



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, September 7, 2022

6:30 PM

Council Chambers, 6th Floor

SPECIAL

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[22-1092](#) Minutes from July 27, 2022 Safety & Licensing Committee Meeting.

Attachments: [S & L Minutes 7-27-22.pdf](#)
4. **Public Hearings/Appearances**
5. **Action Items**

[22-1063](#) Class "B" Beer and "Class C" Wine License application for All Tied Up Floral Cafe LLC d/b/a All Tied Up Floral Cafe, Aaron Phillipson, Agent, located at 324 E College Ave, contingent upon approval from the Inspections department.
Attachments: [All Tied Up Floral Cafe-1.pdf](#)

[22-1114](#) Class "A" Beer and "Class A" Liquor Change of Agent application for Ultimate Mart LLC d/b/a Pick N Save #8123, Andrew Rosenberg, New Agent, located at 2700 N Ballard Rd.
Attachments: [Andrew Rosenberg S&L.pdf](#)

[22-0984](#) Secondhand Article License application for Left Behind LLC, Michael Day, Applicant, located at 205 W Wisconsin Ave.
Attachments: [Left Behind LLC S&L.pdf](#)

[22-0986](#) Temporary Class "B" Beer and "Class B" Wine License application for St Joseph Catholic Church, Jacque A Bartels, Person in Charge, located at 404 W Lawrence St, on September 10-11, 2022, contingent upon approval from the Fire, Health and Inspections departments.
Attachments: [St Joseph Catholic Church S&L.pdf](#)

[22-1055](#)

Temporary Class "B" Beer and "Class B" Wine License application for Fox Cities Chamber of Commerce, Laura Dederling, Person in Charge, located at 125 N Superior St, on September 15, 2022, contingent upon approval from the Health and Inspections departments.

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

6. Information Items

[22-1115](#)

Intent to Apply- Hazardous Materials Emergency Preparedness (HMEP) Grant

Attachments: [Intent to Apply - HMEP Grant - 08.24.2022.pdf](#)
[HMEP Core & Specialized HazMat Training.pdf](#)

[22-1048](#)

Special Events:

Music of Life Church Service in the Park, Jones Park, July 24, 2022
Trout Museum of Art, Art at the Park, City Park, July 24, 2022
N.E.W. Hmong Professionals Free Covid-19 Vaccine Clinic, Kiwanis Park, July 28, 2022
Appleton Police Department, National Night Out, August 2, 2022
Mile of Music, Downtown Appleton, August 4-7, 2022
Democratic Party of Outagamie County Corn Roast, Derks Park, August 15, 2022
ThedaCare Job Fair, Erb Park, August 15, 2022
The A.R.T.S. Rise Fest, Pierce Park, August 21, 2022
The Family Radio Network - Summer Concert Series, Pierce Park, August 25, 2022
Trout Museum of Art - Exhibit Opening, Houdini Plaza, August 26, 2022
Apple Tree Connections, Dash for Dreams 5K, 5020 N Providence Ave Neighborhood, August 27, 2022
Miller Electric Family Picnic, Pierce Park, August 27, 2022
Sistar Society Grand Opening Community Family Fun Day, Jones Park, August 27, 2022
Appleton Public Library, Movie Night with the Library, Houdini Plaza, September 9, 2022
Stephen Foster Elementary School, Family Fun Run, Foster Grounds and Neighborhood, September 16, 2022
Irish Fest of the Fox Cities, Jones Park, September 16-17, 2022
License to Cruise, Fox Cities Chamber of Commerce, College Ave, September 23, 2022
Octoberfest, Fox Cities Chamber Foundation, College Ave, September 24, 2022
Xavier High School Homecoming Fun Run & Dog Walk, Xavier HS Neighborhood, September 24, 2022
Appleton West Homecoming Parade, Appleton West Neighborhood, September 30, 2022
Appleton East Homecoming Parade, Appleton East Neighborhood, September 30, 2022
Making Strides Against Breast Cancer of the Fox Valley, American Cancer Society, Telulah Park, October 8, 2022

[22-1093](#)

Director Reports

1. City Clerk
2. Fire Chief
3. Police Chief
 - July 2022 Traffic Stop Heat Map

Attachments: [Traffic Stop data July 2022.pdf](#)

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.



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100 North Appleton Street
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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, July 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

[22-0941](#)

Approval of minutes from July 13, 2022 meeting.

Attachments: [S & L Minutes 7-13-22.pdf](#)

Hartzheim moved, seconded by Wolff, 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

[22-0968](#)

Resolution #8-R-22 Requesting an Advisory Referendum related to Marijuana Legalization for the November 8, 2022 election ballot

Attachments: [#8-R-22 Advisory Referendum Res- Marijuana Legalization..pdf](#)
[Memo RE Res 8-R-22 Advisory Referendum.pdf](#)

The recommendation to deny the Resolution failed 1/4

Hartzheim moved, seconded by Croatt, that the Resolution be recommended for denial. Roll Call. Motion failed by the following vote:

Aye: 1 - Hartzheim

Nay: 4 - Schultz, Croatt, Alfheim and Wolff

The Referendum Question was amended to read:

"Should marijuana be legalized for adult-use, taxed, and regulated like alcohol in the State of Wisconsin?"

Wolff moved, seconded by Schultz, that the Resolution be amended to revise the referendum question as stated above. Roll Call. Motion carried by the following vote:

Aye: 4 - Schultz, Croatt, Alfheim and Wolff

Nay: 1 - Hartzheim

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

Aye: 4 - Schultz, Croatt, Alfheim and Wolff

Nay: 1 - Hartzheim

Balance of the action items on the agenda.

Hartzheim moved, Alfheim seconded, to approve the balance of the agenda.

The motion carried by the following vote:

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

[22-0238](#)

Class "B" Beer and "Class B" Liquor License application for Chandelier LLC d/b/a Broken Chandelier, Kyle E Jones, Agent, located at 215 W College Ave, contingent upon approval from the Health and Inspections departments.

