

City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, April 24, 2019 5:30 PM Council Chambers, 6th Floor

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

<u>19-0540</u> Approval of minutes from previous meeting

Attachments: S&L Minutes 3-27-19.pdf

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

<u> 19-0538</u>	Confirm the following:
	[]4 \ /: Ob -: -

Elect Vice-Chair

- Designate a Contact Person

19-0503 Class "B" Beer and "Class B" Liquor application of Oneida Street South LLC, located at 1200 S. Oneida St, Katelyn E. James, Agent, contingent

upon approval from all departments

Attachments: Oneida Street South LLC.pdf

19-0614 Reserve Class "B" Beer and "Class B" Liquor application of Jai Sung

Mah, located at 122 W. Wisconsin Ave, Nusara Yang, Owner, contingent

upon approval from all departments

Attachments: Liquor License-Jai Sung Mah.pdf

<u>19-0541</u> Operator's Licenses

Attachments: Operator's Licenses for 4-24-19 S& L.pdf

19-0543 Renewal Operator's Licenses

Attachments: RENEWAL Licenses for 4-24-19 S&L .pdf

"Class B" Beer/Liquor Temporary Premise Amendment application for
Sangria's Mexican Grill, Sarah Gregory, Agent, 215 S Memorial Dr for May
4, 2019, contingent upon approval from all departments.

Attachments: Sangrias Mexican Grill.pdf

19-0531 Class "B" Beer & "Class C" Wine License Temporary Premise Amendment application for Vers Venture LLC dba Mr. Brews Taphouse, Tammy Verhagen, Agent, 201 S. Riverheath Way Ste 1100, for June 15, July 13 and August 21, 2019, contingent upon approval from all departments.

Attachments: Mr Brews Taphouse.pdf

19-0527 Reserve "Class B" Beer/Liquor License -Temporary Premise Amendment for Fox Cities Building for the Arts, Christina Turner, Agent, 111 W. College Ave, September 12, 2019, contingent upon approval from all departments.

Attachments: Fox Cities Bldg for the Arts.pdf

"Class B" Beer/Liquor license - Change of Agent application for Eager Beaver LLC, dba Eager Beaver Bar & Grill, located at 1400 W 2nd St, contingent upon approval from all departments.

Attachments: Mark R. Joosten S&L.pdf

"Class B" Beer/Liquor License - Change of Agent application for Mi Casa Mexican Grill, Maria de Jesus Rodriguez, Agent, located at 2190 S Memorial Dr., contingent upon approval from the Police Department.

Attachments: Maria de Jesus Rodriquez S&L 4-24-19.pdf

19-0534 Reserve "Class B" Beer/Liquor Licence - Change of Agent application for Fox Cities Building for the Arts/Trout Museum of Art, Christina S. Turner, Agent, located at 111 W. College Ave, contingent upon approval from Police Department.

Attachments: Christina S. Turner S&L 4-24-19.pdf

19-0542 Class "A" Beer License - Change of Agent application for Ballard Motomart, Jason G. Mazanec, Agent, located at 2838 N. Ballard Rd., contingent upon approval from Police Department.

Attachments: Jason Mazanec S&L 4-24-19.pdf

<u>19-0547</u>	"Class B" Beer/Liquor License - Change of Agent application for VFW Post 2778, Cassandra Mannebach, Agent, located at 501 N. Richmond St., contingent upon approval from Police Department
	Attachments: Cassandra E. Mannebach S&L 4-24-19.pdf
<u>19-0574</u>	"Class A" Beer/Liquor license - Change of Agent application for Target Store T1248, Allison Hemker, Agent, located at 1800 S Kensington Dr., contingent upon approval from the Police Department.
	Attachments: Allison M. K. Hemker S&L 4-24-19.pdf
<u>19-0612</u>	Secondhand Article License application of Troy Crawford, d/b/a Game Stop #3349, 2640 W College Ave, contingent upon approval from all departments.
	Attachments: Game Stop #3349 S&L 4-24-19.pdf
<u>19-0613</u>	Secondhand Article License application of Troy Crawford, d/b/a Game Stop #5520, 2640 W College Ave, contingent upon approval from all departments. Attachments: Game Stop #5520 S&L 4-24-19.pdf
<u> 19-0610</u>	Special Class "B" Beer and Wine License application for St. Francis
<u>19-0010</u>	Xavier Catholic School, Toni Schmidt, Person in Charge, May 5, 2019, contingent upon approval from all departments
	Attachments: St Francis Xavier International Food Fair S&L 4-24-19.pdf
<u>19-0611</u>	Special Class "B" Beer and Wine License application for St. Pius X Catholic Church, Toni Schmidt, Person in Charge, May 31st through June 2, 2019, contingent upon approval from all departments <u>Attachments:</u> St Pius Parish Picnic S&L 4-24-19.pdf
<u>19-0528</u>	Special Class "B" Beer and Wine License application for the Fox Cities Building for the Arts, Nicole M. Schuh, Person in Charge, on 7/28/19, contingent upon approval from all departments. <u>Attachments:</u> Fox Cities Building for the Arts S&L 4-24-19.pdf
<u>19-0444</u>	Special Class "B" Beer License application for Fleisner Agency, Becky Vogt, Person in Charge, May 11, 2019, contingent upon approval from all departments.

