

#### **City of Appleton**

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

# Meeting Agenda - Final Safety and Licensing Committee

Wednesday, May 11, 2022

5:30 PM

Council Chambers, 6th Floor

- 1. Call meeting to order
- 2. Roll call of membership
- Approval of minutes from previous meeting

<u>22-0637</u> Approval of minutes from April 27th, 2022 meeting.

Attachments: S & L Minutes 4-27-22.pdf

- 4. Public Hearings/Appearances
- 5. Action Items

22-0643 Operator License for Jacob A. Forward

Attachments: Jacob A. Forward Application.pdf

JacobForwardDenial.pdf

22-0646 Redistricting Modifications required by April 15, 2022 Wisconsin Supreme

**Court Ruling** 

<u>Attachments:</u> 5-6-22 Memo-Redistricting Updates Required.pdf

Senate Bill 621 - Option 1.pdf Senate Bill 621 - Option 2.pdf

21-1270 Resolution #14-R-21 - Excessive Vehicle Noise

Attachments: #14-R-21 Excessive Vehicle Noise.pdf

APD Analysis of Resolution on Mufflers.pdf

Legislative History

9/8/21 Safety and Licensing referred

Committee

222-0647 2022-2023 Additional Alcohol License Renewal applications, contingent

upon approval from all departments by 12:00 p.m. on June 30, 2022.

Attachments: 2022-23 Alcohol License Renewals-2nd set.pdf

| 22-0594        | "Class A" Liquor License application for Oneida Street Mini Mart LLC d/b/a Oneida BP, Prabhu Dhungana, Agent, located at 1306 S Oneida St, contingent upon approval from the Inspections department. <u>Attachments:</u> Oneida BP.pdf               |
|----------------|--|
| <u>22-0591</u> | Class "B" Beer and "Class B" Liquor License Change of Agent application for Bark Entertainment LLC d/b/a Skyline Comedy Club, Zachery Wroblewski, New Agent, located at 1004 S Olde Oneida St. <u>Attachments:</u> Zachery Wroblewski S&L.pdf        |
| 22-0592        | Cigarette License application for Smokin Glass II LLC, Justin Beese, applicant, located at 1107 W Wisconsin Ave. <u>Attachments:</u> Smoking Glass LLC S&L.pdf   |
| <u>22-0413</u> | Pet Store License application for Wild Habitats, Choi Schake, applicant, located at 1350 W College Ave Suite B, contingent upon approval from the Inspections department. <u>Attachments:</u> Wild Habitats S&L.pdf                                  |
| <u>22-0599</u> | Pet Store License Renewal application for HSA Corporation d/b/a Pet Supplies Plus, Angela DeHaan, applicant, located at 702 W Northland Ave, contingent upon approval from the Inspections department. <u>Attachments:</u> Pet Supplies Plus S&L.pdf |
| 22-0590        | Pet Store License renewal application for Just Pets, Craig Weborg, applicant, located at 2009 N Richmond St. <u>Attachments:</u> Just Pets S&L.pdf   |
| 22-0589        | Salvage Dealer License renewal application for Mr. C's Motorcycles LLC, Janet Ristau, applicant, located at 724 S Outagamie St. <u>Attachments:</u> Mr C's Motorcycles S&L.pdf   |
| <u>22-0600</u> | Secondhand Article Dealer License application for Eroding Winds LLC, Adam Bartlett, applicant, located at 229 E College Ave, contingent upon approval from the City Sealer. <u>Attachments:</u> Eroding Winds LLC S&L.pdf                            |

#### 6. Information Items

<u>22-0639</u> Application for WE Energies Foundation Grant.

Attachments: We Energies Foundation Grant.pdf

#### <u>22-0638</u> Director Reports

- 1. City Clerk
- 2. Police Chief
  - Hiring Update
  - Special Event Staffing
- 3. Fire Chief
  - Public Education Specialist
  - Hiring Process Requirements

#### 22-0578 Special Events:

American Cancer Society, Sole Burner 5k Walk/Run, City Park, May 7, 2022

Appleton Parks & Recreation Fun Runs, Memorial Park Soccer field, June 23 & July 24, 2022

Appleton Parks & Recreation Yoga in the Park, City Park, August 3, 2022 Heid Music Summer Concert Series, Jones Park, Thursdays from June 2 through August 25, 2022

Cole's Crusade Obstacle Run & Family Fun, Memorial Park, June 5, 2022 North High School, Rivers Mini Triathlon, North High School, May 18, 2022 Flag Day USAF Band Brass Ensemble, Houdini Plaza, June 10, 2022

#### 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, April 27, 2022

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

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

3. Approval of minutes from previous meeting

<u>22-0542</u> Minutes from April 13th, 2022 Meeting

Attachments: S & L Minutes 4-13-22.pdf

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

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

#### 4. Public Hearings/Appearances

#### 5. Action Items

22-0262

Class "B" Beer and "Class B" Liquor License application for Mill City Public House LLC d/b/a Mill City Public House, Russell T Leary, Agent, located at 1103 W College Ave, contingent upon approval from the Health and Inspections departments.

<u>Attachments:</u> Mill City Public House.pdf

SUP 8-95 Liquor License Final Report 3-2022 Mill City.pdf
Resolution Mill City Public House SUP#5-22 SIGNED.pdf

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

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

22-0544 Elect a Vice Chair

Alderperson Schultz was elected Vice-Chair by unanimous consent.

22-0499 Resolution #2022-04 - A Resolution Adopting the Winnebago County

Natural Hazards Mitigation Plan: 2022-2026 (5 Year Update)

Attachments: Memo for Appleton Hazard Mitigation Plan Resolution Winnebago.pdf

Winnebago County Hazard Mitigation Plan Resolution.pdf

Schultz moved, seconded by Alfheim, that the Resolution be recommended for approval. Roll Call. Motion carried by the following vote:

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

22-0500 Resolution #2022-05 - A Resolution Adopting the Calumet County

Hazard Mitigation Plan

Attachments: Memo for Appleton Hazard Mitigation Plan Resolution Calumet.pdf

Calumet County Hazard Mitigation Plan Resolution.pdf

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

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

<u>22-0549</u> Fire Department Table of Organization Change

Attachments: 04-11-22 AFD TO Change.pdf

Public Education Specialist Civilian Fire Inspector.pdf

Hartzheim moved, seconded by Wolff, that the Table of Organization Change be recommended for approval. Roll Call. Motion carried by the following vote:

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

22-0517 2022-2023 Alcohol License Renewal applications, contingent upon

approval from all departments by 12:00 p.m. on June 30, 2022.

<u>Attachments:</u> 2022-23 Alcohol License Renewals.pdf

Wolff moved, seconded by Hartzheim, that the alcohol license renewals be recommended for approval subject to the outlined contingencies. Roll Call. Motion carried by the following vote:

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

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

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

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

"Class A" Liquor License application for Swami LLC d/b/a Northland

Citgo, Kanu B Patel, Agent, located at 800 E Northland Ave, contingent

upon approval from the Inspections department.

Attachments: Northland Citgo.pdf

This Report Action Item was recommended for approval.

22-0482 "Class A" Liquor License application for Kavya Gas Inc d/b/a Badger

Mobil, Jayant Patel, Agent, located at 1201 N Badger Ave, contingent

upon approval from the Fire and Inspections departments.

Attachments: Badger Mobil.pdf

This Report Action Item was recommended for approval

22-0483 Class "B" Beer License application for Appleton Axe LLC (previously

known as Breakout Green Bay LLC) d/b/a Appleton Axe, Patrick Van

Abel, Agent, located at 1400 W College Ave Suite B1.

Attachments: Appleton Axe.pdf

This Report Action Item was recommended for approval.

22-0480 Class "B" Beer and "Class B" Liquor License Change of Agent

application for Chester's Pub LLC d/b/a Chester's Pub, Tiffani Daul, New

Agent, located at 2611 N Richmond St.

Attachments: Tiffani Daul S&L.pdf

This Report Action Item was recommended for approval.

#### 6. Information Items

22-0545 Set meeting date and time

5:30 p.m. on the second and fourth Wednesdays of the month.

<u>22-0546</u> Designate a contact person

City Clerk, Kami Lynch was designated as the contact person.

22-0458 Police Department Traffic Safety Unit and Officer

<u>Attachments:</u> <u>Traffic Safety Unit Officer Job Description .pdf</u>

Traffic Safety Unit Pilot.pdf

Analysis of Resolution #14-R-21.pdf
#14-R-21 Excessive Vehicle Noise.pdf
APD Traffic Safety Unit Presentation.pdf

#### This Report Action Item was presented

#### <u>22-0547</u> Director Reports

- 1. City Clerk
  - 2022 Board of Review
  - Redistricting update
- 2. Police Chief
- 3. Fire Chief
  - Review of Apparatus purchase
  - Recruit Update

#### 22-0481 Special Events:

Harbor House Amazing Race Fundraiser, Memorial Park, April 23, 2022 Run Away to the Bay, Run Away Events, Route along Midway Rd, April 23, 2022

Lawrence University President's Inauguration, Lawrence University, May

13, 2022

Appleton Police Week Brat Fry, Houdini Plaza, May 18, 2022

<u>22-0540</u> Police Department information on Alcohol Law violations.