Attachments: [Broken Chandelier.pdf](#)

[SUP 13-08 Transfer Report 3-18-22 final- Broken Chandelier.pdf](#)

This Report Action Item was recommended for approval

[22-0872](#)

Class "B" Beer License application for The Breaking Point LLC d/b/a Breaking Point, Courtney Hayden, Agent, located at 2011 N Richmond St, contingent upon approval from the Health and Inspections departments.

Attachments: [Breaking Point -1.pdf](#)

[Resolution The Breaking Point SUP#5-21 SIGNED LiquorLicense.pdf](#)

This Report Action Item was recommended for approval.

[22-0963](#)

Class "B" Beer and "Class B" Liquor License application for Topsy Taco & Tequila Bar LLC d/b/a Topsy Taco & Tequila Bar, Sarah J Gregory, Agent, located at 127 S Memorial Dr, contingent upon approval from the Inspections department.

Attachments: [Topsy Taco & Tequila Bar-1.pdf](#)

This Report Action Item was recommended for approval.

[22-0593](#)

Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment application for Stone Arch Brewpub, Steve Lonsway, Agent, located at 1004 S Olde Oneida St, on August 4-7, 2022, contingent upon approval from the Community Development and Inspections departments.

Attachments: [Stone Arch Brewpub.pdf](#)

This Report Action Item was recommended for approval.

[22-0902](#)

Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for S C Carrow Corp d/b/a Rookies Sports Bar & Grill, Steve Carrow, Agent, located at 325 N Appleton St, on August 4-7, 2022, contingent upon approval from the Inspections department.

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

This Report Action Item was recommended for approval.

[22-0776](#)

Temporary Class "B" Beer and "Class B" Wine License application for St. Pius X Catholic Church, Andrew Miles, Person in Charge, located at 500 W. Marquette St, on August 26-28, 2022, contingent upon approval from the Inspections department.

Attachments: [St Pius X Church Picnic S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0883](#)

Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, at Jones Park, on August 4-7, 2022, contingent upon approval from the Health and Inspections departments.

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

This Report Action Item was recommended for approval.

[22-0758](#) Temporary Class "B" Beer and "Class B" Wine License application for Irish Fest of the Fox Cities, Matthew F Miller, Person in Charge, Jones Park, September 16-17, 2022, contingent upon approval from the Inspections department.

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

This Report Action Item was recommended for approval.

[22-0911](#) Temporary Class "B" Beer License application for Democratic Party of Outagamie County, Jacklyn J Fischer, Person in Charge, Derks Park, 3220 Guyette Dr, August 15, 2022, contingent upon approval from the Health department.

Attachments: [Democratic Party of Outagamie County S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0961](#) Class "A" Beer / "Class A" Liquor - Cider Only License Change of Agent application for True North Energy LLC d/b/a True North #822, Michelle A Knox, New Agent, located at 3411 N Ballard Rd.

Attachments: [Michelle A Knox S&L.pdf](#)

This Report Action Item was recommended for approval.

[22-0945](#) Taxicab Company & Limousine Service License Application for Dynasty Limousine Service LLC, 1900 Vandenberg Ln, Kaukauna, WI 54130, Diana & John Wolters.

Attachments: [Diana Wolters- Dynasty Limousine Service LLC.pdf](#)

This Report Action Item was recommended for approval.

6. Information Items

[22-0944](#) Traffic Safety Update
- Introduction of Traffic Safety Officer Ryan McCord
- Traffic Stop Heat Map- June 2022

Attachments: [Traffic Stop data June 2022.docx](#)

[22-0880](#) 2022 Fire Department Mid-Year Report

Attachments: [2022 Mid-Year Report - 06-30-22.doc](#)

[22-0970](#) 2022 Legal Services-City Clerk's Office Mid-Year Report

Attachments: [2022 Mid Year Report-Legal Services.pdf](#)

[22-0969](#) Speakeasy Bar Concerns

Attachments: [Speakeasy Bar Concerns 7-19-2022.pdf](#)

[22-0943](#) Police Department information on Alcohol Law Violations
- Appleton Clark Gas Station, Sell alcohol to minor: 80 point violation
Total Points: 80

[22-0942](#) Director Reports
1. City Clerk
 - Partisan Primary Election Information
2. Police Chief
3. Fire Chief

7. Adjournment

**Wolff moved, seconded by Alfheim, that the meeting be adjourned at 6:30 p.m.
Roll Call. Motion carried by the following vote:**

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
TOTAL FEE	\$ <u>260</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
All Tied Up Floral Cafe, LLC

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

President / Member Last Name <u>Phillipson</u>	(First) <u>Aaron</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>10 Hycrest Ct. Appleton 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Phillipson</u>	(First) <u>Aaron</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>10 Hycrest Ct Appleton 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name All Tied up floral cafe Business Phone Number 920-257-4667
 2. Address of Premises 324 E College Ave Post Office & Zip Code Appleton 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
1st floor space of building. Approx 1385 sqft. Alcoholic beverages will be stored in kitchen - approx 192 sqft and in floral storage approx 156 sqft. Alcoholic beverages will be sold/served in dining area of business.

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
currently taking online responsible server course.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 5/7/2017 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <i>Phillipson, Aaron P</i>	Title/Member <i>President</i>	Date <i>2/14/2022</i>
Signature <i>[Signature]</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>2/10/22</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Aaron Phillipson

2. Name of Business: All Tied Up Floral Cafe

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

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

3. Address of Business: 324 E College Ave. Appleton WI 54911

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

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

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

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

<u>Aaron</u>	<u>P</u>	<u>Phillipson</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
			/ /
			/ /
			/ /
			/ /

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

Name: N/A New Construction

Address: _____
City State ZIP

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

Name: N/A NEW construction

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

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

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

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

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

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

N/A months ago.

10. Seating capacity: Inside approx 16-25 Outside approx 6-8

11. Operating hours (Inside the building): M-F 10am-8pm Fri-Sat 10am-11pm Sun 9-2
Operating hours (Outdoor seating areas): M-F 8am-5pm Fri-Sat 8am-5pm Sun 9-2

12. Employees/Staff

Number of floor personnel 4-6 Number of door checkers 0

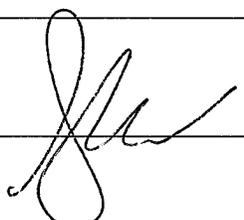
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 1385 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 48 square feet.

