



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, September 1, 2021

6:45 PM

Council Chambers, 6th Floor

SPECIAL

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[21-1231](#) Approval of minutes from the August 11, 2021 meeting.

Attachments: [S & L Minutes 8-11-21.pdf](#)

4. Public Hearings/Appealances

5. Action Items

- [21-1177](#) Class "B" Beer and "Class B" Liquor License application for Spats Food and Spirits LLC d/b/a Spats, Nicholas Kapheim, Agent, located at 733 W College Ave, contingent upon approval from all departments.

Attachments: [Spats.pdf](#)

- [21-1194](#) "Class B" Liquor License application for Urban Modern Kitchen LLC d/b/a Urban Modern Kitchen, Cintya Mendoza, Agent, located at 800 East Wisconsin Ave, contingent upon approval from all departments.

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

- [21-1201](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Cities Chamber of Commerce, Kristen Greiner, Person in Charge, located at 125 N Superior St, September 16, 2021, contingent upon approval from all departments.

Attachments: [Fox Cities Chamber Open House S&L.pdf](#)

- [21-1165](#) Temporary Class "B" applications filed after the agenda was published.

6. Information Items

[21-1180](#)

Special Events:

Aaron's Walk A Thon, Aaron's Heart of Gold, Appleton Memorial Park,
August 29, 2021

Rise Together Day Presenting Food, Cars & Coffee, Jones Park,
September 11, 2021

Latino Fest 2021, Casa Hispana Inc, Pierce Park, September 11, 2021

A Day in the Park, Appleton Parks & Recreation, Pierce Park, September
14, 2021

Irish Fest, Irish Fest of the Fox Cities, Jones Park/McGuinness Irish Pub,
September 17-18, 2021

Green New Deal Festival, Sunrise Fox Valley, Pierce Park, September 19,
2021

License to Cruise, Fox Cities Chamber of Commerce, September 24,
2021

October, Fox Cities Chamber of Commerce, September 25, 2021

Xavier High School Homecoming Parade, October 1, 2021

Xavier High School Fun Run, Dog Walk & Bike Ride, October 2, 2021

Ladies Night Out, Appleton Downtown Inc, Downtown Appleton
Establishments, October 7, 2021

Appleton East Homecoming Parade, October 8, 2021

50th Downtown Appleton Christmas Parade, Appleton Parade Committee,
November 23, 2021

[21-1232](#)

Police Department information on liquor law violations.

[21-1233](#)

Director's Reports

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

7. Adjournment

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

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



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, August 11, 2021

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

Present: 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

2. Roll call of membership

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

Absent: 1 - Schultz

3. Approval of minutes from previous meeting

[21-1164](#)

Approval of minutes from July 28th, 2021 meeting.

Attachments: [S & L Minutes 7-28-21.pdf](#)

Smith moved, seconded by Reed, that the Minutes be approved. Roll Call.

Motion carried by the following vote:

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

Absent: 1 - Schultz

4. Public Hearings/Appealances

5. Action Items

[21-1095](#)

Class "B" Beer and "Class B" Liquor License application for NAC LLC d/b/a OB's Brau Haus, Christopher Nelis, Agent, located at 523 & 525 W College Ave, contingent upon approval from all departments.

Attachments: [OB's Brau Haus.pdf](#)

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

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

Absent: 1 - Schultz

[21-1120](#)

Temporary Class "B" Beer and "Class B" Wine License application for Irish Fest of the Fox Cities, Matthew Miller, Person in Charge, located at Jones Park, September 17-18, 2021, contingent upon approval from all departments.

Attachments: [Irish Fest of the Fox Cities S&L.pdf](#)

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

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

Absent: 1 - Schultz

[21-1167](#)

Farm Market Application for Appleton Downtown, Inc., 333 W College Ave, Meghan Warner, Contact Person, contingent upon approval from all departments.

Attachments: [ADI Farm Market Winter 2021.pdf](#)

This Report Action Item was recommended for approval

[21-1165](#)

Temporary Class "B" applications filed after the agenda was published.