#### 7. Adjournment

Hartzheim moved, seconded by Wolff, that the meeting be adjourned at 6:02 p.m. Roll Call. Motion carried by the following vote:

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

### License Application for Operator's (Bartender's) License Mail: City Clerk- 100 N Appleton St Appleton 54911



| New Applicant   |
|-----------------|
| Renewal License |
| #:              |

| FEES ARE NON-REFUNDABLE   | Date Rec'd <u>\(\right\)   \(\right\)</u>    |
|---------------------------|--|
| Operator License -\$67.00 | Operator License plus a provisional- \$82.00 |
| Total foo paid t          | Passint # . 3 137 - 4                        |

| SECTION 1 – Applicant Information   |  |
|---|--|
| Your Name (First name, MI, Last name)   | Maiden or Previous   |
| Jacob A Forward  Street Address  311 E North St.  |  |
| Street Address  | City State Zip   |
|   | Apple for WI 54911   |
| Driver's License #: F663 4218 7449 09   | State wt   |
| Date of Birth: Email:   | Contact Phone #: Gender: M                                     |
| Name of establishment you will be selling alcohol: Durty lephr  | a 600  |
| SECTION 2 for NEW APPLICANTS: You are required to list each and ever  | violation and/or offense for which you have been convicted in  |
| or out of state. Failure to provide complete answers may result in the o  | enial of your application.                                     |
| Have you EVER had an Operator's (Bartender's) License? YES NC   | )  |
| If Yes; in what Municipality and what year?   |  |
| Have you ever been convicted of a felony? YES NO  |  |
| If Yes; when, where and what type of violation? (Please be specific)?   | ace to orcicer   |
| Have you ever been convicted of a misdemeanor or ordinance violation?   | γ̂ES' NO   |
| If Yes; when, where and what type of violation? (Example: speeding, OW  | )  |
| SECTION 3 for RENEWALS: List any pending charges, citations, tickets a  | nd all convictions since last license application in or out of |
| state. Failure to provide complete answers may result in the denial of  | our application.   |
| Have you been convicted of a felony since last license application?   | yes (NO)   |
| If Yes; when, where and what type of violation? (Please be specific)  |  |
| Have you been convicted of a misdemeanor or ordinance violation since la  | st license application? YES NO                                 |
| If Yes; when, where and what type of violation? (Example: speeding, OWI   |  |
| SECTION 4 – Responsible Beverage Server Course  |  |
| Proof of an approved Responsible Beverage Server Course is required to b  | included with this application.                                |
| SECTION 5 - Penalty Notice  |  |
| I certify under penalty of law that this application is true and correct to the best of n   | ıy knowledge and belief.                                       |
| Signature:  |  |
| FOR OFFICE USE ONLY   |  |
| Class Completion   Current License in   Date Sent to APD:   Date Apple   Date:   Current License in   Date Sent to APD:   Date Apple   Date Apple | oved: Issue Date: Exp. Date: License number:                   |



TO: Safety and Licensing Committee

FROM: Lt. Adam Nagel

DATE: 03/23/2022

RE: Denial of Jacob Forward

#### Committee Members:

As designee for the police department, I am requesting that the Safety and Licensing Committee recommend to the Common Council to deny Jacob Forward's application for an operator's license.

It is not employment discrimination for a licensing agency to deny an applicant based on conviction record where the circumstances of the conviction substantially relate to the circumstances of the particular licensed activity.

No license or permit related to alcohol beverages may be issued to a habitual law offender where the circumstances of the offenses substantially relate to the circumstances of the particular licensed activity. A person is a habitual law offender if they have been convicted of repeat misdemeanor or ordinance violations. No license may also be issued to a person who has been convicted of a felony which substantially relates to the alcohol beverage licensing activity unless duly pardoned.

An applicant is allowed an opportunity to show evidence of rehabilitation and fitness to engage in the licensed activity, *unless the conviction(s)* are for exempt offenses. The applicant may produce the following to conclusively demonstrate their rehabilitation and fitness from a given conviction:

A copy of the local, state, or federal release document; and either

- (1) a copy of the relevant department of corrections document showing completion of probation, extended supervision, or parole; or
- (2) other evidence that at least one year has elapsed since release from any local, state, or federal correctional institution without subsequent conviction of a crime along with evidence showing compliance with all terms and conditions of probation, extended supervision, or parole.

Reviewing Jacob's prior history of police contacts, I find the following offenses are substantially related to the sale of alcohol and demonstrate that Jacob Forward is a habitual law offender. Jacob's conviction for Battery to a Law Enforcement officer \$940.203 is an exempt offense

Jacob A. Forward was found guilty of a municipal summons for Disorderly Conduct Outagamie County case number 2021FO000567. This incident was handled by the Appleton Police Department on 06/04/21. During this incident Jacob called 911 and told officers he was being chased. They located Jacob and found him highly intoxicated. Jacob demanded that officers take him home and was swearing at officers. Jacob was later observed walking into the roadway. Jacob had to be detained in handcuffs until he could be transported home. Jacob was highly intoxicated that evening. He submitted to a PBT (0.211). This incident is substantially related to Jacob's lack of judgement, use of alcohol and ability to safely serve alcohol.

Jacob was found guilty of an exempt offense in Adams County case number 2014CF000126 for Battery to a Law Enforcement Officer. He was also charged with Resisting or Obstructing an Officer. This charge was read in for this case. These charges show a lack of good judgement and prior issues with law enforcement. Working with law enforcement to enforce alcohol consumption laws is an essential part of bartending. This conviction has me concerned with Jacob's ability to work with law enforcement and is directly related to the sale of alcohol.

Jacob was found guilty of Possession of Drug Paraphernalia in Dodge County case number 2007FO00051. Possessing illegal drug paraphernalia demonstrates a lack of good judgment necessary for a bartender and there is a correlation between illicit drug use and possession of paraphernalia. People under the influence of alcohol are generally susceptible to poor decision-making, including illicit drug law violations.

The service of alcohol includes encountering individuals in a vulnerable state and the Police Department feels Jacob Forward has not demonstrated the necessary maturity and decision-making capacity to be allowed a bartender's license in the City of Appleton. His violations of court orders and recent issues in license premises show his on-going criminal behavior.

His arrest and conviction record go back many years that further corroborates the decision to recommend denial of his license request. Jacob is a habitual law offender and was convicted of an exempt offense.

Respectfully:

Lt. Adam Nagel #9191 Appleton Police Department



#### 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:

Safety & Licensing Committee (Chris Croatt, Chairperson)

From:

Kami Lynch, City Clerk

Date:

May 6, 2022

Re:

Redistricting updates required by Senate Bill 621

On April 15, 2022, the Wisconsin Supreme Court, in Johnson v. Wisconsin Elections Commission, adopted state legislative district maps drawn by the Wisconsin Legislature after the United States Supreme Court, in Wisconsin Legislature, et al. v. Wisconsin Elections Commission, et al. and Glenn Grothman et al. v. Wisconsin Elections Commission et al., reversed the Wisconsin Supreme Court's decision regarding state legislative districts.

The legislative maps that were adopted on April 15<sup>th</sup> require the modification of the City's Ward plan adopted in October of 2021 to accommodate the revised Senate and Assembly district maps draw by the State. In reviewing the newly adopted Senate and Assembly district lines, splitting existing Wards to create new Wards is required. There are two map options with the new Wards attached for your consideration.

<u>Option 1</u> – creates 8 new Wards to accommodate the legislative district lines. Aldermanic districts remain unchanged.

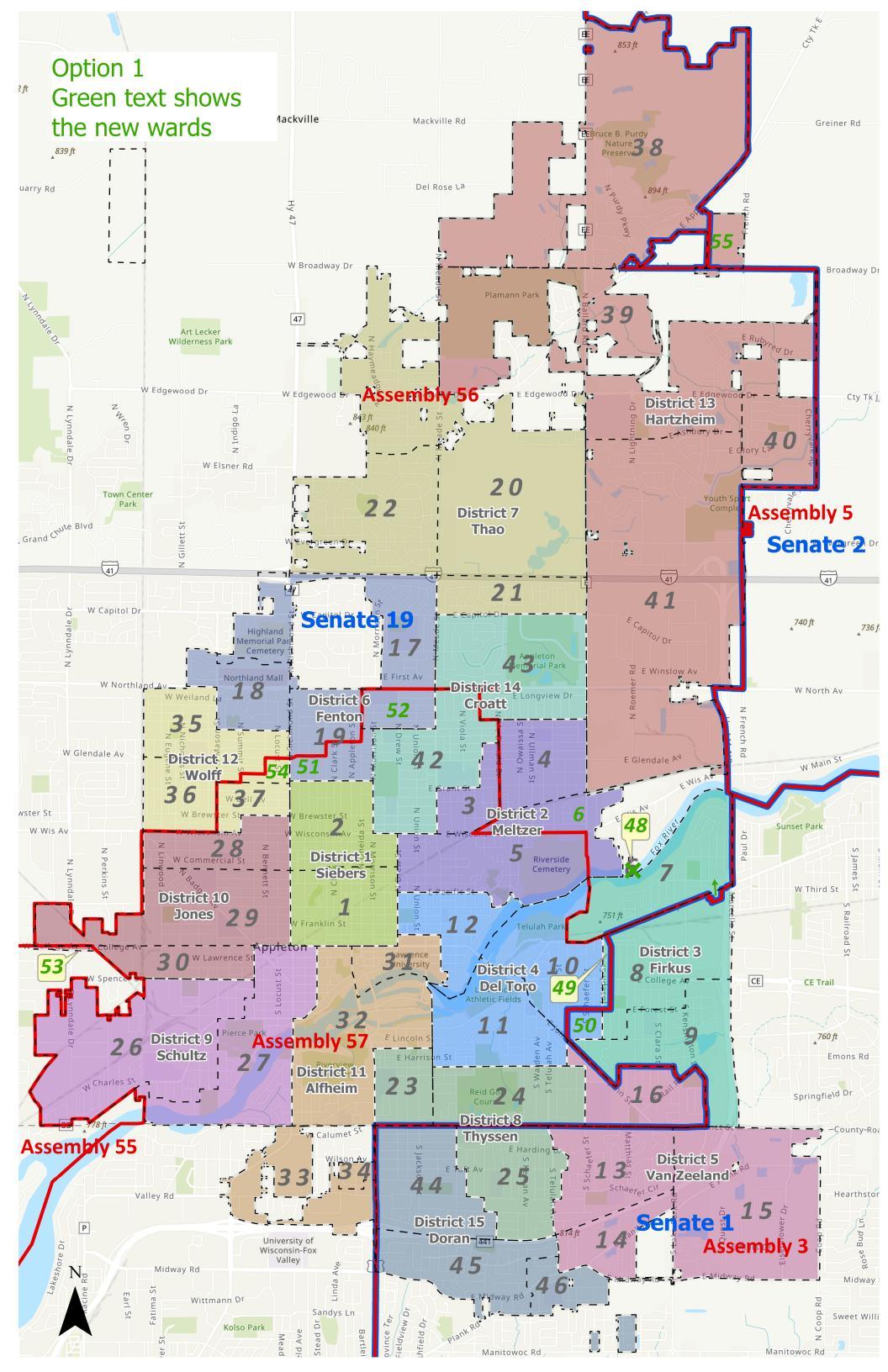
Option 2 — creates 6 new Wards to accommodate the legislative district lines. There is a revision in the boundaries of Aldermanic Districts 3 & 4 through a land swap. The sliver of Ward 8, East of Joseph Street, will move into Ward 10, District 4 to follow the Assembly district boundary. The square piece currently at the southern edge of Ward 10 (District 4) will move into Ward 8, District 3 to follow the Assembly district boundary. In total, the land swap adds 176 people to District 3, from District 4. This land swap does not significantly alter the total aldermanic plan deviation and conforms to the ideal population principles of redistricting.