<u>Attachments:</u> Memorial Park Kickball Tournament S&L.pdf

Special Class "B" Beer License application for Appleton Fox Cities Kiwanis Club, Jay Stephany, Person in Charge, July 21, 2019, contingent upon approval from all departments.

Attachments: Appleton Fox Cities Car Show- Swap Meet Special B S&L.pdf

19-0544 Special Class "B" License applications filed after the agenda was published.

6. Information Items

19-0560 Presentation on response times for the City of Appleton, from Nick Romenesko, Gold Cross Ambulance.

Attachments: S&L Gold Cross Response Times for COA.pdf

19-0539 Set Meeting Date and Time

19-0432 Special Events:

Fox Valley Food Truck Association, Food Truck Rally, Pierce Park, May 4.

Cycstic Fibrosis Foundation, Great Strides Appleton Walk, Pierce Park, May 18.

Fox Cities Kiwanis, Butterfly Festival, City Park, June 15.

The Community Blood Center, MASH Blood Drive, Houdini Plaza, June 26.

Xavier High School Homecoming Fun Run 5k & Dog Walk, approved route around Xavier High School, September 21.

<u>19-0546</u> Director's Reports:

City Clerk

-Liquor License Update

Fire Chief

-WI Task Force Legislative Work Update

Police Chief

<u>19-0545</u> Police Department information on liquor law violation convictions.

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, March 27, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 5 - Lobner, Konetzke, Williams, Reed and Siebers

3. Approval of minutes from previous meeting

<u>19-0403</u> Approval of minutes from previous meeting

Attachments: S&L Minutes 3-13-19.pdf

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

Aye: 5 - Lobner, Konetzke, Williams, Reed and Siebers

4. Public Hearings/Appearances

5. Action Items

19-0412 Resolution #3-R-19 directing that Section 10-42 of the Municipal Code

regarding truancy, be repealed

<u>Attachments:</u> #3-R-19 Repealing Truancy Ord..pdf

The following individuals spoke on this item: Ronna Swift, 230 W Seymour St Edward Perkins, 4486 N Whitehawk Dr John Krueger, 2410 W Cortland Dr Alvin Terrance Dupree Jr., 921 E Foxmoor Ln

A vote to recommend approval of this item failed 2/3.

Konetzke moved, seconded by Lobner, that the Resolution be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 3 - Lobner, Konetzke and Williams

Nay: 2 - Reed and Siebers

Balance of the action items on the agenda.

Konetzke moved, Williams seconded, to recomend approval of the balance of the agenda. The motion carried by the following vote:

Aye: 5 - Lobner, Konetzke, Williams, Reed and Siebers

19-0382 Class "B" Beer and "Class C" Wine application of Pinot's Palette,

Located at 226 E. College Ave, Brianne Getchius, Agent, contingent

upon approval from all departments.

<u>Attachments:</u> <u>Liquor License-Pinots Palette.pdf</u>

This Report Action Item was recommended for approval.

19-0385 Change of Agent application for Skyline Comedy Club, located at 1004

S. Olde Oneida St Suite 3.

Attachments: Bridget M. Friel s&l.pdf

This Report Action Item was recommended for approval.

19-0386 Change of Agent application for The Viking Room at Lawrence University

of Wisconsin, located at 615 E. College Ave, Appleton WI 54911

Attachments: Gregory L. Griffin s&l.pdf

This Report Action Item was recommended for approval.

<u>19-0395</u> Operator's Licenses

<u>Attachments:</u> Operator's Licenses for 3-27-19 S & L.pdf

This Report Action Item was recommended for approval.

19-0401 Approval of single source purchase for a new ladder truck in January

2020.

Attachments: New Ladder Truck-FIRE.pdf

This Report Action Item was recommended for approval.

19-0402 Special Class "B" License applications filed after the agenda was

published.

There were no applications filed.

6. Information Items

19-0361 Special Events:

Appleton Area Jaycees Easter Egg Hunt, Appleton Memorial Park, April

13, 2019

American Cancer Society, Sole Burner 5k run/walk, City Park, May 11,

2019

African Heritage Inc, Back to School Family Event, Telulah Park, August

17, 2019

<u>19-0400</u> Director's Report

-City Clerk

-Fire Chief

-Police Chief

<u>19-0399</u> Police Department information on liquor law violation convictions.