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

Full service florist, cafe, coffee house, gift and retail sales,
and evening food ~~and~~ wine and beer sales.

Signature 

Date 2/21/2022

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of All Tied Up Floral Cafe LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

All Tied Up
(Trade Name)
 located at 324 E College Ave Appleton, WI 54911

appoints Avon Phillipson
(Name of Appointed Agent)
10 Hycrest St. Appleton, WI 54914
(Home Address of Appointed Agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
All Tied Up Floral Cafe - Town of Buchanan

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 42 years

Place of residence last year 10 Hycrest St. Appleton, WI 54914

For: All Tied Up Floral Cafe
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

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

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

[Signature] 2/21/22 Agent's age 42
(Signature of Agent) (Date)
10 Hycrest St. Appleton, WI 54914 Date of birth [Redacted]
(Home Address of Agent)

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

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

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

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Ultimate Mart, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pick 'n Save #123
(Trade Name)

located at 2700 N Ballard Rd Appleton, WI 54911

appoints Andrew Rosenberg
(Name of Appointed Agent)
W2983 Farmstead Dr Appleton, WI 54915
(Home Address of Appointed Agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 36 years
Place of residence last year Same as Above

For: Ultimate Mart, LLC
(Name of Corporation / Organization / Limited Liability Company)
By: *Andrew Rosenberg* 8/23/22
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Andrew Rosenberg, hereby accept this appointment as agent for the
(Print / Type Agent's Name)
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
Andrew Rosenberg 8/22/22 Agent's age
(Signature of Agent) (Date)
W2983 Farmstead Dr Appleton, WI 54915 Date of birth / /
(Home Address of Agent)

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

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

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Rosenberg		Andrew		D	
Home Address (street/route)		Post Office	City	State	Zip Code
W2983 Farmstead Dr		Appleton	Appleton	WI	54915
Home Phone Number			Age	Date of Birth	Place of Birth
●●●●●●●●			●	●●●●●●	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Ultimate Mart, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

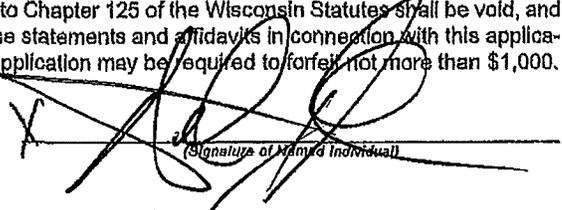
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 36 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Roundys Supermarkets	875 E Wisconsin Ave MKE WI	7/2002	Present
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)



LICENSE APPLICATION

for
PAWNBROKER
SECONDHAND ARTICLE DEALER
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

FEES ARE NON-REFUNDABLE		Date Recv'd <u>7/27/22</u>
<input type="checkbox"/> Pawnbroker	\$217.00	Acct. CLLPWN
<input checked="" type="checkbox"/> Secondhand Article	\$97.00 /\$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$97.00 /\$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$172.00	Acct. CLLSMF
Receipt # <u>3872-4</u>		

<input checked="" type="checkbox"/> Original Application	Acct Code: CLLSJW
<input type="checkbox"/> 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 INFORMATION					
Applicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
Day, Michael J		M	White	●●●●●	Appleton, WI
Street Address	City	State	Zip	Home Telephone Number	
1115 N Oneida St.	Appleton	WI	54911	●●●●●●●●	
SECTION 2 – CONVICTION RECORD					
Have you, or any other person listed on this application, been convicted of any of the following:					
A felony within the last ten (10) years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Within the last ten (10) years of:					
A misdemeanor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
A statutory violation punishable by forfeiture? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
A county or municipal ordinance violation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____					

SECTION 3 – BUSINESS INFORMATION					
Business Name	Street Address	City	State	Zip	Telephone Number
Left Behind LLC	205 W Wisconsin Ave.	Appleton	WI	54911	920.202.3202
Owner's Name	Street Address	City	State	Zip	Telephone Number
Michael Day	1115 N Oneida St.	Appleton	WI	54911	●●●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Jamie Gurrath	601 5th St.	Menasha	WI	54952	●●●●●●●●
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
Day Property Management LLC	509 N Superior St.	Appleton	WI	54911	●●●●●●●●

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

State of Incorp.

List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 6 – PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: Michael Day Date 07 / 19 / 2022

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>8 / 10 / 22</u>	<u>8 / 17 / 22</u>	___ / ___ / ___	___ / ___ / ___	



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>7/29/22</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>3884-2</u>

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

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

The named organization applies for: (Please check one or both)						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input checked="" type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)						
SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly						
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>St Joseph Catholic church</u>					Date Organized <u>1867</u>	
Address <u>404 W Lawrence St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>		
Person in Charge of Event: Name: Last <u>Bartels</u> First <u>Jacque</u> M. I. <u>A</u>		Date of Birth [REDACTED]		Address <u>Kellin Alvin St</u>		
City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number: [REDACTED]		
President <u>Pastor</u> Last <u>Selvam</u> First <u>Raja</u> Middle Initial	Date of Birth [REDACTED]		Male <input checked="" type="checkbox"/>	Female		
Address <u>404 W Lawrence St.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>		
Vice President <u>Trustee</u> Last <u>Branson</u> First <u>Patrick</u> Middle Initial <u>E</u>	Date of Birth [REDACTED]		Male <input checked="" type="checkbox"/>	Female		
Address <u>N 4162 Birch Tr</u>		City <u>Freedom</u>	State <u>WI</u>	Zip <u>54130</u>		
Secretary <u>Trustee</u> Last <u>Toppins</u> First <u>Mary</u> Middle Initial <u>K.</u>	Date of Birth [REDACTED]		Male	Female <input checked="" type="checkbox"/>		
Address <u>4517 N Haymeadow Ave</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54913</u>		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
SECTION 2 – EVENT INFORMATION SECTION						
Date(s) of Event: Beginning <u>9/10/22</u> Ending: <u>9/11/22</u>		Hours	<u>3-8</u> AM <input type="checkbox"/> <u>8-12</u> AM <input checked="" type="checkbox"/>			
Please describe the type of event you are going to have: <u>Fall Festival Parish Fundraiser</u>						
Do you plan to serve food at this event?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold or served: <u>St Joseph Catholic Church</u>						
Address <u>404 W Lawrence St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>		
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
<u>Fall Festival will be in the West parking lot at church</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Licensed Bartender</u>			
SECTION 3 – PENALTY SECTION						
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.						
Signature of Officer <u>Jacque Bartels</u>						
FOR OFFICE USE ONLY						
Dept.	Approve	Deny	By	Reason		
Police						
Fire						
Health						
Inspection						
S&L	<u>8/10/22</u>	Date Issued	Exp. Date	License Number		