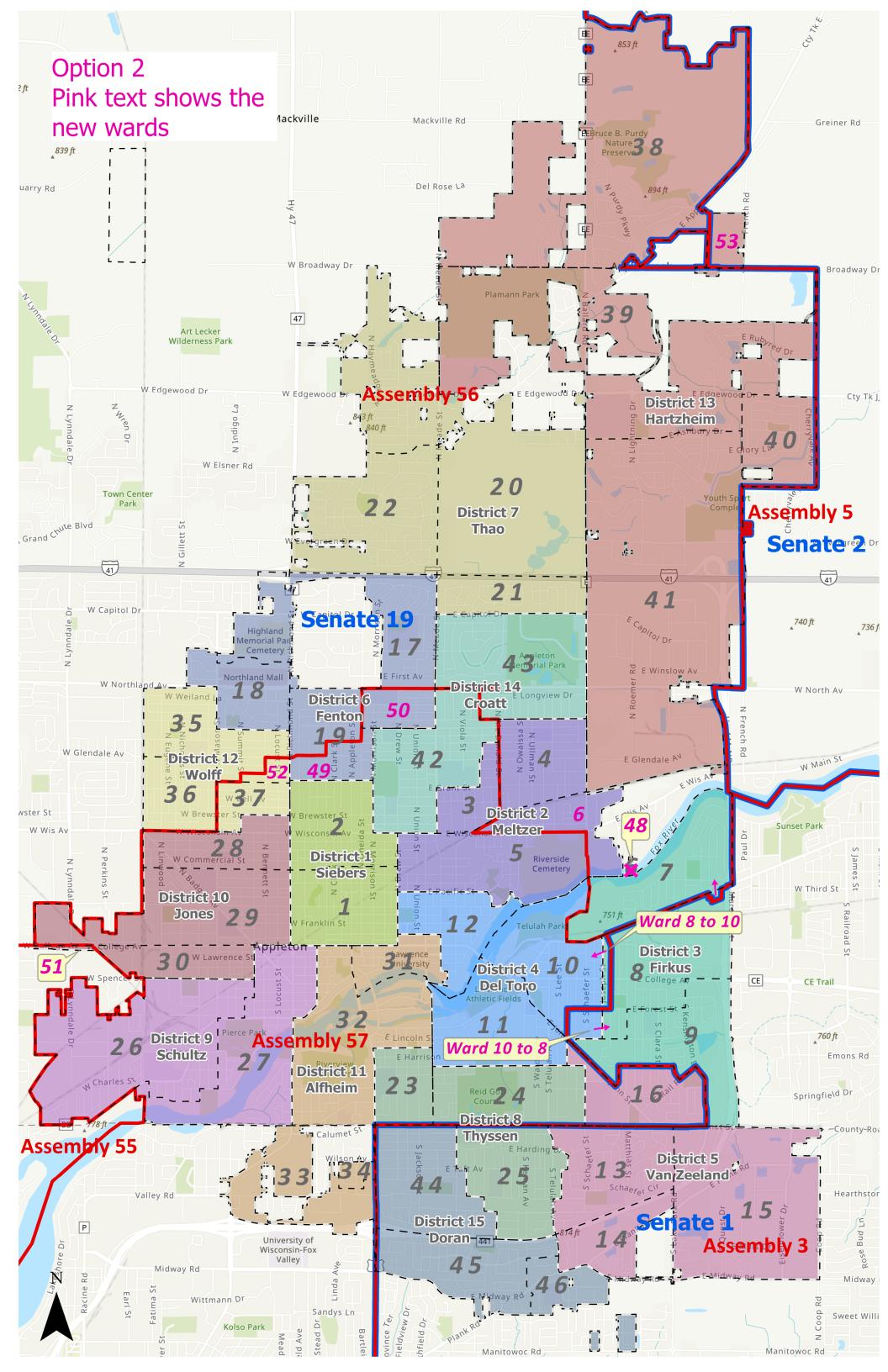
The reason there are two options before you, is that one option simply makes the necessary adjustments to accommodate the legislative districts and the other seeks to remedy an area of irregularity along the dividing line between Assembly Districts 57 & 3, between Aldermanic Districts 3 & 4. This is the only area that can be adjusted as a result of Senate Bill 621, because it does not impede upon the alteration of any other districts such as the County Supervisory or School District boundaries. This option (Option 2) would allow for the composition of the Aldermanic Districts to be the same within the district with respect to legislative districts, permitting fewer ballot styles within the district.

If there are any questions on the map options or the process related to making the Ward adjustments, please do not hesitate to contact me.

Respectfully,

Kami Lynch, City Clerk





#### Resolution #14-R-21

### Amend Municipal Code to include Definitions for "Intentional Motor Vehicle Operation" and "Intentional Motor Vehicle Modification" for Noise Generation

Date: September 1, 2021

Submitted By: Brad Firkus – District 3, Joe Martin – District 4, Alex Schultz – District 9, Kristin

Alfheim – District 11, Nate Wolff – District 12 Referred To: Safety & Licensing Committee

**WHEREAS**, the City of Appleton's Municipal Code identifies noise as a serious hazard to the public health, welfare, safety and quality of life and,

**WHEREAS**, the people have a right to an environment free from excessive sound that may jeopardize their health, welfare, or safety, or degrade the quality of life and,

WHEREAS, Appleton Municipal Code, Sec. 12-80, states that no person shall make or cause to be made any loud, disturbing, fluctuating or unnecessary sounds or noises such as may tend to annoy or disturb a reasonable person, and Sec 12-81 (f), states that No person shall operate any motor vehicle unless such motor vehicle is equipped with an adequate muffler in constant operation and property maintained to prevent excessive or unusual noise, however, does not specify the intentional modification of vehicular exhaust systems specifically to emit excessive noise, in common vernacular "pop", "bang" or "crackle", nor does is specify certain methodologies of operator manipulation of gas flow to combustion engines to intentionally emit excessive noise, and,

**WHEREAS**, Section 12-76 of the Municipal Code does not have a definition of Intentional Vehicle Modifications to Emit Excessive Noise nor does not have a definition of Intentional Vehicle Operation to Emit Excessive Noise, and

WHEREAS, Health in All Policies dictates that public health and well-being drive all policy,

**NOW THEREFORE, BE IT RESOLVED**, that Appleton Code Article IV, Noise, Sec. 12-76 be amended to include the following definitions;

Intentional Vehicle Modifications to Emit Excessive Noise means any intentional after-market mechanical modifications to light motor vehicles which amplify the sound of escaping gases specifically designed to create excessive noise emissions under normal operation.

Intentional Vehicle Operation to Emit Excessive Noise means the operation of any intentional light motor vehicle operation in such a manner that the exhaust system emits a loud, cracking or chattering noise unusual to its normal operation with the express purpose of excessive combustion noise emissions.

and,

**BE IT FURTHER RESOLVED** that infractions of the Noise ordinance under these newly defined classifications of intent, specifically to disrupt the peace, be enforced consistent with the policies and penalties defined under Sec 12-76.



## **Chief Todd Thomas Appleton Police Department**

222 South Walnut Street Appleton, WI 54911

Date: September 2, 2021 From: Chief Todd Thomas

To: Safety and Licensing Committee Chairperson Alderperson Katie Van Zeeland

City Council Members

Re: Analysis of Resolution #14-R-21

I met with ACA Glad to discuss this resolution and provide any feedback, specifically from the perspective of the Police Department. There are several points of analysis from the Police Department that I will bullet point for the committee and council.

- The resolution contains two additions to the definitions in city ordinance 12-76, which are both already covered under **WI 347.39 (1) and (2):** with the key terms being *modifications, amplify, and excessive noise*. Additionally, City Ordinance Sec. 12-81 already adopts the provisions of 347.39.
- The definitions in the proposed resolution are different than state law because the new language is specific to only "light motor vehicle" (vehicles under #8,000), while state laws apply to all motor vehicles.
- The final "be it resolved" states that infractions under the newly defined classifications be enforced consistent with policy and penalties defined under 12-76, which is the definitions section; our assumption is that the desire is for it to be enforced under 12-81 Prohibited Acts (f).

I have attached the resolution language, the applicable current WI Traffic Law, and the current ordinance that adopts the language in state law, in addition to already being adopted in our traffic code.

**NOW THEREFORE, BE IT RESOLVED**, that Appleton Code Article IV, Noise, Sec. 12-76 be amended to include the following definitions;

*Intentional Vehicle Modifications to Emit Excessive Noise* means any intentional after-market mechanical modifications to light motor vehicles which amplify the sound of escaping gases specifically designed to create excessive noise emissions under normal operation.

Intentional Vehicle Operation to Emit Excessive Noise means the operation of any intentional light motor vehicle operation in such a manner that the exhaust system emits a loud, cracking or chattering noise unusual to its normal operation with the express purpose of excessive combustion noise emissions. and,

**BE IT FURTHER RESOLVED** that infractions of the Noise ordinance under these newly defined classifications of intent, specifically to disrupt the peace, be enforced consistent with the policies and penalties defined under Sec 12-76



## Chief Todd Thomas Appleton Police Department

222 South Walnut Street Appleton, WI 54911

#### Current Wisconsin Traffic Law adopted by city ordinance

#### SS.347.39 MUFFLERS

- (1) No person shall operate on a highway any motor vehicle subject to registration unless such motor vehicle is equipped with an adequate muffler in constant operation and properly maintained to prevent any excessive or unusual noise or annoying smoke. This subsection also applies to motor bicycles.
- (2) No muffler or exhaust system on any vehicle mentioned in sub. (1) shall be equipped with a cutout, bypass or similar device nor shall there be installed in the exhaust system of any such vehicle any device to ignite exhaust gases so as to produce flame within or without the exhaust system. No person shall modify the exhaust system of any such motor vehicle in a manner which will amplify or increase the noise emitted by the motor of such vehicle above that emitted by the muffler originally installed on the vehicle, and such original muffler shall comply with all the requirements of this section.
- (3) In this section, "muffler" means a device consisting of a series of chambers of baffle plates or other mechanical design for receiving exhaust gases from an internal combustion engine and which is effective in reducing noise.