There were no applications filed

6. Information Items

[21-1091](#)

Special Events:

Mile of Music, Downtown Appleton, August 4-8, 2021

Back to School Celebration, African Heritage Inc, Jones Park, August 14, 2021

Downtown Beer Walk, Appleton Downtown Inc, Downtown Participating Establishments, August 27-28, 2021

How to Life Fox Cities, How to Life Movement, Appleton Memorial Park, August 28, 2021

Mini Golf on the Town, Appleton Downtown Inc, Downtown Participating Establishments, September 11, 2021

Patriot Day Procession and Ceremony, Appleton Downtown Inc, Fire House #1 to City Park, September 11, 2021

Walk to Remember, Fox Valley Chapter of Wisconsin Right to Life, Houdini Plaza, September 12, 2021

[21-1089](#)

TO Modification Request

Attachments: [APD TO Modification request 2021.pdf](#)

[Police DRAFT 7.21.21.pdf](#)

[21-1173](#)

Director's Reports

1. City Clerk
2. Police Chief
 - AXON Virtual Reality Simulation Training System
3. Fire Chief

[21-1166](#)

Police Department information on alcohol law violations.

7. Adjournment

Reed moved, seconded by Smith, that the meeting be adjourned at 5:43 p.m.

Roll Call. Motion carried by the following vote:

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

Absent: 1 - Schultz

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-1-2021 ending: 6/30/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
TOTAL FEE	\$ <u>660</u>

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

Spats Food and Spirits LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAPHEIM</u>	<u>NICHOLAS</u>	<u>GREGORY</u>	<u>30 TILBURY CT, APPLETON, WI 54913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAPHEIM</u>	<u>BRIANNA</u>	<u>RAE</u>	<u>30 TILBURY CT, APPLETON, WI 54913</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAPHEIM</u>	<u>NICHOLAS</u>	<u>GREGORY</u>	<u>30 TILBURY CT, APPLETON, WI 54913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name SPATS Business Phone Number 920-738-7171

2. Address of Premises 733 W COLLEGE AVE Post Office & Zip Code 54914

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

Basement Storage - 9207 SFT
BAR - 84.69 SFT by 28.37 SFT
KITCHEN - 70.83 by 130 SFT
PATIO - 251.90 SFT by 84.69 - NORTH SIDE
FULL RESTAURANT - NORTH SIDE (LOCUST ST) 251.90 (LOT 2)
WEST SIDE - 1462.07 (LOT 4)
COLLEGE AVENUE - 13473.80 SFT (LOT 1, 2, 3)

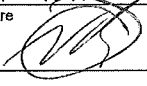


4. Legal description (omit if street address is given above): _____

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

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No
NICK HAS COMPLETED AS OF 8/5/2021, BRIANNA
WILL TAKE
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
If yes, explain. NICK IS AN AGENT
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 07/13/2021 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>KATHLEEN NICHOLAS G</u>	Title/Member <u>President</u>	Date <u>8/09/2021</u>
Signature 	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>8-9-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Nick and Brianna Kapheim

2. Name of Business: Spats

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

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

3. Address of Business: 733 W College Ave Appleton, WI 54914

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

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

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

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

<u>Nicholas</u>	<u>G</u>	<u>Kapheim</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
<u>Brianna</u>	<u>R</u>	<u>Kapheim</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Bill and Julie Nuebert
First name Middle Initial Last name

Address: 733 W College Ave Appleton WI 54914
City State ZIP

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

Name:

Spats

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside 100 Outside 30

11. Operating hours (Inside the building): 11am - 10pm
Operating hours (Outdoor seating areas): 11am - 10pm

12. Employees/Staff

Number of floor personnel 20 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 3000 square feet.
b. Gross outdoor seating areas of the premises to be licensed: 600 square feet.
c. Below, identify the operational details of the proposed establishment:

To Sell Liquor and Beer along with Food.


Signature

7/23/21
Date

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

Submit to municipal clerk.

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

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

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

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

located at 733 W College Ave Appleton, WI 54914

appoints Nicholas Kaptein
(Name of Appointed Agent)
30 Tilling Ct. Appleton, WI 54913
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 4 years

Place of residence last year 117 W Walker St. STE 303 Milwaukee, WI, 53204

For: Spats Food and Spirits LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

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

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

[Signature] 7/23/21
(Signature of Agent) (Date)
30 Tilling Ct. Appleton, WI 54913
(Home Address of Agent)

Agent's age 28
Date of birth 07/23/1993

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

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

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

to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save

Print

Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

07/01/2021

for the license period beginning: 9-1-21 ending: 6-30-22
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

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

Urban Modern Kitchen LLC

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

President / Member Last Name <u>Bullock-Vazquez</u>	(First) <u>Shirley</u>	(Middle Name) <u>Jane</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N4035 Riverview Heights Ct, Chilton</u>
Vice President / Member Last Name <u>Vazquez Figueroa</u>	(First) <u>Jase</u>	(Middle Name) <u>Luis</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N4035 Riverview Heights Ct, Chilton</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Mendoza</u>	(First) <u>Cintya</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>317 W Valley Rd #1 Appleton 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Urban Modern Kitchen Business Phone Number 920 364 0113
2. Address of Premises 800 E. Wisconsin Ave Post Office & Zip Code Appleton 54911