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/17/22</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17-</u>	Receipt _____

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

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

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

A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Fox Cities Chamber of Commerce Date Organized 9/29/1976

Address 125 N. Superior St City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Dederig First Laura M.J. E Date of Birth

Address 125 N. Superior St City Appleton State WI Zip 54911 Person in charge phone number:

President Last Bartoszek First Rebecca Middle Initial L Date of Birth Male Female

Address 125 N. Superior St City Appleton State WI Zip 54911

Vice President Last Lehr First Thomas Middle Initial S Date of Birth Male Female

Address 125 N. Superior St City Appleton State WI Zip 54911

Secretary Last _____ First _____ Middle Initial _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Treasurer Last _____ First _____ Middle Initial _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 9/15/22 Ending: 9/15/22 Hours 5 AM 7 AM

Please describe the type of event you are going to have: Fox Cities Chamber Open House

Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold or served: Fox Cities Chamber Parking Lot

Address 125 N. Superior St City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! _____ Will minors be present? No Yes

see attached map If yes, how will you prevent minors from obtaining alcoholic beverages? _____

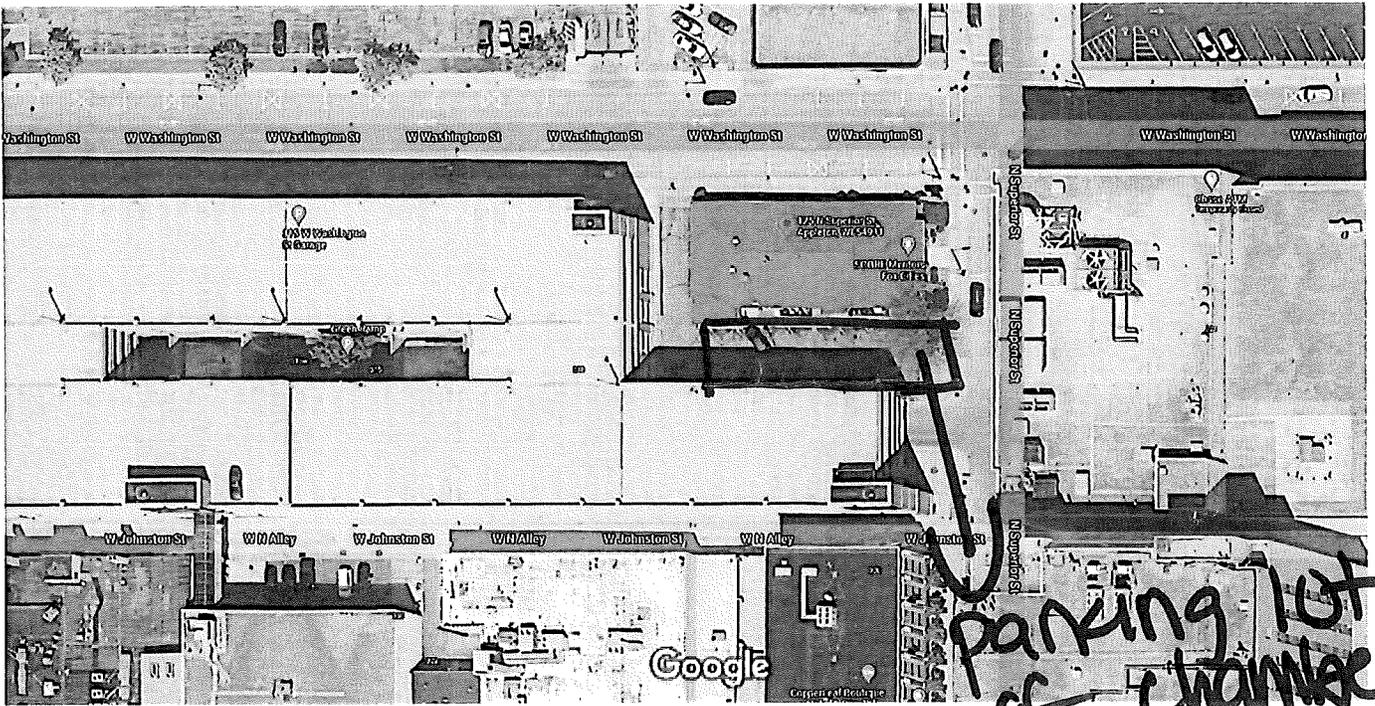
SECTION 3 - PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

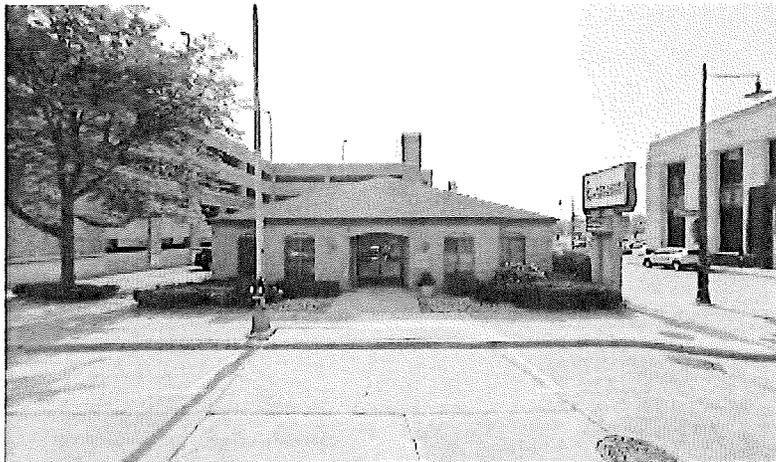
Signature of Officer EUR/CPD

FOR OFFICE USE ONLY				
Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>8/24/2022</u>	Date Issued	Exp. Date	License Number	