#### **Current City Ordinance on Prohibited Acts - Muffler**

**COA Municipal Code Sec. 12-81 Prohibited Acts** (**f**) No person shall operate any motor vehicle unless such motor vehicle is equipped with an adequate muffler in constant operation and property maintained to prevent excessive or unusual noise. The provisions of <u>W.S.A. §347.39 are hereby adopted by reference and made a part of this section.</u>

Please let me know if you have further questions,

Chief Todd Thomas

#### ADDITIONAL 2022-2023 RENEWALS

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

NAME TRADE NAME ADDRESS

Appleton Axe LLC Appleton Axe 1400 W College Ave

Patrick Van Abel, Agent, W2823 Oakridge Dr Appleton WI

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

NAME TRADE NAME ADDRESS

Sunflower Spa LLC Sunflower Spa 1024 S Olde Oneida St

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

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

NAME TRADE NAME ADDRESS

Camelot of Appleton LLC Camelot 1700 E Wisconsin Ave

Brian M. Striegel, Agent, 802 E College Ave Appleton WI 54911

Galvan's LLC Galvan's 2220 E Northland Ave

Spresium Useini, Agent, 843 Sundial Ln Neenah WI 54956

Spats Food and Spirits LLC Spats Food and Spirits 733 W College Ave

Nicholas Kapheim, Agent, 5740 W Packard St Appleton WI 54913

Zhou Japanese Steakhouse LLC TJ's Japanese Steakhouse 4025 E Lorna Ln

Yao Ming Zhou, Agent, 9606 N Noe Rd Appleton WI 54915

| Submit to municipal clerk.)  | everage itela  | il License A   | pplication  | Applicant's Wisconsin Seller's Per  | mit Number        |
|--|--|--|---|---|-------------------|
|  | 7 \ L.   | 10001  | `   | FEIN Number   |                   |
| r the license period beginni   |  |  |   | TYPE OF LICENSE REQUESTED   | FEE               |
| the Governing Body of the  | Town of  | Analata.   |   | Class A beer  | \$                |
| the Governing Body of the  | :  Village of  | 40016101   | 1   | Class B beer  | \$                |
| and doverning body or and  | ⊠ City of ∫  |  |   | Class C wine  | \$                |
| ounty of Outagar   | ^ ()   |  |   | Class A liquor  | \$ 300            |
| ounty of UMANI   | WIE  | Aldermani  | ic Dist. No<br>d by ordinance)  | Class A liquor (cider only)   | \$ N/A            |
| U  |  | (if required   | d by ordinance)   | Class B liquor  | \$                |
|  |  |  |   | Reserve Class B liquor  | \$                |
| heck one:  Individual  | Limited Liabilit   | y Company  |   | Class B (wine only) winery  | / \$              |
| ☐ Partnership  | ☐ Corporation/N  | onprofit Organiza  | tion  | Publication fee   | \$ 60.00          |
|  |  |  |   | TOTAL FEE   | \$ 360,00         |
| n "Auxiliary Questionnair<br>each member of a partn  | Te," Form AT-103, m<br>ership, and by eac  | Neida S<br>nust be complete<br>th officer, directo           | ed and attached to the prand agent of a co  | mart \C  nis application by each ind rporation or nonprofit orga                        | anization, and by |
|  | agent of a limited   |  | -   | and place of residence of ea  |                   |
| President / Member Last Name   | (Eirst)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code) and Weadows Dr   | HOWEXIN           |
| Dhungana   | trabhy   |  | 171PM Qu  | and Meadows Dr  | 54914             |
| /ice President / Member Last Name  | (First)  | (Middle Name)  |   | City or Post Office, & Zip Code)  |                   |
| Secretary / Member Last Name   | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)  |                   |
|  |  |  |   |   |                   |
| reasurer / Member Last Name  | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)  |                   |
| ngent Last Name  | (Eirst)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)  | opletoniw         |
| )hungana   | Prabhy   |  | ALIPM OLLA  | City or Post Office, & Zip Code)  A MeadOW SDV,  Thu or Post Office, & Zip Code)        | 1154914           |
| Directors / Managers Last Name   | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)  |                   |
|  | la DP  |  | Business Phor   | ne Number 920 731   | 3518              |
| 1 Toda Nama DINE J   |  | 01 74  |   |   |                   |
| . Trade Name Direct  | <u> </u>   | A. School  |   |   |                   |
| 2. Address of Premises $\frac{1}{3}$   | ob Soneid  |  |   | Zip Code <u>Appleton, v</u>   | N1,59915          |
| <ol> <li>Address of Premises 3.</li> <li>Premises description: De applicant must include a storage of alcohol bever</li> </ol>                   | escribe building or hill rooms including linguisting linguisting linguisting linguisting expension ( | ouildings where a<br>ving quarters, if u<br>Alcohol beverage | lcohol beverages are<br>used, for the sales, se<br>es may be sold and si  |   |                   |
| storage of alcohol bever   | escribe building or hill rooms including linguisting linguisting linguisting linguisting expension.  | ouildings where a<br>ving quarters, if u<br>Alcohol beverage | lcohol beverages are<br>used, for the sales, se<br>es may be sold and si  | to be sold and stored. The<br>ervice, consumption, and/or<br>tored only on the premises |                   |
| 2. Address of Premises  3. Premises description: De applicant must include a storage of alcohol bever described.)                                | escribe building or lill rooms including lill rooms and records.                                     | puildings where a<br>ving quarters, if u<br>Alcohol beverage | lcohol beverages are<br>used, for the sales, se<br>es may be sold and si  | to be sold and stored. The<br>ervice, consumption, and/or<br>tored only on the premises |                   |
| 2. Address of Premises 3. Premises description: De applicant must include a storage of alcohol bever described.)                                 | escribe building or lill rooms including lill rooms and records.                                     | ouildings where a ving quarters, if u Alcohol beverage       | Icohol beverages are used, for the sales, sees may be sold and significantly and significant to the sales of | to be sold and stored. The ervice, consumption, and/or tored only on the premises       | ler_              |
| 2. Address of Premises  3. Premises description: De applicant must include a storage of alcohol bever described.)  4. Legal description (omit if | escribe building or lill rooms including lill rooms and records.                                     | ouildings where a ving quarters, if u Alcohol beverage       | Icohol beverages are used, for the sales, sees may be sold and significantly and significant to the sales of | to be sold and stored. The ervice, consumption, and/or tored only on the premises       | ler_              |
| 2. Address of Premises  3. Premises description: De applicant must include a storage of alcohol bever described.)  4. Legal description (omit if | escribe building or lill rooms including lill rooms and records.                                     | ouildings where a ving quarters, if u Alcohol beverage       | Icohol beverages are used, for the sales, sees may be sold and significantly and significant to the sales of | to be sold and stored. The ervice, consumption, and/or tored only on the premises       | ler_              |
| 2. Address of Premises  3. Premises description: De applicant must include a storage of alcohol bever described.)  4. Legal description (omit if | escribe building or lill rooms including lill rooms and records.                                     | ouildings where a ving quarters, if u Alcohol beverage       | Icohol beverages are used, for the sales, sees may be sold and significantly and significant to the sales of | to be sold and stored. The<br>ervice, consumption, and/or<br>tored only on the premises | ler_              |

| 6.                            |                                 |   | gent of corporation/limited lia<br>ourse for this license period   |                                      |  |   |  | Yes  | □ No                                  |
|-------------------------------|---------------------------------|---|--|--------------------------------------|--|---|--|--|---------------------------------------|
|                               | C                               | urrent & f  | Igent on Alc   | not                                  | ticense  | for t   | nis Add  | ress   |                                       |
| 7.                            |                                 | ne applicant an employ<br>es, explain.  | e or agent of, or acting on b  | ehalf of a                           | anyone except the na   | amed applican   | t?   | ☐ Yes  | Ϊ <mark>ν</mark> νο                   |
| 8.                            | Doe                             | es any other alcohol be<br>iness? If yes, explair   | everage retail licensee or w   | nolesale                             | permittee have any   | interest in or o  | control of this  | ☐ Yes  | ⊠ No                                  |
| 9.                            |                                 | of registration.  | bility company applicants  | only: Ir                             |  | and da  |  | 2021   |                                       |
|                               |                                 |   | on/limited liability company  olain  |                                      |  |   |  | ☐ Yes  | Ж No                                  |
|                               |                                 | member/manager or a   | or any officer, director, stocagent hold any interest in an artonville BP  | y other a                            | alcohol beverage lice  | ense or permit  | in Wisconsin?  |  |                                       |
| 10.                           | gov                             | ernment, Alcohol and  | stand they must register as a<br>Tobacco Tax and Trade Bure<br>882-3277]   | au (TTB                              | ) by filing (TTB form  | 5630.5d) before   | re beginning   | Yes  | □ No                                  |
| 11.                           | Doe                             | es the applicant unders   | stand they must hold a Wisco   | onsin Se                             | ller's Permit? [phone  | e (608) 266-27  | 76]  | Yes  | ☐ No                                  |
| 12.                           |                                 | es the applicant unders<br>weries and brewpubs?   | stand that they must purchas   |                                      | ol beverages only from   |   | vholesalers,   | Yes  | □ No                                  |
| the I<br>than<br>assi<br>Corr | best (<br>\$1,0<br>gned<br>pani | of the knowledge of the sig<br>100. Signer agrees to opera<br>to another. (Individual app | NING: Under penalty provided by<br>iner. Any person who knowingly pate this business according to law<br>licants, or one member of a partn<br>access to any portion of a license<br>ocation of this license. | rovides m<br>rand that<br>ership app | aterially false information<br>the rights and responsibulicant must sign; one co | n on this applicat<br>illities conferred l<br>rporate officer, or | tion may be require<br>by the license(s), i<br>ne member/manag | ed to forfeit<br>f granted, w<br>er of Limited | not more<br>ill not be<br>I Liability |
| Cont                          | act Pe                          | erson's Name (Last, First, M.L.)  | abhu   |                                      | Tille/Member   |   | Date U\20  | 1/503  | 2                                     |
| Sign                          | ature                           |   | <u></u>  |                                      | Phone Number   |   | Email Address  |  |                                       |
| TO                            | BE C                            | OMPLETED BY CLERK   |  |                                      |  |   |  |  | <del></del>                           |
| Date                          |                                 | ved and filed with municipal clerk<br>/29/2022  | Date reported to council / board   | Date provi                           | sional license issued  | Signature of Clerk /  | Deputy Clerk   | -  |                                       |
| Date                          | licen                           | se granted  | Date license issued  | License nu                           | ımber issued   |   |  |  |                                       |