7. Adjournment

Konetzke moved, seconded by Siebers, that the meeting be adjourned at 6:31 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Konetzke, Williams, Reed and Siebers

Original Alcohol Bo	everage Retail Lice	ense Application	Applicant's WI Seller's Permit No.: FEIN	Number:
Submit to municipal clerk.			LICENSE REQUESTED	, -
For the license period beginni	ng	20;	TYPE	FEE
endi	ng June 30	20 19	Class A beer	\$
	☐ Town of ¬		Class B beer	\$
TO THE GOVERNING BODY o		topleton	Class C wine	\$
TO THE GOVERNMENT BODY O	City of	ppictore	☐ Class A liquor ☐ Class A liquor (cider only)	
	,	11	Class B liquor	\$ N/A \$
County of Outagamia	Aldermanic Dist. No.	(if required by ordinance)	Reserve Class B liquor	\$
	- · · · · ·		Class B (wine only) winery	\$
1. The named Individual		Limited Liability Company	Publication fee	\$ 60.00
•	/ Nonprofit Organization	1.1.0	TOTAL FEE	\$
	he alcohol beverage license(s) che			
South LLC			egistered name): Deid	
An "Auxiliary Questionnaire,	" Form AT-103, must be complet	ted and attached to this application	on by each individual applicant, b	y each member of a
liability company. List the na	me, title, and place of residence of	each person.	n, and by each member/manager at the Address Post (nd agent of a limited Office & Zip Code
	100110 120	· ·	, and Address	omoc a zip ooac
Secretary/Member				
Treasurer/Member				
Agent Latelyn	E. James 200	E. James St. F	Appleton, WI S.	4915
Directors/Managers				
3. Trade Name ▶ TRD		Busines	s Phone Number <u>920 - 419</u>	.78+9
4. Address of Premises ▶ 120	<u> 20 S. Oneida St.</u>	Post Off	fice & Zip Code Appleto	n, WI 54915
		pany subject to completion of the res		. ,
training course for this license	period?			
				.□ Yes 🖺 No
Does any other alcohol bevera	ge retail licensee or wholesale per	mittee have any interest in or contro	of this business?	.□ Yes 🖫 No
8. (a) Corporate/limited liability	/ company applicants only: Inse	ert state <u>WT</u> and c	date 8/14/18 of registration.	
			iability company?	.□ Yes ☑ No
		igent or limited liability company, or		-4
				. ☑ Yes ☐ No
		ery YES answer in sections 5, 6, 7 a	•	
 Premises description: Describe all rooms including living quarte may be sold and stored only or 	building or buildings where alcohoers, if used, for the sales, service, on the premises described.)	ol beverages are to be sold and stor consumption, and/or storage of alco OSONETAA ST. ~	red. The applicant must include whol beverages and records. (Alcohol Cemode Ving Per Star	beverages teplan
Legal description (omit if street			7 .	
(b) If yes, under what name wa	as license issued?			. Yes No
	(TTB) by filing (TTB form 5630.5d	i) before beginning business? [phore		. ☑ Yes ☐ No
	they must hold a Wisconsin Seller	"s Permit?		.⊠Yes □ No
			esalers, breweries and brewpubs?	
14. Boos the approant understand		everages only from wisconsin who	esalers, preweries and prewpubse.	.⊡ 165 ☐ 140
READ CAREFULLY BEFORE SIGNING knowledge of the signer. Any person who this business according to law and that the a partnership applicant must sign; one of during inspection will be deemed a refuse	o knowingly provides materially false in he rights and responsibilities conferred corporate officer, one member/manage	nformation on this application may be red by the license(s), if granted, will not be of Limited Liability Companies must sa misdemeanor and grounds for revo	equired to forfeit not more than \$1,000. See assigned to another. (Individual applic sign.) Any lack of access to any portion	igner agrees to operate ants, or one member of of a licensed premises
TO DE COMPLETES DIVOLES:				_
TO BE COMPLETED BY CLERK	Data conorted to assumed the sent	Data provisional Passas Issued	Characters of Ole 1: December 2:	
Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
Date license granted	Date license issued	License number issued		
AT-106 (R. 7-18)			Wisconsin	Department of Revenue