Google Maps 125 N Superior St



Map data ©2021, Map data ©2021 20 ft



125 N Superior St

Building



Directions



Save



Nearby



Send to your phone



Share



125 N Superior St, Appleton, WI 54911

Photos

Grants -- Request To Apply

Please enter and submit the Request To Apply Grant Form:

Date of Request:	<input type="text" value="8/24/2022"/>
Applicant Department:	<input type="text" value="Appleton Fire Department"/>
Applicant Department Grant Contact Name:	<input type="text" value="Doug Vrechek"/>
Applicant Department Grant Contact Title:	<input type="text" value="Battalion Chief"/>
Committee of Jurisdiction:	<input type="text" value="Safety & Licensing Committee"/>
Name of Grant:	<input type="text" value="HMEP Core & Specialized Haz-Mat Training"/>
Funding Source:	<input type="text" value="Wisconsin Department of Military Affairs"/>
Amount of Grant Request:	\$ <input type="text" value="7000"/> Local Match Requirement: \$ <input type="text" value="0"/>
Source of Match:	<input type="checkbox"/> General Fund <input type="checkbox"/> Non-General Fund <input type="checkbox"/> Not Applicable
Timeframe of Grant:	<input type="text"/> through <input type="text"/>
Type of Grant Request:	<input type="checkbox"/> Monetary <input type="checkbox"/> Other (explain under 'purpose of grant')

Please keep entries below to 300 characters or less.

Purpose of Grant (summary):

How Does the Grant Meet City/Department/Program Goals:

What are the Personnel Requirements (include both existing and new staff) of the Grant?:

Notice of Funding Opportunity

**Hazardous Materials Emergency
Preparedness (HMEP) Grants**

**HMEP Core & Specialized HazMat Training
FFY2022**

**Applications must be submitted through
Egrants on or before August 31, 2022**

Contact Information for this Notice of Funding Opportunity

Program Manager: Anita Smith (715) 635-2498
Anita.Smith@wisconsin.gov

Grants Specialist: Rebecca Thompson (608) 242-3236
Rebecca2.Thompson@wisconsin.gov

Submit Applications Using Egrants

Applications must be submitted through the Egrants online grants management system. If you have never used Egrants before, you will need to register for access to the system. To register online, go to <https://register.wisconsin.gov/accountmanagement/default.aspx> and complete the 'self-registration' process.

Authorization to access Egrants can take several days depending on registration activity. Please note: If you register outside the hours of Monday-Friday 7:30am-4pm, access may not be approved until the next business day. Once your Egrants access has been approved, you may begin your online grant application.

Egrants Help Desk: 608-242-3231 or WEMEgrants@egrants.us
The help desk is staffed on non-holiday weekdays between 7:30AM and 4:00PM.

The Egrants system user guide has step-by-step instructions for accessing and using the Egrants online system. The guide is posted on the grants page of the WEM website: <https://wem.egrants.us/egmis/documents/EgrantsExternalUserGuideUpdated9-9-19-Final.pdf>

Online Help is available throughout the Egrants application process. Once you have started an application, look for the HELP button in the top right corner of the screen. Page-specific instructions can be found there.

WEM Egrants website: <https://wem.egrants.us>

Requirements for Federally Funded Grants

Unique Entity Identifier and System for Award Management (SAM):

All applicants for this grant opportunity must be registered in SAM before submitting an application and continue to maintain an active SAM registration with current information at all times during the period of performance for the grant.

WEM's website has a helpful guide for SAM registration. [UEI External Fact Sheet \(wi.gov\)](#)

WEM cannot award a grant until the applicant has complied with all SAM requirements. Please contact the assigned Program Manager if need assistance.

Notice of Funding Opportunity: HMEP Core & Specialized HazMat Training FFY2022

Program Description: The Wisconsin Emergency Management (WEM) training program offers an extensive array of training opportunities for emergency managers, law enforcement, fire, EMS, public health, local officials and volunteer organizations. Wisconsin's Hazardous Materials courses are comprehensive and exceed national training standards in the field of HazMat response training.

This grant program is also being offered to those groups whose duties or functions require a special skill set. According to Occupational Safety and Health Administration, these individuals are individuals who respond with and provide support to hazardous materials technicians. Their duties parallel those of the hazardous materials technician; however, those duties require a more directed or specific knowledge of the various substances they may be called upon to contain. Wisconsin's Hazardous Materials Specialist courses are comprehensive and exceed national training standards in the field of HazMat response training. Standards for the Hazmat training program are found both in the Federal Code CFR 29 and the National Fire Protection Association standard # 472. As of October 2014, all classes will be based on the NFPA 472 and tied directly to Job Performance Requirements (JPRs). JPRs are vital to the successful qualifying of an individual to a Professional Qualifications project standard. JPRs must be specific to indicate the attributes of successful performance on the job.

A comprehensive list of examples of allowable training expenditures can be found in Appendix A.

NEW INITIATIVE as of 2020 – The U.S. Department of Transportation's Priority: Rural Opportunities to Use Transportation for Economic Success (ROUTES). See ROUTES Fact Sheet at <https://www.transportation.gov/rural/routes-fact-sheet>.

ROUTES is an initiative to address disparities in rural transportation infrastructure. Specifically, rural transportation infrastructure's unique challenges need to be considered in order to meet our Nation's priority transportation goals of safety and economic competitiveness.

The ROUTES Council will be collecting input from stakeholders on the benefits rural projects offer for safety and economic benefits, as well as the type and degree of assistance rural projects require. The council will also focus on improving the DOT's data driven approaches to better assess needs and benefits of rural transportation infrastructure projects. WEM will provide input as it pertains to the HMEP sub-grants awarded to rural communities.