### **City of Appleton**

# Alcohol License Questionnaire

|   | pplicant:\                          |   | gna             |   |
|---|-------------------------------------|---|-----------------|---|
| 2. Name of Bu   | usiness:                            | ably Dhyng<br>Ida Street min  | i mart 11       | C   |
|   |                                     | lentify primary business activ  | vity)           |   |
| Restaur   | ` ,                                 |   | • •             |   |
| Tavern/   | Night Club/Wine                     | Bar   |                 |   |
| ☐ Microb  | rewery/Brewpub                      |   |                 |   |
| Painting  | g/Craft Studio                      |   |                 |   |
| Other (   | describe) Gas                       | s Stection  |                 |   |
|   |                                     | 06 S Oneida Str   | ect, Apple      | ton, w1,5415  |
| •   |                                     | your organization ever be   | en convicted of | a misdemeanor or  |
|   | lation? Yes >                       |   | , V             |   |
|   |                                     | 3 1 1 3 4 13 3 3  | lo              |   |
| If yes to either  | r question, please                  | explain in detail below:  | in Por          | y Country   |
| Dick 128  | er N WI                             | 100016  | 121 1011        | <del>1</del> |
| FICKNE  | JAI 116 + TI                        | ((1,012)  |                 |   |
| initial and dat   | •                                   | ers or investors of your bus  |                 | full name, middle   |
| Prabhi  |                                     | e use additional sheets if ne<br>Dhwygua  | oossury.        |   |
| First name  |                                     | <i>A</i> .  |                 | Date of Birth   |
|   | M.I.                                | Dhungana  |                 | 1 1   |
| First name  | 4                                   | Dhungana  |                 | Date of Birth  Date of Birth  |
| First name  | M.I.                                | Dhungana  Last name  Last name  |                 | / / Date of Birth / /   |
| First name  | M.I.                                | Dhungana<br>Last name   |                 | 1 1   |
| First name First name First name                              | M.I.                                | Dhungana  Last name  Last name  |                 | / / Date of Birth / /   |
| First name First name First name                              | M.I. M.I. M.I.                      | Last name  Last name  Last name   |                 | / / Date of Birth / / Date of Birth / /   |
| First name First name First name                              | M.I. M.I. M.I. M.I.                 | Last name  Last name  Last name  Last name  Last name  a you are buying the premi       |                 | / / Date of Birth / / Date of Birth / / Date of Birth   |
| First name  First name  First name  6. Name of pe             | M.I. M.I. M.I. M.I.                 | Last name  Last name  Last name  Last name  |                 | / / Date of Birth / / Date of Birth / / Date of Birth   |
| First name  First name  First name  First name  6. Name of pe | M.I.  M.I.  M.I.  M.I.  Corporation | Last name  Last name  Last name  Last name  Last name  Kumar                            |                 | / / Date of Birth / / Date of Birth / / Date of Birth   |
| First name  First name  First name  6. Name of periods  Name: | M.I.  M.I.  M.I.  M.I.  Corporation | Last name  Last name  Last name  Last name  Last name  Last name  Kumar  Middle Initial | se and equipme  | / / Date of Birth / / Date of Birth / / Date of Birth   |

| 7. What was the previous name and primary nature of the business operating at this   |
|--|
| location? Name: Morthern Gas 1/C   |
| Name: (Check Applicable Box(s) to identify primary business activity)  |
| Restaurant   |
| Tavern/Night Club/Wine Bar   |
| Microbrewery/Brewpub   |
| Painting/Craft Studio Other (describe) Gas Station   |
| Other (describe) Gas Statt DV  |
| 8. Was this premise licensed for alcohol sales/consumption during the past license year?   |
| Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.   |
| No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.             |
| 9. If alcohol sales were a previous use in this building, when did the operation cease?  months ago.   |
| 10. Seating capacity: Inside Outside   |
| 10. Seating capacity: Inside Outside Selling Up 6AM-9  11. Operating hours (Inside the building): 4M - 12AM Beer - 6AM - Operating hours (Outdoor seating areas):  |
| 12. Employees/Staff Number of floor personnel Number of door checkers  |
| 13. In general, state the size and operational details of the proposed establishment:  |
| <ul> <li>a. Gross <u>floor building area</u> of the premises to be licensed: <u>36x71 SQ Ft</u> square feet.</li> <li>b. Gross <u>outdoor seating</u> areas of the premises to be licensed: square feet.</li> <li>c. Below, identify the operational details of the proposed establishment:</li> </ul> |
| Gas Station, Convenience store, sell soda, chips,  |
| Gas Station, Conveinience Store, sell soda, chips, Beer, Candy et C.   |
| Signature Date   |

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

Submit to municipal clerk.

| must appo             | int an agent. The                          | following quest                       | ions must be answe                             | red by the age                     | ent. The appointme                                   | ent must be signed by addition made by the pro                                 | an officer of the       |
|-----------------------|--|---------------------------------------|--|------------------------------------|--|--|-------------------------|
| ·                     | verning body of:                           | ☐ Town<br>☐ Village                   | of APPLETON                                    |                                    |  | or <u>Owtagamie</u>  | •                       |
| The under             | rsigned duly autho                         | ☑ City<br>orized officer/me           | ember/manager of _                             | Overda<br>(Register                | Stylet Wi  | Mav+ (<br>n / Organization or Limited Li                                       | ability Company)        |
| a corporat            |  | r limited liability                   | 5K   |                                    | n alcohol beverage                                   | license for a premises   | known as                |
| located at            | 1306 S                                     | Overda                                | , Street "                                     | rade Name)                         |  |  |                         |
| appoints              | Prabli                                     | 1 Dhu                                 | ngana . (Name o                                | f Appointed Agen                   | t) .   |  |                         |
|                       | 4716 0                                     | o Grand                               | (Name o<br>Weadows<br>(Home Addre              | ss of Appointed A                  | Pleton, WI<br>Igent)                                 | 1,54914  |                         |
| to alcohol            | beverages condu                            | icted therein. Is                     | applicant agent pres                           | sently acting ir                   | n that capacity or re                                | ne premises and of all le<br>equesting approval for<br>ther location in Wiscon | any corporation/        |
| X Yes                 | □No Ifs<br>NneBP 102                       | o, indicate the c<br>_E Www. St -     | orporate name(s)/lim                           | nited liability co<br>S4944        | ompany(ies) and m<br>Kimberty B                      | unicipality(ies).  130 W KIMBER  Yes  No Solvin Wisconsin?                     | ly the Kimber           |
| Is applica            | nt agent subject to                        | completion of t                       | he responsible beve                            | rage server tra                    | aining course?                                       | Yes No   |                         |
| How long              | immediately prior                          | to making this a                      | application has the ap                         | oplicant agent                     | resided continuous                                   | sly in Wisconsin? _5   | Ince 2012               |
| Place of r            | esidence last yea                          | 1 d/fl 1                              | W Grand Me                                     | adows D                            | r Appleton   | , 41,54914   | -                       |
|                       | For  | r: Oneida                             | Street M. Wame of                              | ini ma                             | (rt 11C  |  |                         |
|                       | Ву   | /:                                    | (Name o  | NJ                                 | rganization / Limited Lia<br>Officer / Member / Mana |  |                         |
| Any perso<br>\$1,000. | on who knowingly                           | provides materi                       | ally false information                         |                                    |  | ay be required to forfeit  | not more than           |
|                       |  |                                       | ACCEPTA  | ANCE BY AG                         | ENT  |  |                         |
| I,                    | abhy 1                                     | Myngo<br>(Print / Type                | YG<br>Agent's Name)                            |                                    | , hereby a   | accept this appointmen   | t as agent for the      |
| corporation beverage  | on/organization/lir<br>s conducted on th   | nited liability co<br>re premises for | mpany and assume<br>the corporation/orga       | e full respons<br>anization/limite | ibility for the cond<br>ed liability company         | duct of all business re<br>y.<br>Agent's age                                   | elative to alcohol      |
| 4716                  | , , , ,                                    | <u> </u>                              | S DV , APQV<br>e Address of Agent)             | eton, w                            | (Date)<br>1,54914                                    | Date of birth  | 0000                    |
|                       |  |                                       | PROVAL OF AGEN<br>lerk cannot sign or          |                                    |  | •  |                         |
| l hereby of the chara | certify that I have<br>acter, record and r | checked munici<br>eputation are sa    | pal and state crimina<br>atisfactory and I hav | al records. To<br>e no objection   | the best of my kno<br>to the agent appo              | owledge, with the avail<br>pinted.   | able information,       |
| Approved              |  | by                                    | (0)  | roper Local Officia                | T  | itle   | esident Police Chiefi   |
|                       | (Date)                                     |                                       | (Signature of Pr                               | uper Lucai Onicia                  |  |  | n Department of Revenue |
| AT-104 (R. 4-1        | 18)  |                                       |  |                                    |  | Wisconsii  | n pebarment of Revenue  |

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

Submit to municipal clerk.

| must appoin              | t an agent. The  | following questi                         | ons must be an    | nswered by     | the agent. Th  | ne appoii  | ntment m    | everages and/or intoused by a some of the signed by a some of the proper | n officer of the    |
|--------------------------|------------------|--|-------------------|----------------|--|------------|-------------|--|---------------------|
| To the gover             | rning body of:   | ☐ Town<br>☐ Village<br>✔ City            | of Appleto        | on .           |  | Cou        | nty of O    | utagamie   |                     |
| The undersig             | gned duly autho  | orized officer/me                        | mber/manager      | of BARK        | Enterta  | ainme:     | nt LLO      | C<br>anization or Limited Liab   | allity Company)     |
| a corporation            | lorgonization o  | r limited liability                      | omnany makin      |                |  |            |             | se for a premises k  |                     |
| •                        | Comedy           | •  | Joinparty making  | g applicatio   | on for an alcor  | ioi pevei  | age ilceri  | se for a prefilises r  | nown as             |
|                          |                  |  | ·····             | (Trade Nar     |  |            |             |  |                     |
| located at _1            | 1004 S Ol        | de Oneida                                | St, 3rd           | Floor          | Appleto  | n WI       | 54915       |  |                     |
| appoints                 | achery W         | roblewski                                | (Na               | ame of Appoint | led Agent)   |            |             |  |                     |
| $\epsilon$               | 21 East          | Brewster                                 | Street A          | Appleto        | n WI 549   | 911        |             |  |                     |
|                          |                  |  | (Home A           | Address of App | pointed Agent)   |            |             |  |                     |
| to alcohol be            | everages condu   | cted therein. Is a                       | applicant agent   | presently a    | cting in that o  | capacity   | or reques   | mises and of all bu<br>ting approval for a<br>ocation in Wisconsi  | ny corporation      |
| Yes                      | ✓ No If so       | o, indicate the co                       | rporate name(s    | )/limited lial | bility company   | y(ies) an  | d municip   | ality(ies).  |                     |
| Is applicant a           | agent subject to | completion of th                         | e responsible b   | everage se     | erver training o   | course?    | Ye          | s No   |                     |
|                          |                  |  |                   |                |  |            | iously in \ | Nisconsin? 2   | years               |
| Place of resi            | idence last year | 621 E                                    | Brewste           | r St.          | Appleton   | , W.       | 54          | 711  | •                   |
|                          | For              | BARK Ent                                 | _                 |                | • •  |            |             |  |                     |
|                          | Ву               | Busi                                     | (Na               |                | ation / Organizatio  |            |             | ompany)  |                     |
|                          | -,               | Jenu                                     | Fands             | (Signa         | ature of Officer / N                                       | Member / M | fanager)    |  |                     |
| Any person v<br>\$1,000. | who knowingly p  | orovides materia                         | lly false informa | tion in an a   | pplication for   | a license  | may be      | required to forfeit n  | ot more than        |
|                          |                  |  | ACCE              | EPTANCE E      | BY AGENT   | ii         |             |  |                     |
| I, Zacher                | y Wroble         | wski<br>(Print / Type A                  | gent's Name)      |                | nakangalahi ki wakana asa na asa asa asa asa asa asa asa a | , herel    | by accept   | this appointment a   | s agent for the     |
|                          |                  | nited liability cor<br>e premises for th |                   |                |  |            |             | f all business rela  | tive to alcoho      |
| 1                        | 1                | gnature of Agent)                        |                   | •              | 4/2  | 7/27       | 2           | Agent's age  |                     |
| 621 Eas                  |                  | er Street                                | Appleto           | n WI 5         | (Da<br>4911  | ne)        |             | Date of birth  |                     |
|                          |                  | (Home                                    | Address of Agent) |                |  |            |             |  |                     |
|                          |                  |  | ROVAL OF AG       |                |  |            |             |  |                     |
|                          |                  | checked municip                          |                   |                |  |            |             | ge, with the availab   | le information      |
| Approved on              | ı                | bv                                       |                   |                |  |            | Title       |  |                     |
| , ippiovou on            | (Date)           | ~ <i>-</i>                               | (Signature o      | of Proper Loca | al Official)   |            | (To         | own Chair, Village Presid  | tent, Police Chief) |