For the license period beginning ending 20 Class A boar Class	Original Alcohol Be	everage Retail Lice	ense Application	Applicant's WI Seller's Permit No.: FEIN Nu	mber:
For the license period beginning 20 anding 20 and 20 an	Submit to municipal clerk.			LICENSE REQUESTED >	
TO THE GOVERNING BODY of the: Overlap of Apple for Willage of Class A liquor (sider only) S. NA. Individual Parlmenthy Corporation / Nonport Organization Parlmenthy Corporation / Nonport Organization Parlmenthy Corporation / Nonport Organization Parlmenthy S. Nano (Parlmenthy Parlmenthy S. Nano (Parlmenthy Parlmenthy S. Nano (Parlmenthy Parlmenthy Parlmenthy Parlmenthy Parlmenthy S. Nano (Parlmenthy Parlmenthy S. Nano (Parlmenthy Parlmenthy Pa	For the license period beginning	ng	20 ;		FEE
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Country of Articles Cash Caldemanic Dist. No. (if required by ordinance) Sans 8 litiquor S	TO THE GOVERNING BODY of	f the: D Village of $A \cap$	pleton, W-		
Country of Articles Cash Caldemanic Dist. No. (if required by ordinance) Sans 8 litiquor S		City of	1	The state of the s	
1. The named Partnership Partnership Limited Liability Company Reserve Class B Uliquor S Corporation / Notopolit Organization Partnership Limited Liability Company TOTAL FEE S TOTAL FEE S	and Out a day	Nicous . Trees			19/2
1. The named Individual Partnership Umited Liability Company Cappreside / Nonpeofit Organization Nonpeofit Organization Partnership Partnershi	County of OV 1 A AM	Aldermanic Dist. No	(if required by ordinance)		
Corporation / Nongrolfic Organization Publication fee \$ Co	1 The named Individual	☐ Partnerchin ☐	T Limited Liability Company	☐ Class B (wine only) winery \$	
hereby makes application for the alcohol beverage isonase(s) checked above. Name (individual)partners give last name, first, middle; corporations/initiod liability companies give registered name): \				Publication fee \$	60
2. Name (Individual/partners give last name, first, middle; corporations/limited liability companies give registered namo): An "Auxiliary Questionnairy" 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 name, tile, and place or residence of each propose. Name Last, First, M.J. Home Address Post Office & Zip Code			cked above.	TOTAL FEE \$	
An *AustRian's Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by sech officer, director and agent of a corporation or nonprofit organization, and by each member manager and agent of a limited liability company. List the name, title, and place of residence of each person. Name (Last, First, M.I.) Name (Las	2. Name (individual/partners give	last name, first, middle; corporation		egistered name):	
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 name, title, and place of esidence of each person. President/Member NUS QF			ad and attached to this avullenti		
Hame Address Post Office & Zip Code President/Member Mane (Last, First, M.) Home Address Post Office & Zip Code President/Member Mane (Last, First, M.) Home Address Post Office & Zip Code President/Member Mane Post Office & Zip Code Post Offic	partnership, and by each offi	icer, director and agent of a corp	eu and attached to this application. oration or nonprofit organization.	on by each individual applicant, by e . and by each member/manager and :	acn member of a
Vice President/Member Treasurer/Member Agent ▶ Directors/Member Business Phone Number Post Office & Zip Code ▶ SHI 91 SHI 94 Address of Premises ▶ 122 N. WISCON AVE Post Office & Zip Code ▶ SHI 91 No 1. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (a) Corporatel/Imited liability company applicants only: Insert state of registration. (b) Is applicant corporation/limited liability company as unbisdiory of any other corporation or limited liability company. (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? (NOTE: All applicants explain fully or neverse side of this form every YES answer in sections 5, 6, 7 and 8 above). 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living queries, if used, for the sales, senior, consumption, and president scription (mit if steelers, if used, for the sales, senior, consumption, and president scription (mit if steelers, if used, for the sales, senior, consumption, and president scription (mit if steelers) if use a Retail Beverage Alcohol Deleter with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5530.5d) before beginning business? [phone 1-877-882-3277]. 1. Ves No 1. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	liability company. List the na	me, title, and place of residence of	each person.	_	_
Vice President/Member Treasurer/Member Agent ▶ Directors/Member Business Phone Number Post Office & Zip Code ▶ SHI 91 SHI 94 Address of Premises ▶ 122 N. WISCON AVE Post Office & Zip Code ▶ SHI 91 No 1. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (a) Corporatel/Imited liability company applicants only: Insert state of registration. (b) Is applicant corporation/limited liability company as unbisdiory of any other corporation or limited liability company. (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? (NOTE: All applicants explain fully or neverse side of this form every YES answer in sections 5, 6, 7 and 8 above). 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living queries, if used, for the sales, senior, consumption, and president scription (mit if steelers, if used, for the sales, senior, consumption, and president scription (mit if steelers, if used, for the sales, senior, consumption, and president scription (mit if steelers) if use a Retail Beverage Alcohol Deleter with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5530.5d) before beginning business? [phone 1-877-882-3277]. 1. Ves No 1. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	Ti	tle Name (La	st, First, M.I.)	me Address Post Offi	ce & Zip Code
Secretary/Member Agent P Directors/Managers 3. Trade Name P 4. Address of Premises P 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training occurs for this license period? 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7. Does any other action-to beverage retail licenses or wholesale permittee have any interest in or control of this business? 8. (a) Corporate/limited liability company applicants only: Insert state (b) Is applicant corporation/limited liability company as subsidiary of any other corporation or mimited liability company? (c) Does the corporation, or any officer, director, sockholder or agent or limited liability company? (d) Explicant corporation/limited liability company as subsidiary of any other corporation or mimited liability company? (e) Does the corporation, or any officer, director, sockholder or agent or limited liability company? (f) Is applicant corporation/limited liability company as a subsidiary of any other corporation or mimited liability company? (g) Post papicant explain limit any other alcohol beverage license or permit in Wisconsin? (h) Is applicant explain limit any other alcohol beverages and ro in wisconsin? (h) If you have been applicant explain limit you reverse side of this form every VES answer in sections 5, 6, 7 and 8 above.) 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant trust include all rooms including living quarters, if used, for the sales, service, consumption, and/g; storage of alcohol beverages and records, (Alcohol leverages any be sold and stored only in the premises described.) 1. (a) Was this premises licensed for the sale of liquin or here rimining the past license year? (b) If yes, under what name was license issued? 1. (a) Was this	Vice President/Member IVV 3 Q	ia, jang	DOD W	Harris 54411	1
Treasurer/Member					