Opportunity Category: Competitive

Important Dates:

Application Due Date: August 31, 2022

Project Start Date: October 1, 2022 or upon WEM's receipt of an executed federal award, whichever is later

Project End Date: March 31, 2023

Reporting requirements: If awarded a grant, your agency will be responsible for completing the following reports to receive reimbursement:

- Program Reports must be submitted quarterly by the 12th of the following month. A Final Program Report for closeout is due 30 days following the end of the grant.
- Fiscal Reports must be submitted quarterly by the 12th of the following month. A Final Fiscal Report/Reimbursement request for closeout is due 30 days following the end of the grant.

Anticipated Funding Amount: The anticipated dollar amount for this funding opportunity is **\$85,651** for funding the HMEP Core & Specialized HazMat training courses and is dependent upon WEM's receipt of an executed federal award.

All eligible requests for Core & Specialized HazMat training will be reviewed and awarded based on your department's current response capability, level of training, and the needs of the State of Wisconsin.

Match/Cost Sharing Requirement: None. However, any costs over the eligible amount will be the responsibility of the agency.

Eligibility: Eligible applicants are Counties, on behalf of local units of government
You can find additional information at: <https://dma.wi.gov/DMA/wem/training/hazmat>

Eligible Expenses: Funding may be used for Travel/Training, Consultants/Contractual and Supplies/Operating Expenses on a reimbursement basis only.

All expenses must be new and cannot replace existing state or local government funding. Substitution of existing funds with federal grants (supplanting) will be the subject of monitoring and audit. Violations may result in a range of penalties, including suspension of current and future funds under this program, suspension or debarment from federal grants, repayment of monies provided under a grant, and civil and/or criminal penalties.

Recipients and sub recipients shall use their own procurement standards and regulations, provided that the procurement conforms to applicable Federal law and the standards identified in the Procurement Standards Sections of 2 CFR §§ 200.318-326.

All eligible expenses must have incurred within the performance period in the approved grant award. Additionally, any expenses that have incurred prior to notification from WEM of a fully executed award document are not eligible for reimbursement, regardless of if they fall within the Performance Period identified in the Award Documents. Any expenses that are submitted for reimbursement must be allowable, reasonable, match the trainings/projects detailed in the approved grant award and may not exceed the maximum award amount. Please see "Submitting a request for reimbursement" for additional information.

Notice of Funding Opportunity: HMEP Core & Specialized HazMat Training FFY2022

Application Components

Through Egrants, you will provide WEM with detailed information about your project that will be used to make a funding decision. Questions on what is expected in each section can be directed to the Program Manager listed on page two of this document.

Information provided in this application may be cited in WEM reports or press releases and will likely be used in reports to federal funding agencies or other stakeholders. Plain language that clearly describes the intent of the project is most effective.

1. Main Summary

This page asks for information about your agency and the individuals responsible for the application and grant award. When identifying individuals involved in this grant, you may not list the same person as project director and financial officer. The financial officer is the individual responsible for financial activities in your organization while the project director will be overseeing project operations. An Alternate contact may be added to the application.

- The **Signatory** is the highest elected official. (example: Mayor, County Board Chair, Tribal Chair, etc.) For a non-profit this would be the Board President
- The **Financial Officer** – Person at the applicant agency who is responsible for financial reporting.
- The **Project Director** – Person at the applicant agency who is responsible for the project and for programmatic reporting.
- An **Alternate Contact** may be added to the application. This person is one that can and should access the application to complete required tasks such as modifications and reports, in the absence of the Project Director. This person should have knowledge of the project and authority to speak on behalf of the organization in the absence of the Project Director. If possible, we encourage the Project Director to list an alternate on the grant.

In the Brief Project Description text box, please describe your project. **Include level of training: Operations, Awareness, Technician, Specialist, or Other Training.** A suggested format is included for your convenience:

“Funds will be used by the (your agency name and others involved in the project) to (describe what funds will be used for and who will be involved). The (what - equipment, training, project, pilot, etc.) will (describe the specific goals you hope to achieve – how will this training improve safety in Wisconsin as it relates to the transportation of hazardous materials?) [If appropriate, add which area(s) of the state will benefit]”

2. Performance Measures

Indicate the number of persons who will successfully complete the training session and the number of training courses to be conducted. WEM requires a minimum class size of 15 persons. Exceptions will be considered on a case-by-case basis and must be approved prior to the start of training session. If it appears there may be difficulty achieving minimum class enrollment requirements the class may be posted on the Wisconsin Training Portal at the discretion of program staff.

3. Budget Detail

Complete a project budget using the following categories. For each category used, enter a justification that describes how the items in that category will be used during the grant period. It is important that you include specific details for each budget line item, including detailed cost calculation/computation for each item included in your request.

A detailed cost computation should include *Item x cost per unit x quantity* and reflect a *break down by persons trained*.

Travel/Training: Any travel and/or training costs associated with an individual's travel costs. Only actual expenses will be reimbursed.

- Mileage: \$0.51/mile
- Lodging: Maximum \$90/night (\$95/night for Milwaukee, Waukesha or Racine County)
- Meals: \$9/breakfast (leaving before 6 a.m.); \$11/lunch (leaving before 10:30 a.m. and returning after 2:30 p.m.); \$21/dinner (returning after 7 p.m.)

Please note: Travel and training for contracted employees does not go in this section. These expenses should be itemized under "Consultant/Contractual Travel."

Supplies & Operating Expenses: Includes consumables such as paper, stationery, postage, and software. Also include operating expenses such as rent and utilities. Show computations for all items.

Please note: Contractor expenses for supplies does not go in this section. Supplies purchased by a contractor should be itemized under "Consultant/Contractual Products or Service."