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| Individual's Full Name (please print) (last name)   | (first name)   |   | (middle n   | ame)   |
|---|--|---|---|--|
| Wroblewski  | Zachery  |   | J   | •  |
|   |  | ity   | State   | Zip Code   |
| 621 East Brewster Street  | 1  | Appleton  | WI  | 54911  |
| Home Phone Number   |  | ate of Birth  | Place of E  | 1 1 4  |
|   |  |   | Ports   | smouth, VA   |
| The above named individual provides the followard for an alcohol beverage license A member of a partnership which is make Agent  (Officer / Director / Member / Manager / Agent)  which is making application for an alcoho   | as an <b>individual</b> .<br>king application for an alcoho<br>of BARK Ente:   | l beverage license.   | LC  | iit Organization)  |
| The above named individual provides the follo   | owing information to the licen   | sing authority:   | 9   |  |
| 1. How long have you continuously resided in  | n Wisconsin prior to this date   | 3 . Y   | s years   |  |
| Have you ever been convicted of any offer violation of any federal laws, any Wiscons or municipality?   | in laws, any laws of any othe court, trial date and penalty i  | r states or ordinand<br>  | es of any county  | Yes 🔽 No   |
| <ol> <li>Are charges for any offenses presently pe for violation of any federal laws, any Wiscomunicipality?</li></ol>  | onsin laws, any laws of other or or are you an officer, direc f a limited liability company h                                  | states or ordinance tor or agent of a cololding or applying for a cololding | es of any county or  rporation/nonprofit or any other alcoho  | Yes V No   |
|   | , .  | nd Type of License/Permit)  |   |  |
| <ol> <li>Do you hold and/or are you an officer, dire<br/>member/manager/agent of a limited liabilit<br/>brewery/winery permit or wholesale liquor<br/>If yes, identify.</li> </ol>  | ty company holding or applyi<br>, manufacturer or rectifier per  | ng for a wholesale t  | peer permit,  | Yes 🗸 No   |
| o at the state of | ale Licensee or Permittee)<br>al order last two employers.   |   | (Madross by Grey and  |  |
| Employer's Name  SUAR Fox Cities, Inc. 21  Employer's Name  Employer's Name   | over's Address I E Franklin St. STE over's Address Open's Address Open's Address Open's Address                                | A. Appleton, WI   | Sanuay 2016  May 2015   | 10 May 2021  |
| READ CAREFULLY BEFORE SIGNING: Up been truthfully answered to the best of the kn application; that the applicant has read and m correct. The undersigned further understands under penalty of state law, the applicant may tion. Any person who knowingly provides mat  | nowledge of the signer. The s<br>ade a complete answer to ear<br>that any license issued contr<br>be prosecuted for submitting | , the undersigned s<br>igner agrees that he<br>ch question, and tha<br>ary to Chapter 125<br>false statements a   | tates that each of the lates that each of the lates the person at the answers in each of the Wisconsin Standarfidavits in control | n named in the foregoing<br>ach instance are true and<br>tatutes shall be void, and<br>nection with this applica |

#### 4/26/22 Rel 3546-6

License Number

Period Covered

MUNICIPAL USE ONLY

## **Application for Cigarette and Tobacco Products Retail License**

Submit to municipal clerk.

required to forfeit not more than \$1,000.

| Applicant's Wisconsin 15-digit Sales Tax Account Number  This must be issued in the same Legal Name of the licensee below. |  |   |   |   |                                     |   | Date of                        | Issuance  |   |
|--|--|---|---|---|-------------------------------------|---|--------------------------------|---|---|
| Legal Name (corporation  |  | company, partnership                                  | or sole proprietorship)   | ***   |                                     |   | Federal                        | Employer Identification                                       | 1 No. (FEIN)                            |
| Justin Be  |  |   |   |   |                                     |   |                                |   |   |
| Trade or Business Nar  | *  |   |   |   |                                     |   | Telepho                        | ne Number   |   |
| Smokin Glass II LLC  Business Address (License Location) Business Located In   |  |   |   |   |                                     | Busines                                       | s Telephone                    |   |   |
| 1107 W Wi  | City                                       | Village   | Town  | i   | ) 9031986                           |   |                                |   |   |
| Municipality   | 0011011                                    | State   | Zip Code  |   |                                     | hansed  | County                         |   |   |
| Outagamie  |  | WI  | 54914   | of: Applet  | con                                 |   | Outa                           | agamie  |   |
| Mailing Address (if diff   | erent than Busi                            | iness Address)  |   | Municipality  |                                     |   | State                          | Zip Code  |   |
| Organization (che  | ck one)                                    |   |   |   |                                     | <u>, , , , , , , , , , , , , , , , , , , </u> | <u> </u>                       |   |   |
| Sole Proprieto   | or   | ☐ Wisconsi  | n Corporation – Ente  | er date incorpor  | ated:                               |   |                                |   |   |
| Partnership  | ***  | Out-of-St   | ate Corporation – A   | e you registere   | d to do bu                          | usiness in V                                  | Viscons                        | in?   | ☐ No                                    |
| Other (describ   | ne)  |   |   |   |                                     |   |                                |   |   |
| ✓ Yes  |  |   | licant understand t<br>bbers, or subjobbe   |   |                                     |   |                                |   |   |
| ✔ Yes ☐ No   | u<br>a                                     | intaxed tobac   | cant understand the<br>co products from<br>the Wisconsin De                               | an out-of-state   | compar                              | ny? (Toba                                     | cco Pr                         | oducts Distribute   | or permit is                            |
| Yes No   |  |   | icant understand t<br>etailer, including tr   |   |                                     |   |                                |   | o products                              |
| Yes No   |  |   | cant understand th<br>sin Department of   |   |                                     | nployees wi                                   | ith toba                       | cco sales trainin   | g approved                              |
| ✓ Yes  |  |   | icant understand t<br>nicotine products t   |   |                                     |   |                                |   |   |
| ✓ Yes  | o 6. D                                     | oes the appl  | icant understand th   | nat they may n  | ot sell si                          | ngle cigare                                   | ttes?                          |   |   |
| Yes No   |  |   |   |   |                                     |   |                                | tion by the   |   |
| ✓ Yes ☐ No   | th   |   | cant understand th<br>Department of Jus<br>t  |   |                                     | Directory o                                   | of Certif                      |   |   |
| Cigarettes / Toba  | acco will be                               | sold  | over counter  | ☐ thro  | ugh vend                            | ding machi                                    | ne                             | ☐ both  |   |
| been truthfully and<br>that the rights and<br>por-tion of a licen  | swered to th<br>d responsib<br>sed premise | ne best of the<br>dilities conferre<br>es during insp | Under penalty prov<br>knowledge of the ap<br>ed by the license(s)<br>pection will be deen | oplicant. Applica<br>, if granted, ca<br>ned a refusal to | ant agree<br>nnot be a<br>permit in | s to operate<br>assigned to<br>napection.     | e this bu<br>anothe<br>Such re | usiness according<br>er.Any lack of acc<br>efusal is a misden | to law and<br>cess to any<br>neanor and |

**Applicable Laws and Rules** 

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

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



11-01-09

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

# APPLICATION for the Operation of a PET STORE/KENNEL

| EES ARE NON-REFUNDABLE        | Date Rec'd 3/22/27        |
|-------------------------------|---------------------------|
| ee SECTION 5 for Fee Schedule | CLPETK                    |
| License Fee - Initial 💲 💁     | Acct. 1,1030,4309         |
| License Fee – Renewal \$      | Acct. 11030.4309          |
| nvestigation Fee + \$ 7.0     | 00 Acct. 100,23 <u>59</u> |
| Total Amount Paid 💲 🦰 🖰       | Receipt_ <u>3369</u> -    |

| SECTION 1 – BUSINESS LOCA        | ATION                   | – Ansı               | wer all question   | ns complete    | lv. Please  | PRINT cl                      | early                                  |               |
|----------------------------------|-------------------------|----------------------|--------------------|----------------|-------------|-------------------------------|--|---------------|
| NOTE: The location of a Ke       |                         |                      |                    |                |             | 177 1037 776 10 0310 27 0 132 | rogerous and break and the second con- | 1,741, 117    |
| Rusiness Name . I .              | labi                    | 1 ,                  |                    |                | <del></del> |                               | <del>-</del>                           |               |
| Business Street Address 135      | U U                     | N (                  | illege Ave         | Suite B        | City        | Fon                           | State<br>ルエ                            | Zip 5 4914    |
| Business Telephone Number 9/     | 20 -60                  | ۲7_                  | 1833               |                |             |                               |  |               |
| SECTION 2 - APPLICANT INF        |                         |                      | 1.5.3              |                |             |                               |  | 200           |
| Name Cho: S                      | chol                    | س(٥                  | hói Scha           | Ke)            |             |                               |  |               |
| Home Street Address  /0 93       | 5 Re                    | red                  | SI.                |                | City        | neh                           | State W I                              | Zip<br>5495Cs |
| Date of Birth                    |                         | <u> </u>             |                    | Male 🔀         | Female      | Telephon                      | e Number                               |               |
| SECTION 3 - SERVICES TO E        | E PRO                   | VIDED                | )                  | 2              |             |                               |  |               |
| Please check the type(s) of serv | Charles Carling Control | enternation design   |                    | fer: \\\d'\Liv | ve animals  |                               | Pet Food                               |               |
| Pet Accessories                  |                         | Fish                 | P                  | Other (2.4)    |             | 1.                            |  |               |
| SECTION 4 - PENALTY NOTI         |                         |                      | <u>ı`</u>          | ,              |             | 1                             |  |               |
| Signature of Applicant:          | لک                      | 2                    | QL                 | <u>~e</u>      |             |                               |  |               |
| SECTION 5 – FEE SCHEDULE         |                         |                      | F. 177 400         |                |             |                               | <b>A</b> 0                             |               |
| Pet Store License                |                         | $\neg \triangleleft$ | Initial Fee - \$90 |                |             | wal Fee –                     |  |               |
| Kennel License                   |                         |                      | 10 or less anima   | ******         |             |                               | als - \$130.00                         |               |
|                                  |                         |                      | 50 or less anima   | ls - \$255.00  | 1           |                               | nimals - \$5.00<br>n of \$280.00       | per animal    |
| FOR OFFICE USE ONLY              |                         |                      |                    |                |             |                               |  |               |
| Dept.                            |                         | Approv               | e Deny             | Ву             |             | Reason                        |  |               |
| Police                           |                         |                      |                    |                |             |                               |  |               |
| Fire                             |                         |                      |                    |                |             |                               |  |               |
| City Sealer                      |                         |                      |                    |                |             |                               |  |               |
| Inspection                       |                         |                      |                    |                |             |                               |  |               |
| Community Development            |                         |                      |                    |                |             |                               |  |               |
| S&L                              | Counc                   | il                   |                    | Date Issued    |             | Ехр. Г                        | Date                                   |               |
|                                  |                         |                      |                    |                | Lice        | nse Numbe                     | *                                      |               |