Agent Directors/Managers 3. Trade Name Date of Premises Date of Managers 4. Address of Premises Date of Corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverages server training course for this license period? 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7. Does any other action beverage retail licensee or wholesale permittee have any interest in or control of this business? 8. (a) Corporate/limited liability company applicants only: Insert state and date of registration. 8. (a) Corporate/limited liability company applicants only: Insert state and date of registration. 9. Insert state and the corporation, or any officer, director, stockholder or agent or limited liability company? 9. Insert state and the corporation, or any officer, director, stockholder or agent or limited liability company? 9. Premises description: Description in any other alcohol beverages are to be sold and stored. The applicant sexplain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 9. Premises description: Description in the section 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.) 10. Legal description (cmit if street address is given above): 11. (a) Was this premises licensed for the sale of liquor or hear during the past license year? 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal povernment, Alcohol and Tobacco Tax and Trade Bureau (TB) by filling (TTB form 5630.5d) before					
Directors/Managers 3. Trade Name \$\sum_\lambda \lambda					
3. Trade Name ▶	•				
4. Address of Premises P 172 N. WISCONSIN PNP Post Office & Zip Code S 19 19 15 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training ocurse for this license period? Premises of this license or wholesale permittee have any interest in or control of this business? Premises of registration. (b) Is applicant corporation/limited liability company applicants only: Insert state and date of registration. (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? 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/gr storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1. Legal description (mit if street address is given above): 11. (a) Was this premises licensed for the sale of liquor or heer during the past license year? (b) If yes, under what name was license Issued? 12. 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]. 13. Does the applicant understand they must specialer 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]. 14. Does the applicant understand they must reproceed by a formation on this application may be required to another. (Individual applican	3. Trade Name > フィッシッ	ng Mah	Busines	s Phone Number (970) 944	1-4375
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?	4. Address of Premises ▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	W. Wisconsin AV	E Post Off	ice & Zip Code > 54917	
training course for this license period? Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Does any other alcohol beverage retall licensee or wholesale permittee have any interest in or control of this business? Observational interest in any other alcohol beverage in limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage in limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage or permit in Wisconsin? Observational interest in any other alcohol beverage in limited liability company, or any member/manager or agent to the 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.) Observational interest in the service of the sale of liquor or here during the past license year? Observational interest in the service of the sale of liquor or here during the past license year? Observational interest in the service of the sale of liquor or here during the past license year? Observational interest in the service of the service of the above questions has been truthfully answered to here be sold and travelated to free the other control than \$1,000. Signer agrees to operate this business according to law and travel that the rights and responsibilities conferred by the license(s) if gr					_
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?. Yes	training course for this license	period?	*************	·	1Yes □ No
8. (a) Corporate/limited liability company applicants only: Insert state	6. Is the applicant an employe or	agent of, or acting on behalf of any	one except the named applicant?.] Yes No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?	7. Does any other alcohol bevera	ge retail licensee or wholesale perr	mittee have any interest in or contro	of this business?	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?					-
agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 9. 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.) 10. Legal description (omit if street address is given above): 11. (a) Was this premises licensed for the sale of liquor or hear during the past license year? Yes No (b) If yes, under what name was license issued? Yes No (b) If yes, under what name was license issued? Yes No (c) If yes, under what name was license issued? Yes No (d) If yes, under what name was license issued? Yes No (e) If yes, under what name was license issued? Yes No (e) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued? Yes No (f) If yes, under what name was license issued No (f) If yes, under what name was license issued Yes No (f) If yes, under what name was license issued No (f) If yes, under what name was license issued No (f) If yes, under what name was license issued No (f) If yes No (f) If yes, under what name was license issued No (f) If yes No (f) I	(b) Is applicant corporation/lim	ited liability company a subsidiary of	of any other corporation or limited li	ability company?	」Yes -∟ No
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9. 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.) 7					j tes ∐ No
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10. Legal description (omit if street address is given above): 11. (a) Was this premises licensed for the sale of liquor or heer during the past license year?	all rooms including living quarte	ers, if used, for the sales, service, c	consumption, and/or storage of alco	hol beverages and records. (Alcohol be	everages
11. (a) Was this premises licensed for the sale of liquor or heer during the past license year?	10. Legal description (omit if street	address is given above):	130001	, , , , , , , , , , , , , , , , , , , ,	<u></u>
(b) If yes, under what name was license issued?	· · · · · · · · · · · · · · · · · · ·	-	g the past license year?		TYes □ No
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[phone (608) 266-2776]	10bacco lax and trade Bureau	(TTB) by filing (TTB form 5630.5d) before beginning business? [phor	ne 1-877-882-3277],	Yes 🗌 No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . Ves 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. **TO BE COMPLETED BY CLERK** Date received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number issued License n					· ·
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Anothedge 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. **TO BE COMPLETED BY CLERK** Date received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number issued Lice	Dood the applicant anderstand	that they must purchase alcohol be	everages only from wisconsin whole	في . ؛ esalers, breweries and brewpubs] res No
Date received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number Issued	knowledge of the signer. Any person who this business according to law and that the a partnership applicant must sign; one of	o knowingly provides materially false in he rights and responsibilities conferred corporate officer, one member/manage	formation on this application may be re it by the license(s), if granted, will not be or of Limited Liability Companies must s is a misdemeanor and grounds for revo	quired to forfeit not more than \$1,000. Signate assigned to another. (Individual applicants sign.) Any lack of access to any portion of a cation of this license.	er agrees to operate s, or one member of a licensed premises
Date received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number Issued					
Date license granted Date license issued License number Issued	TO BE COMPLETED BY CLERK				
	Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
AT-106 (R. 7-18) Wisconsin Department of Revenue	Date license granted	Date license issued	License number issued		
	AT-106 (R. 7-18)	L		Weconein Do	partment of Revenue