Consultants/Contractual: Provide costs associated with individuals or entities providing services through a contractual arrangement. **Include a cost per person trained.** Except for a few justified sole source situations, contracts should be awarded via competitive processes. Attach detailed information to support the total cost of each contract. For each consultant enter the name, if known; service to be provided; hourly rate and estimated time on the project. Hourly rate for contractors should not exceed \$50.00/hour or a daily reimbursement rate of \$500.00/day (based on a full instruction day.) Show the basis of computation for each service requested. Within 30 days of grant award date, a signed contract must be received by WEM. **No reimbursements will be made prior to receipt of the signed contract.**

- Consultants/Contractual – these are costs associated with the consultant/contractor rate of pay or flat fee contractual agreement.
- Consultants/Contractual Travel – these are costs associated with mileage and hotel the consultant/contractor incurred performing contractual work. All expenses will be reimbursed at current state rates.
- Consultants/Contractual Products or Service – these costs are for items such as, but not limited to; duplicating, videotaping, moulage, and general office supplies the consultant/contractor has purchased.

4. Project Narrative

Describe the long-range training goals and objectives. Specifically address the:

- potential benefit regarding total population and total special population at risk
- number of facilities reporting extremely hazardous substances in the jurisdiction
- need to augment response capability based on existing gaps
- benefits rural training(s) offer for safety as they pertain to transportation related Hazardous Materials responses
- Indicate the current level of training that exists within the jurisdiction and criteria required to advance to the next level. Also, estimate the total number of persons to be trained with this grant funding.
- Furthermore, cross-discipline and cross-jurisdictional classes are encouraged to maximize the benefit cost ratio of the grant funds.

5. Required Attachments

To attach a document to your Egrants application you must type “See Attached” in the text box to enable the document attachment tool. For each class, submit:

1. Course outline showing the objectives of the course.
2. Agenda of the training project.
3. Resume, biography, or training records showing the qualifications of the instructor (attach extra pages if needed). Your application will not be considered without this information as each level of hazmat training must meet certain objectives and each instructor must have certain qualifications for the training to qualify for the grant funds. This requirement will be waived for technical college courses instructed by internal staff or courses instructed by REACT Center instructors.

Application Review and Award Criteria

All applications must be submitted on or before the deadline and will be screened for completeness and compliance with the instructions provided in this announcement. WEM staff will review applications to ensure consistency with state training policy and make funding recommendations to the WEM Administrator. All final grant award decisions will be made by the WEM Administrator.

Post-Award Special Conditions/Reporting Requirements

If you are awarded funds under this announcement, you will be required to provide regular progress reports. The schedule for your reports will be included in your grant award materials. Please review all your grant award special conditions and Egrants reporting requirements when you receive the Grant Award documents. Your grant award will be subject to general terms and conditions as well as the following special conditions.

1. Minimum Enrollment

Minimum class enrollment is 15 persons with a breakdown by discipline (minimally Emergency Management, EMS, Fire Service, Law Enforcement, or Other). Any exceptions may be considered on a case-by-case basis and must be approved prior to the start of the training session.

2. Position Description/Contract

If funds are used to hire personnel, submit the position description and if hiring an independent consultant or contractor, submit a contract detailing job specifications and deliverables. Upload the documents into the Attachments section in the Egrants fiscal report.

3. Roster

A class roster is required for each course funded under this award. Upload the document into the Attachments section in the Egrants program report.

4. Evaluations

Summary of the instructor evaluations (by personnel other than instructors). Please summarize all evaluations received into one document. Upload the document into the Attachments section in the Egrants program report.

Request for Reimbursement

Payments will be made on a reimbursement basis only. Requests for reimbursement are made by submitting a Fiscal Report in Egrants. Guidance regarding requirements and process is accessible through the Egrants Job Aid for Fiscal Reports: <https://wem.wi.gov/wp-content/library/grants/egrants-job-aid-fiscal-report-and-reimbursement-request.pdf>. **If actual class enrollment is 14 or less persons, a per person trained cost will be reimbursed.**

In addition to the standard documentation requirements of a signed Reimbursement Request form and itemized invoices/receipts, the specific **additional documentation** required for this specific grant include the following:

- proof of payment

Request for Award Modification

Requests for an award modification may be submitted to WEM for the following circumstances:

1. Change of a signing official, fiscal officer, or project director.
2. Requesting a change in the award amount, returning the award, or moving funds between categories.
3. Requesting an extension of the performance period.
4. Changing the scope of the project including class type, class date, and number of participants.

Requests for modifications must be submitted via Egrants. All modification requests will be reviewed by the Hazmat Coordinator and Fiscal contact for approval. All final grant modification decisions will be made by the WEM Administrator. Modifications are not considered final until WEM provides a signed Grant Adjustment Notification (GAN); **any related expenses incurred prior to receipt of a signed modification approval are not eligible for reimbursement.**

Additional Resources

- Wisconsin Emergency Management website: <https://dma.wi.gov/DMA/wem/>
- WEM Grant Administration tools: <https://wem.wi.gov/admin-tools/>
- WEM Egrants Job Aid for Fiscal Reports: <https://wem.wi.gov/wp-content/library/grants/egrants-job-aid-fiscal-report-and-reimbursement-request.pdf>
- HMEP-funded courses are eligible to be placed on the Wisconsin Emergency Management Training Portal: <https://www.trainingwisconsin.org/index.aspx>. For assistance, please contact at WEM.Training@wisconsin.gov.
- Egrants (User Guide available on Log-in screen): <https://wem.egrants.us/>
- Online Help is available in many areas of the Egrants program – watch for the  buttons.
- Egrants Helpdesk is staffed on non-holiday weekdays between 7:30AM and 4:00PM. Email: WEMEgrants@egrants.us

Appendix A: Allowable Training Expenditures

Examples of allowable training expenditures are listed below.

National Fire Protection Association (NFPA) 472 or Occupational Safety and Health Administration (OSHA) 29 CFR § 1910.120 Competency Requirement Suggested Courses

Hazardous Waste Operations and Emergency Response Standard (HAZWOPER) training with transportation tie-in.

