '.00     AM/PM       Please describe the type of event you are going to have:     Soc can     To use and
AddressCityStateZipTreasurerLastFirstMiddle InitialDate of BirthMaleFemalAddress $G10$ Harron $G10$ HarronCityApoleLLStateZipSECTION 2 - EVENT INFORMATION SECTIONDate(s) of Event: Beginning $G/25/21$ Ending: $G/25/21$ Hours $G'.oo$ $GM/PM$ $J0:oo$ AM/PMPlease describe the type of event you are going to have: $Soccan$ $TOURAAUT$ Tourant $Soccan$ $TOURAAUT$
Treasurer       Last       First       Middle Initial       Date of Birth       Male       Femal         Address       610       HAroos       City       AppleLL       State       Zip       SY915         SECTION 2 - EVENT INFORMATION SECTION         Date(s) of Event: Beginning       6       25       21       Ending: 6       27       21       Hours 9:00       CM/ PM 10:00       AM/ PM         Please describe the type of event you are going to have:       Soccan       TOURAAUT       Dours Auft       Date 50       Colspan="2">Colspan="2"         Date(s) of Event: Beginning       6       25       25       Colspan="2">Colspan="2"         Soccan       Colspan="2"       Colspan="2"       Colspan="2"<
Address     GIO     HAROND     City     AppleLL     State     Zip       SECTION 2 - EVENT INFORMATION SECTION       Date(s) of Event: Beginning     6 / 25 / 21     Ending: 6 / 27 / 21     Hours 9:00     AM/PM 10:00     AM/PM       Please describe the type of event you are going to have:     Soccan     TOURA and
SECTION 2 - EVENT INFORMATION SECTION     Control     State     State     State       Date(s) of Event: Beginning     6     25     21     Ending: 6     27     21     Hours 9:00     AM/PM       Please describe the type of event you are going to have:     Soccar     Tours and
Date(s) of Event: Beginning 6 125 121 Ending: 6 127/21 Hours 9:00 AM/PM 10:00 AM/PM Please describe the type of event you are going to have: Soccar Tournant
Please describe the type of event you are going to have: Soccar TOURA Ant
Social TOURNANT
Location where beer or wine will be sold or served:
Address 3300 & Frederic City Appleld State Zip 54915
Describe actual location and dimensions of area       Will minors be present?       No       Yes
to be licensed below:- BE PRECISE! If yes, how will you prevent minors from obtaining alcoholic
beverages? 10 AT CALESSING STAND
SECTION 3 – PENALTY SECTION
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and
correct to the best of their knowledge and belief.
Signature of Officer
FOR OFFICE USE ONLY
Dept.     Approve     Deny     By     Reason
Police Police
Fire
Haalth
Health Inspection

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