City of Appleton Liquor License Questionnaire

1. Name of Appl	icant: NUSA	ra Yang			
2. Name of Business Jai Sung Mah					
3. Address of Bu	siness: 122 \	N. Wisconsin	AVE		
ordinance violati AND/OR been o	on? YesX convicted of a felo	ony? Yes_X No plain in detail:	ted of a misdemeanor or		
5. List all partner birth. Please use		r investors. Include full name, m	iddle initial and date of		
Cher Tha	0 01	lhao	. / /		
First name	Initial	Last name	Date of Birth		
First name	Initial	Last name	Date of Birth		
First name	Initial	Last name	Date of Birth		
First name	Initial	Last name	Date of Birth		
6. Name of person/corporation you are buying the premises and equipment from? Name:					
First name Address:		Initial Last name			
City, State, Zip:					
7. What was the	previous name as	nd nature of the business operatin	ng at this location?		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

8. Are alcohol sales an existing use in this building? Yes No If no, When did the operation cease? months ago.
9. Are alcohol sales a new use in this building? Yes No If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.
10. Is your primary business restaurant? Yes No
11. Seating capacity: Inside 30 Outside
12. Operating hours: 5pm - 1:30 am
13. Number of floor personnel 2 Number of door checkers
14. In general, state the size, design and type of the proposed establishment and the operational details. 2,500 Sq. Ft. Pool hall/
bar resturant.
1/15/19 DRM

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

Operator's Licenses for 4/24/19 S & L

Approved

1. Savitri Ale	881 Security Dr DD106 Fond Du Lac 54935
2. James M. Anderson	1503 N Ballard Rd Appleton 54911
3. David R. Blessent	230 ½ Hancock St Appleton 54911
4. Alexis M. Borsche	2609 Inglewood Place Appleton 54915
5. Julia M. Brown	716 Trailsway Lane Neenah 54956
6. Olivia C. Butler	1320 N Alvin St Appleton 54911
7. Angela Caraballo	156 W 174th St Apt 1H Bronx, NY 10453
8. Christina M. Coon	N1249 Technical Dr #10 Greenville 54942
9. Elliot S. Cordano	711 E Boldt Way SPC359 Appleton 54911
10. Phoranee Danthanachai	792 S Olson Ave Appleton 54914
11. Ethan D. DeMeuse	3300 Sunset Beach Ln Suamico 54173
12. Zachary R. Dobrunz	1500 S Irma St Appleton 54915
13. Michael W. Faster	4507 N Midfield Ct Appleton 54913
14. Marcelo Fonseca	909 W 4 th St Appleton 54914
15. Abby C. Frederick	203 Joseph Ct Apt 3 Neenah 54956
16. Amanda L. Gazzana	1614 Redwing Dr Neenah 54956
17. Cari J. Guerin	1316 S Jackson St Appleton 54915
18. Kye F. Harris	721 E 5 th St Apt 2C New York, NY 10009
19. Jennifer L. Johnson	2512 N Viola St Appleton 54911
20. Magdalene A. Kresal	543 Meadow Ln Winneconne 54986
21. Adam M. Lippens	1452 Circle Dr Menasha 54952
22. Candice L. Lopez	68 Valerie Dr Appleton 54915
23. Kayla M. Ludwig	228 Enterprise St Apt 3 Stockbridge 53088
24. Travis Lundeen	818 Scott Ave Oshkosh 54901
25. Daniel T. Maclellan	218 E South Island St # 206 Appleton 54915
26. Subedi Manoj	3617 E Glory Ln #6 Appleton 54913
27. Mckenna M. Marx	3040 W Spencer St Appleton 54914
28. Dulce A. Mendoza	1724 S Angela Dr Appleton 54915
29. Yeng Rose Moua	2302 Southwood Dr #7 Appleton 54915
30. Nicholas K. Mueller	2439 S Oneida St Appleton 54915
31. Kristoffer D. Olson	35 Welcome Circle Appleton 54915
32. Jalpa N. Patel	4705 W Prairie Song Ln Appleton 54913
33. Harry J. Picardi	67 Valerie Dr Appleton 54915
34. Cole W. Plamann	521 E Harding Dr Appleton 54915
35. Evan J. Rosado	711 E Boldt Way SPC1222 Appleton 54911
36. Mary A. Rugger	1500 E Longview Dr #8 Appleton 54911
, 50	<i>C</i>