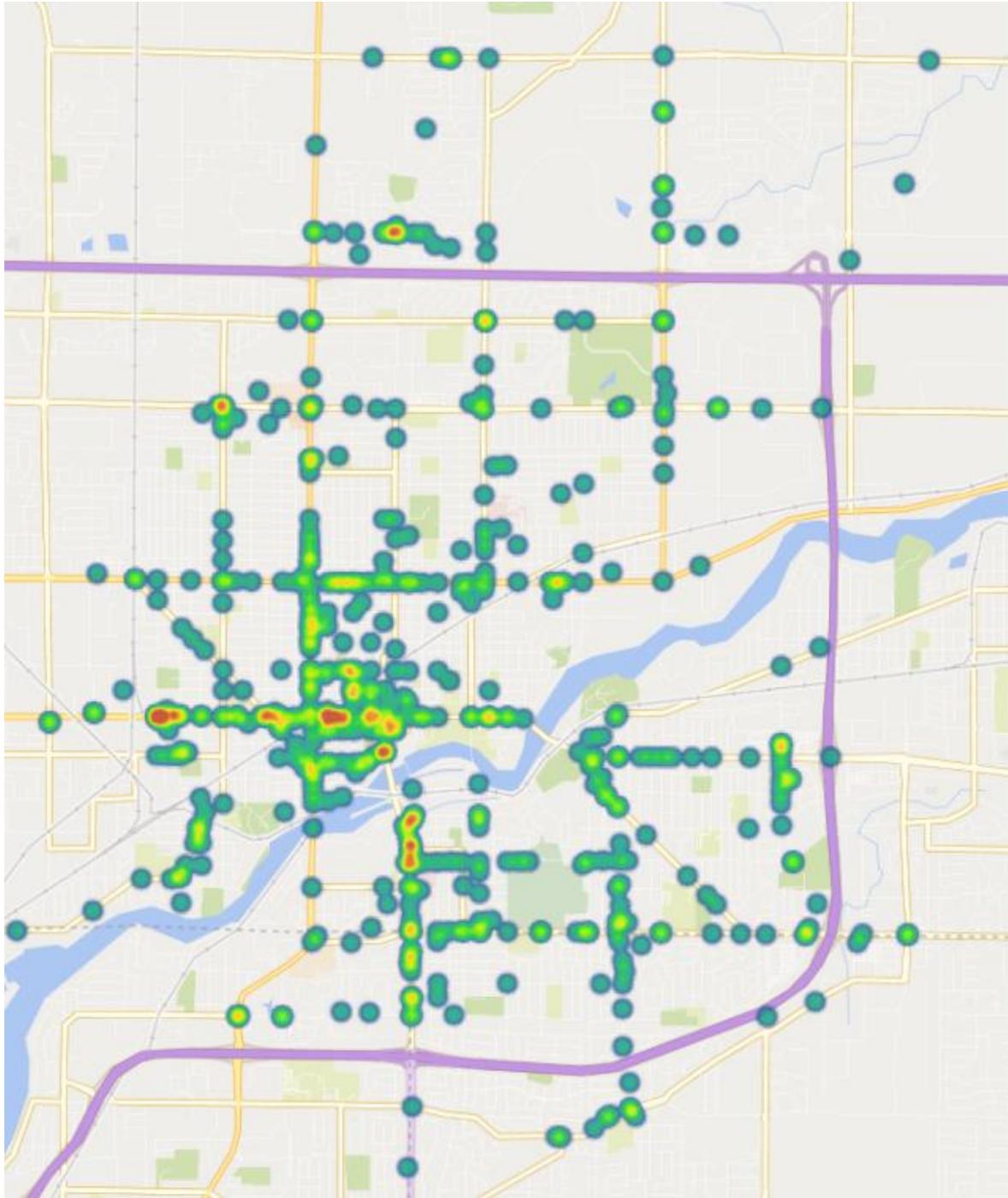
Hazmat Incident Command System (ICS), includes the following courses:

- ICS-100: Introduction to the Incident Command System
- ICS-200: Incident Command System for Single Resources and Initial Action Incidents
- ICS-300: Intermediate Incident Command System
- ICS-400: Advanced Incident Command System

- Hazmat Awareness, Operations, Technician, Specialist, and Refresher Courses
- Hazmat Incident Commander
- Hazmat Officer/Safety Officer
- Industrial Fire Fighting- (rail yards, fuel transfer facilities, and ports)
- Confined Space Rescue
- Hazmat Basic Life Support/Advance Life Support
- Chemistry for Emergency Responders
- Marine Operations - Ship-board rescue, firefighting, and hazmat
- Airport Rescue Fire Fighting (aircraft response and rescue)
- Explosive Ordinance Disposal/Explosives involving transport of explosives
- Radiological (sources in transportation, but not Weapons of Mass Destruction.)
- Tank Car Specialty
- Intermodal Tank Specialty
- Marine Tank Vessel Specialty
- Flammable Liquid Bulk Storage
- Flammable Gas Bulk Storage
- Radioactive Material Specialty in Transportation
- First Receiver Awareness Training
- Crude Oil Training
- Cargo Tank Specialty
- Ammonia, Ethanol, Chlorine Response
- Alternative Fuels, used in transportation
- Developing a Plan of Action
- Chemistry of Hazmat-Part I/II
- Surveying a Hazmat Incident

Allowable Training Expenditures, continued

- Level A/Level B Personal Protective
- Hazmat for Emergency Management System (EMS)
- Hazmat for Dispatcher
- Hazmat Containers
- Hazardous Materials Monitoring Refresher
- Hazmat Level B Dress-out and Decon
- Hazmat Containment and Control
- Hazmat Technical Decon Refresher
- Haz-Cat Training
- Pro Board® Certification for Hazmat Training Courses
- Pipeline Incident in Transportation Response Training
- Haz Mat IQ Training (Above and Below the line, Advanced IQ & Tox Medic, etc.)
- Emergency Medical Technician (EMT) Training for hazmat
- Employee Hazmat Emergency Response Readiness Training
- Creating and maintaining hazmat emergency response training websites
- CAMEO Training, particularly that related to transportation



All Traffic Stops July 1-31, 2022, obtained from Spillman CAD screens on 8/9/2022 by S. Gallagher.



College Avenue West to East.



Wisconsin Avenue West to East.