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

One-story restaurant with 3 dining areas, 1 patio,
1 office, Dishwashing Room, Kitchen & Storage Area
(Restrooms)

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

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

(b) If yes, under what name was license issued? Urban Modern Kitchen LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 11-1-20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☒ Yes ☐ No
Draft Gastropub LLC
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Bullock-Vazquez, Shirley J.</u>	Title/Member <u>Owner</u>	Date <u>8-13-21</u>
Signature <u>Shirley Bullock</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>8-16-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Shirley Bullock-Vazquez

2. Name of Business: Urban Modern Kitchen LLC

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



Restaurant



Tavern/Night Club/Wine Bar



Microbrewery/Brewpub



Painting/Craft Studio



Other (describe) _____

3. Address of Business: 800 E. Wisconsin Avenue, Appleton 54911

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

AND/OR been convicted of a felony? Yes ☐ No ☒

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

Jose Luis Vazquez Figueroa - serve underage 2012
" " " - DWI 2009

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

<u>Shirley</u>	<u>J</u>	<u>Bullock-Vazquez</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
<u>Jose</u>	<u>L</u>	<u>Vazquez Figueroa</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: Dean Sasnoski (Paula's Perfect Pizza King)

Address: N2549 Sommers Dr Appleton WI 54913

City

State ZIP

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

Name: Current - Urban Modern Kitchen / previous Paula's Perfect Pizza King

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

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

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

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

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

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

_____ months ago. still operating

10. Seating capacity: Inside 80 Outside 15

11. Operating hours (Inside the building): M-Th 11-8 Fri & Sat 11-9
Operating hours (Outdoor seating areas): Same

12. Employees/Staff

Number of floor personnel 6 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 3,000 square feet.
b. Gross outdoor seating areas of the premises to be licensed: grandfathered square feet.
c. Below, identify the operational details of the proposed establishment:

Food and alcohol sales for sale for dine-in, and
carryout. No delivery

Shirley Bullock
Signature

8-13-21
Date

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Urban Modern Kitchen
(Trade Name)

located at 800 E. Wisconsin Avenue, Appleton WI 54911

appoints Cintya Mendoza
(Name of Appointed Agent)
317 W. Valley Rd., Apt 1, Appleton WI 54915
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 years

Place of residence last year 317 W. Valley Rd., Appleton, WI 54915

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

By: Shirley Bullock
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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

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

[Signature] 08-14-2021
(Signature of Agent) (Date)
317 W. Valley Rd., Apt 1, Appleton, WI 54911
(Home Address of Agent)

Agent's age 30 yrs.
Date of birth 08-14-1991

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

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

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



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00

Total Amount Paid 17.00Date Rec'd 8/17/21

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 5507-1**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

Fox Cities Chamber of Commerce9/29/1976Address 125 N. Superior StCity AppletonState WIZip 54911

Person in Charge of Event:

Name: Last

First

M. I.

Date of Birth

Greiner Kristen LAddress N3525 Bonnie StCity FreedomState WIZip 54913

Person in charge phone number: [REDACTED]

President

Last Bartoszek First RebeccaMiddle Initial L

Date of Birth [REDACTED]

Male

Femal ☒Address 125 N. Superior StCity AppletonState WIZip 54911

Vice President

Last Lehr First ThomasMiddle Initial S

Date of Birth [REDACTED]

Male

Femal ☒Address 125 N. Superior StCity AppletonState WIZip 54911

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

City

State

Zip

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning

9/16/21

Ending:

9/16/21

Hours

5AM / PM PM7AM / PM PM

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

Fox Cities Chamber Open House

Do you plan to serve food at this event?

No

Yes ☒

If yes, contact the Appleton Health Department. (920.832.6429)

Food catered from Stone Arch

Location where beer or wine will be sold or served:

Fox Cities Chamber parking lot, Stone Archwill be serving

Address

125 Superior StCity AppletonState WIZip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE!

See attached map.

Will minors be present?

No ☒

Yes

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

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

[Signature] EUP/cfo**FOR OFFICE USE ONLY**

Dept.

Approve

Deny

By

Reason

Police

Fire

Health

Inspection

S&L

Date Issued

Exp. Date

License Number



Map data ©2021, Map data ©2021 20 ft



125 N Superior St

Building



Directions



Save



Nearby



Send to your
phone



Share



125 N Superior St, Appleton, WI 54911

Photos