37. Courtney K. Schultz

38. Casey J. Skidmore

39. Bradley J. Stelow

40. Troy G. Theel

41. Kari B. Thomson

42. Monica Thor

43. Pandya Utpahlbhai

44. Becky J.S. Vogt

45. Benjamin R. Welko

46. Benjamin F. Willes

1261 Honeysuckle Ln Neenah 54956

44 1/2 Sherman Pl Appleton 54911

648 Warsaw St Menasha 54952

1817 N Linwood Ave Appleton 54914

1751 Midway Pl Apt E Menasha 54952

2302 Southwood Dr #8 Appleton 54915

3520 N Meadowsweet Ln Appleton 54911

818 Scott Ave Oshkosh WI 54901

W6674 Green Willow Ct Greenville 54942

627 S Lake St Neenah WI 54956

RENEWAL Operator's Licenses for 4/24/19 S & L

Approved

1.	Christine E. Schadt	1515 Greendale St Menasha, WI 54952
2.	Patrick T. Boettcher	2855 Glen Creek Pl #4 Appleton 54914
3.	Kelly A. Frichner	525 N Sampson St Appleton 54911
4.	Lana M. Zastrow	513 N Clark St Appleton 54911
5.	Donald R. Schwedrsky	834 Floral Dr Green Bay 54301
6.	Benjamin E. Mollen	311 ½ E College Ave Appleton 54911
7.	Christopher A. Nelis	1315 ½ S Jefferson St Appleton 54915
8.	Timothy J. Miller	3124 W McDonald St #2 Appleton 54911
9.	Hannah M. Coenen	W1927 Coenen Rd Kaukauna 54130
10.	Nicole M. Nassen	1835 W Pershing St #207 Appleton 54914
11.	Stephen W. Waldorf	834 W Packard St Appleton 54914
12.	Sara M. Besaw	324 S Fidelis St Appleton 54915
13.	Mathew J. Susa	2511 N Mason St Appleton 54914
14.	Brittany J. Kallin	N2380 Holy Hill Dr Greenville 54942
15.	Sandra L. Kositzke	1315 ½ S Jefferson St Appleton 54915
16.	Joan A. Van Roy	357 Schindler Dr Kimberly 54136
17.	Ryan J. Sabee	623 E Hoover Ave Appleton 54915
18.	Mary S. Kuske	1501 E Taft Ave Appleton 54915



"meeting community needsenhancing quality of life"