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

# APPLICATION for the Operation of a PET STORE/KENNEL

| FEES ARE NON-REFUNDABLE          | Date Rec'd <u>5 / 2 / 22</u> |
|----------------------------------|------------------------------|
| See SECTION 5 for Fee Schedule   |                              |
| License Fee - Initial \$         | Acct. Code: CLPETK           |
| License Fee – Renewal \$ 5       | Acct. Code: CLPETK           |
| Investigation Fee + \$ 7.00      |                              |
| Total Amount Paid \$ 82          | Receipt 556                  |
| License period July 1 to June 30 | 3568-5                       |

\*PLEASE ALLOW 4 WEEKS FOR PROCESSING\*

| SECTION 1 – BUSINESS LOCA                        | TION –       | Answe   | er all quest                          | ions co   | mplete   | ly. Please                            | PRINT clear   | y                                   |               |  |
|--|--------------|---------|---------------------------------------|-----------|--|---------------------------------------|---------------|-------------------------------------|---------------|--|
| NOTE: The location of a Ken                      |              |         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |           |  | ALCOHOLOGIC PROGRAMMA                 |               | Control of the second second second |               |  |
| Business Name                                    |              | 1.      |                                       |           |  |                                       |               |                                     |               |  |
| HSA Corporation dba P<br>Business Street Address | et Sup       | plies   | Plus                                  |           |  | Cit.                                  |               | State                               | 7 in          |  |
| 702 W Northland Ave                              |              |         |                                       |           |  | City                                  | ٥n            | WI                                  | Zip<br>54914  |  |
| Business Telephone Number                        |              |         |                                       | N. S.     |  |                                       |               |                                     |               |  |
| 920-832-3858                                     |              |         |                                       |           |  |                                       |               |                                     |               |  |
| SECTION 2 - APPLICANT INFO                       | ORMAT        | ION     |                                       |           |  |                                       |               |                                     |               |  |
| Name Argela DeHaan                               |              |         |                                       |           |  |                                       |               |                                     |               |  |
| Home Street Address                              |              |         |                                       |           |  | City                                  | 1.1.          | State                               | Zip<br>49401  |  |
| B985 Buchanan St                                 |              |         |                                       | Mal       | <u> </u>   | Female                                | Telephone N   | M /                                 | 179901        |  |
| Date of Birth                                    |              |         |                                       | l Wildi   | C  | ×                                     | 0.000         |                                     |               |  |
| SECTION 3 – SERVICES TO BE                       | PROVI        | DED     |                                       |           |  |                                       |               |                                     |               |  |
| Please check the type(s) of servi                | ices your    | establi | shment will                           | offer:    | X Li   | ve animals                            | ×             | Pet Food                            |               |  |
| ۶ Pet Accessories                                | γ Fis        | sh      |                                       | > Oth     | er   |                                       |               |                                     |               |  |
| SECTION 4 – PENALTY NOTIC                        | Œ            |         |                                       |           |  |                                       |               |                                     |               |  |
| certify that the information prov                | h            | Dell    | clem                                  |           |  | the best o                            | r my knowledg | e and ben                           | er.<br>       |  |
| SECTION 5 – FEE SCHEDULE                         | **all fees i |         |                                       |           | <b>*</b> * * * * * * * * * * * * * * * * * *                 |                                       |               |                                     | ABABAR BALLAN |  |
| Pet Store License                                |              |         | nitial Fee - \$                       |           |  |                                       |               |                                     |               |  |
| Kennel License                                   |              | 1       | -10 animals                           | - \$62.00 | )  |                                       |               | animals - \$137.00                  |               |  |
| •  |              | 2       | 6-50 animal                           | s - \$262 | More than 50 animals - \$5.00 per with a minimum of \$287.00 |                                       |               | ) per animal                        |               |  |
| FOR OFFICE USE ONLY                              |              |         |                                       |           | MONEY.   |                                       |               |                                     |               |  |
| Dept.  | A            | pprove  | Deny                                  | Ву        |  |                                       | Reason        |                                     |               |  |
| Police   |              |         |                                       |           |  |                                       |               |                                     |               |  |
| Fire   |              |         |                                       |           |  |                                       |               |                                     |               |  |
| City Sealer                                      |              |         |                                       |           |  | · · · · · · · · · · · · · · · · · · · |               |                                     |               |  |
| Inspection                                       |              |         |                                       |           |  |                                       |               |                                     |               |  |
| Community Development                            |              |         |                                       |           |  |                                       |               |                                     |               |  |
| S&L 5-11-22                                      | Council      | 5-19    | 8-33                                  | Date      | Issued   |                                       | Exp. Date     |                                     |               |  |
|  |              |         |                                       |           |  | Lic                                   | ense Number   |                                     |               |  |



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

# APPLICATION for the Operation of a PET STORE/KENNEL

| FEES ARE NON-REFUNDABLE        | Date Rec'd リノシノシュ  |
|--------------------------------|--------------------|
| See SECTION 5 for Fee Schedule |                    |
| License Fee - Initial \$       | Acct. Code: CLPETK |
| License Fee – Renewal \$       | Acct. Code: CLPETK |
| Investigation Fee + \$ 7.00    | Acct. Code: CLCPIF |
| Total Amount Paid \$ 52        | Receipt 3546-3     |

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

| SECTION 1 – BUSINESS LOCATION           | – Answ     | er all questic   | ns complete | ly Please I     | PRINT clear               | IV.          |   |
|---|------------|------------------|-------------|-----------------|---------------------------|--------------|---|
| NOTE: The location of a Kennel o        |            |                  |             | <del></del>     |                           |              |   |
| Business Name Just Ret L                |            |                  |             |                 |                           |              | A34 (10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| Business Street Address 2009 A          | ). Ric     | chrond           | st.         | City App        | oletan                    | State        | Zip/19/1                                      |
| Business Telephone Number 920 - 7       | 33 -6      | 788              |             |                 |                           |              |   |
| SECTION 2 - APPLICANT INFORMA           | ATION      |                  |             |                 |                           |              |   |
| Name Crais Webs                         |            |                  |             |                 |                           |              |   |
| Home Street Address                     | Gerra      | n Ave            | ě           | City Ne         | nosha                     | State        | Zip<br>54952                                  |
| Date of Birth                           |            |                  | Male        | Female          | Telephone N               | umber        |   |
| SECTION 3 – SERVICES TO BE PRO          | VIDED      |                  |             |                 |                           |              |   |
| Please-check the type(s) of services yo | our establ | ishment will o   | ffer: Li    | ve animals      | 1                         | Pet Food     |   |
| Pet Accessories                         | Fish       | Į.               | Other       |                 |                           |              |   |
| SECTION 4 – PENALTY NOTICE              |            |                  |             |                 |                           |              |   |
|   | z le       | Jely             |             | o the best of 1 | ny knowledg               | ge and belie | ef.   |
| SECTION 5 - FEE SCHEDULE **all fe       |            |                  |             |                 |                           |              |   |
| Pet Store License                       |            | nitial Fee - \$9 |             |                 |                           |              |   |
| Kennel License                          | i          | -10 animals -    |             |                 | animals - \$1             |              |   |
|   | 2          | 6-50 animals     | - \$262.00  | l l             | than 50 anin<br>minimum o |              | per animal                                    |
| FOR OFFICE USE ONLY                     |            |                  |             |                 |                           |              |   |
| Dept.                                   | Approve    | Deny             | Ву          |                 | Reason                    |              |   |
| Police                                  |            |                  |             |                 |                           |              |   |
| Fire                                    |            |                  |             |                 |                           |              |   |
| City Sealer                             |            |                  |             |                 |                           |              |   |
| Inspection                              |            |                  | :           |                 |                           |              |   |
| Community Development                   |            |                  |             |                 |                           |              |   |
| S&L 5-11-22 Coun                        | cil 5-1    | 8-22             | Date Issued |                 | Exp. Date                 | <b>;</b>     |   |
|   |            |                  |             | Licen           | se Number                 |              |   |



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

### **APPLICATION** for **SALVAGE DEALER'S LICENSE**

**FEES ARE NON-REFUNDABLE** 

Date Recv'd 4 AS aa

License Fee - Local

\$200.00 Acct. 11030.4309

License Fee - Out of City

\$ 75.00 Acct. 11030.4309

Investigation Fee Total Amount Paid \_

+ 7.00 Acct. 100.2359 Receipt <u>3537</u>

License period July 1 to June 30

|   | JSINESS IN                              | NFORM.                                 | ATION     | – Answe    | r all ques                              | tions completely. Pl   | lease PRINT cle   | early        |             |
|---|---|--|-----------|------------|---|--|-------------------|--------------|-------------|
| Business Name<br>Mr C's Motorcyc  | les, LLC                                |  |           |            |   |  |                   |              |             |
| Business Street Ac<br>724 S. Outagam  | _                                       |  |           |            |   | City<br>Appleton   | State<br>WI       | Zip<br>54914 |             |
| Business Telephor<br>920-277-7062   | ne Number                               |  |           |            |   |  |                   |              |             |
| SECTION 2 - AI  | PPLICANT                                | INFORM                                 | OITAN     | V          |   |  |                   |              |             |
| Name<br>Janet Ristau  |   |  |           |            |   |  |                   |              |             |
| Home Street Addresse Avenue Street Addresse Street Address Street |   |  |           |            |   | City<br>Appleton   | Sta<br>WI         | te Z<br>54   | ip<br>911   |
| Date of Birth   |   |  |           | Male       | Female<br>X                             | Telephone Number   |                   |              |             |
| SECTION 3 - CO  | ORPORATI                                | ON INF                                 | ORMA      | TION – L   | ist names                               | , addresses and date   | es of birth of al | l officers.  |             |
| President<br>Egelseer, Eirc   | Last                                    |  |           | First      | 1                                       | Middle Initial   | Date of Birth     | Male<br>X    | Female      |
| Address<br>12 Ramlen Ct   |   |  |           |            |   | City<br>Appleton   | State<br>WI       | Zip<br>54915 |             |
| Vice President<br>Ristau, Janet   | Last                                    |  |           | First      |   | Middle Initial   | Date of Birth     | Male         | Female<br>X |
| Address<br>926 E College Av   | e                                       |  |           |            |   | City<br>Appleton   | State<br>WI       | Zip<br>54911 |             |
| Secretary<br>Ristau, Glenn  | Last                                    |  |           | First      |   | Middle Initial   | Date of Birth     | Male X       | Female      |
| Address<br>420 Green Haven  | Lane                                    | ······································ |           |            |   | City<br>Kaukauna   | State<br>WI       | Zip<br>54150 |             |
| Treasurer<br>Ristau, Daniel   | Last                                    |  |           | First      |   | Middle Initial   | Date of Birth     | Male<br>X    | Female      |
| Address<br>926 Manor PL   | *************************************** |  |           |            | *************************************** | City<br>Little Chute   | State<br>WI       | Zip<br>54140 |             |
| SECTION 4 – PI  | ENALTY NO                               | OTICE                                  |           | :          |   |  |                   |              |             |
| this application ma   | ay be suspendaw, I swear t              | ded for c                              | ause at a | ny time by | the Commo                               | the City of Appleton and Council. ication is true and correc |                   |              |             |
| FOR OFFICE US   | E ONLY                                  |  |           |            |   |  |                   |              |             |
| Dept.   | Approve                                 | Deny                                   | Ву        |            |   | Reason   |                   |              |             |
| Police  |   |  |           |            |   |  |                   |              |             |
| Fire  |   |  |           |            |   |  |                   |              |             |
| City Sealer   |   |  |           |            |   |  |                   |              |             |
| Inspection  |   |  |           |            |   |  |                   |              |             |

Date Issued

Exp. Date

License Number

Council 05/18/22

S&L

11-01-09

05/11/22



#### LICENSE APPLICATION

for
PAWNBROKER

X SECONDHAND ARTICLE DEALER
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

| FEES ARE NON-REFUN   | <b>DABLE</b> Date F | Recv'd 5 / 2 / 22    |
|----------------------|---------------------|----------------------|
| Pawnbroker           | \$217.00            | Acct. CLLPWN         |
| Secondhand Article   | \$97.00 /\$82.00    | orig/rnw (see below) |
| Secondhand Jewelry   | \$97.00 /\$82.00    | orig/rnw (see below) |
| Secondhand Mall/Flea | \$172.00            | Acct. CLLSMF         |
|                      | _                   |                      |
|                      | Receipt #           | 3570-1               |

|   |                      | · · · · · · · · · · · · · · · · · · · | • |
|---|----------------------|---------------------------------------|---|
| X | Original Application | Acct Code: CLLSJW                     |   |
|   | Renewal              | Acct Code: CLLSJR                     |   |

\*Please allow 4 weeks for processing\*

Instructions: Individual license – Complete Sections 1, 2, 3 and 6

Partnership license – Complete Sections 1, 2, 3, 4, and 6 Corporate license – Complete Sections 1, 2, 3, 5, and 6 Return application and required fees to:
OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET
APPLETON, WI 54911

| SECTION 1 - APPLICANT INF                           | ORMATION   |                            |   |         |                           |  |  |
|---|--|----------------------------|---|---------|---------------------------|--|--|
| Applicant Name ( Last, First, MI)                   | Sex  | Race                       | Date of Birth                             | Place   | e of Birth (City & State) |  |  |
| Bartlett, Adam, L                                   | M  | l <sub>w</sub>             | 9999                                      | Osl     | Oshkosh, WI               |  |  |
| Street Address                                      | City   | State                      | Zip                                       |         | e Telephone Number        |  |  |
| 824 Powers St                                       | Oshkosh  | l <sub>W</sub>             | 54901                                     |         |                           |  |  |
| SECTION 2 – CONVICTION R                            |  |                            |   |         |                           |  |  |
| A felony within<br>Within the last of<br>A n<br>A s | ed on this application, been convicte the last ten (10) years? | NO PES eiture? YES On? YES | <b>™</b> NO<br><b>™</b> NO<br><b>™</b> NO | nation: |                           |  |  |
| SECTION 3 – BUSINESS INFO                           | PRMATION   |                            |   |         |                           |  |  |
| Business Name                                       | Street Address   | City                       | Stat                                      | e Zip   | Telephone Number          |  |  |
| Eroding Winds LLC                                   | 229 East College A   | ve App                     | leton WI                                  | 54911   | 9202307433                |  |  |
| Owner's Name  | Street Address   | City                       | Stat                                      |         | Telephone Number          |  |  |
| Adam Bartlett                                       | 824 Powers St  | Oshl                       | kosh WI                                   | 54901   | 0000                      |  |  |
| Business Manager's name                             | Street Address   | City                       | Stat                                      | e Zip   | Telephone Number          |  |  |
| same as above                                       | 824 Powers St  |                            | Shkosh WI                                 | 54901   |                           |  |  |
| Building Owner's Name                               | Street Address   | City                       | Stat                                      | e Zip   | Telephone Number          |  |  |
| Noble Assets  | 600 E Parkway Blvd   | Appl                       | eton WI                                   | 54911   | 00000                     |  |  |

| Partnership Name                     | :             |             |            |             |   |                |                     |               |  |
|--------------------------------------|---------------|-------------|------------|-------------|---|----------------|---------------------|---------------|--|
| •                                    |               |             |            |             |   |                |                     |               |  |
| List name, address, sex              | , race and da | te of birt  | h of all p | artners.    | Attach additional sheets, i                           | f necessary    |                     |               | ne salah |
| Name (Last, First, MI)               |               | Sex         | Race       | DOB         | Street Address  |                | City                | State         | Zip  |
|                                      |               |             |            |             |   |                |                     |               |  |
|                                      |               |             |            |             |   |                |                     |               |  |
| SECTION 5 – CORF                     | ORATE IN      | FORMA       | TION       |             |   |                |                     |               |  |
| Corporation Name<br>Eroding Winds LL |               |             |            |             |   |                | Sta<br>Wl           | te of Inco    | p.   |
|                                      |               | ite of birt | h of all p | artners.    | Attach additional sheets, i                           | f necessary    | 1                   |               |  |
| Name (Last, First, MI)               |               | Sex         | Race       | DOB         | Street Address  |                | City                | State         | Zip  |
| Bartlett, Adam                       | , L           | М           | W          |             | 824 Powe  | ers St         | Oshkosh             | WI            | 54901  |
|                                      |               |             |            |             |   |                |                     |               |  |
|                                      |               |             | ļ          |             |   |                |                     |               |  |
|                                      |               |             |            |             |   |                | 1                   |               |  |
| SECTION 6 – PENA                     | ALTY NOTIC    | Œ           |            |             |   |                |                     |               |  |
| I understand that this I             | icense may b  | e denied    | or revoke  | ed for frau | d, misrepresentation or fa                            | lse statements | contained in the ap | plication or  | for any  |
| violation of Wis. Stats.             |               |             |            |             |   |                |                     |               |  |
|                                      |               |             |            |             | his application is true and lied in this application. | correct to the | best of my knowled  | ge. Tagree to | inform the   |
| Signature of Applicant               | Ill           | W           | <u></u>    |             | ı   |                | D                   | ate 4 / 2     | 29 / 22  |
|                                      |               |             |            |             |   |                |                     |               |  |
| FOR OFFICE USE C                     | INLY          |             |            |             |   |                |                     |               |  |
| FOR OFFICE USE C                     | Approve       | Deny        | Ву         |             |   | Re             | eason               |               |  |
| Dept                                 |               | Deny        | Ву         |             |   | Re             | ason                |               |  |
| <b>Dept</b> POLICE                   |               | Deny        | Ву         |             |   | Re             | ason                |               |  |
| - Bay                                |               | Deny        | Ву         |             |   | Re             | eason               |               |  |
| Dept POLICE FIRE                     |               | Deny        | By         |             |   | Re             | eason               |               |  |

•

### **GRANT TRACKING FORM**



| PART #1: Notification of Grant Funds (email to tony.saucerman@appleton.org)   |
|---|
| APPLICANT DEPARTMENT: Appleton Fire Department DATE: 5 / 3 / 26   |
| APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Doug Vrechek/Battalion Chief   |
| COMMITTEE OF JURISDICTION: Safety & Licensing Committee   |
| NAME OF GRANT/FUNDING SOURCE: WE Energies Foundation Grant  |
| AMOUNT OF GRANT REQUEST: \$\frac{\$2,000}{}\$ LOCAL MATCH REQUIREMENT: \$\frac{0}{}\$   |
| SOURCE OF MATCH: General Fund Non-General Fund Not Applicable   |
| TIMEFRAME OF GRANT: 06 / 01 / 2022 through 12 / 31 / 2022   |
| TYPE OF GRANT REQUEST: Monetary Other (explain under 'purpose of grant')  |
| PURPOSE OF GRANT (summary):   |
| To purchase manikins for training purposesfour adult and four pediatric CPR manikins.   |
| How does the grant meet City/Department/Program goals?  |
| The manikins requested are critical for realistic medical training scenarios and assists the department in protecting the lives and property of the citizens of the City of Appleton. |
| What are the personnel requirements (include both existing and new staff) of the grant?   |
| There are no personnel requirements other than ordering the manikins and putting them into service.   |
| DEPARTMENT HEAD SIGNATURE:  |
|   |
| PART #2: Request to Accept Grant Funds (complete after notification of grant award; email to tony.saucerman@appleton.org)   |
| AMOUNT OF GRANT AWARD: \$ FEDERAL/STATE ID #:   |
| LOCAL MATCH REQUIREMENT: \$   |
| Please describe the source of match, if applicable:   |
| Please describe any major changes in proposed grant-funded activities:  |

| PART                  | то:          | DATE: | то:               | DATE: | TO:               | DATE: |
|-----------------------|--------------|-------|-------------------|-------|-------------------|-------|
| #1: Request to Apply  | Finance Dept |       | COJ – Info/Action |       | FAC – Info/Action |       |
| #2: Request to Accept | Finance Dept |       | COJ – Action      |       | FAC – Action      |       |