REQUEST for **Beer/Liquor License Premise Amendment**

Date Recv'd Date FEES ARE NON-REFUNDABLE

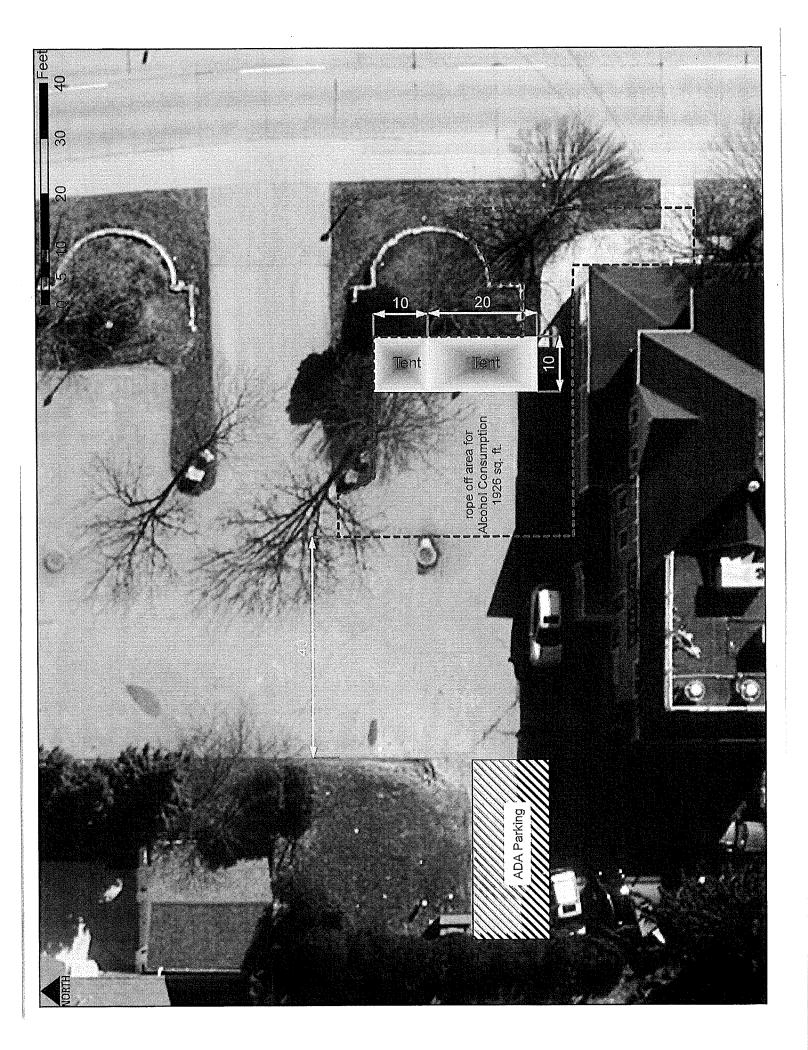
License Fee \$10,00/event Receipt ___

Acct: CLCAGP

License Number

SECTION	1 – LICENS	E INFO	RMATION	14 (1.28) 14 (1.28)			of the		
Name of Es	tablishment	50	navia'	5 Mp	×icon.	Λ \subseteq	(c111		
Address of	Establishme	nt 2 \	ngvia 5 S W	10:000	010018		1/11/1 2010 auto	J.F	(101)
Name of Ag	ient 🔿 🍙	(A) 	J () [Y)C(1)()	nai v	r. HF	41610	<u> </u>	<u>991)</u>
i dilicol Ag	""	rar	Giveox	JMZ-			Phone N		375
SECTION 2	2 – PREMIS	SE AME	NDMENT						
Please descr		No. of the Part of		16 / Sec.				1	
A drawing/	diagram of	the prop	osed area must	also be subm	nitted with this	applicatio	n		
Is this change	e Permanen	+2 If+I	nis is temporary	places enoci	e, al				
	-	. 8	pecial e	VevH-	iy tile reason i	nor the ami	enament:	1100	
<u></u>	Ä		fection c	/ V = 1 1	Unic		- 4710	-90	
YES	ŊÜ								
	ACCOMPANIES TO RESERVE TO THE	REPROPERTY OF STREET	that this tempo				lized:		
514	1191	Opr	n - 5	1511	9 120	am			
ECTION 4 =		U				at organization of the second			
certify that I as polication may	m familiar wit be suspended	th Section I for cause	9-52 of the Mun	icipal Code of 1e Common C	the City of App ouncil.	oleton and ag	gree that any	license gra	nted under thi
			nformation provi			and correct t	o the best of	my knowle	dge and belie
ignature of A	pplicant:	KO N	an &	ILAC	<u> </u>				
on or fice (ノ - T	12	70	\mathcal{O}_{i}				
Department	Approve	Deny	By		Reason				
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nance		1.5							
re ealth									
spections									
lice	-								

Date Issued





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

REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON	-REFUNDABLE	Date Recv'd 4/10/19		
License Fee	\$10.00/event 7950 -	Acct: CLC	CAGP	
Receipt	7950-	\$10		
	8121 -	490	-4-15-19	

SECTION 1 -	LICENSE II	NFORN	MATION			
Name of Establishment Mr Brews Taphouse						
Address of Esta					.100	
Name of Agent	Tamr	ny	s Riverheath 1 Vexhagen		Phone Number 920-819-7177	
SECTION 2 -	PREMISE	AMÉN	DMENT ⁰			
Please describe	the change	in pren	nises:			
A drawing/dia	gram of the	propos	ed area must also be subm	nitted with this applic	cation	
Amound	licon.	si fi	~ thron dato	This sum	mer to allow	
Chicken	DACC d	\sum_{i}	the boardbalk	with book	mer to allow - and whe.	
(02004)	Q.V.3 0	7	VOICE VOICE 1-10	- O'TT PACE	or car volve	
4						
Is this change P	ermanent?	If thi	s is temporary please speci	ify the reason for the	amendment:	
	Λ		concerts			
	Ø.		•			
YES /	NO					
Please list the d	late(s) and t	time(s) t	hat this temporary premis	e amendment will be	utilized:	
1	. Ich	\	Ly 13h, Septe	2 1-12 21 St		
Jan	e 15.	170	M 12, 1 300th	maur or		
SECTION 3 – P	ENALTY NO	OTICE				
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Signature of Applicant:						
FOR OFFICE U	SE ONLY					
Department	Approve	Deny	Ву	Reason		
Comm. Dev.						
Finance						
Fire						
Health						
Inspections						
Police						
S&L	Coun	cil	Date Issued	Exp. Date	License Number	



Vers Venture, LLC would like to amend the description of their premises at 201 S. Riverheath Way, Suite 1100 to include the following:

- -approx. 10,000 square feet of additional outdoor space
- -entire boardwalk area outside of existing fenced patio
- -stage
- -grassy hill next to steps leading down to the boardwalk

This additional space will be used for specific events on the following dates: June 15th, July 13th, and September 21st.

FoxRiver			
Stage		Boardwalk	(
			(
		Mr Brews Taghouse	Tempest
1 Grassy			de 6
1 Hill	Steps	Bulduz	Prairie
L		1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 1 2 1 2 1	1 A



"meeting community needsenhancing quality of life"

REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NON	I-REFUNDABLE	Date Recv'd 4/8/19
License Fee	\$ 10.00	Acct. 11030:4306
Receipt	7509	CLCAGP
	•	

SECTION 1 – I	LICENS	E INFORM	IATIOI	N			
Name of Establis	shment	FOX (Citie	> Buildine	i for th	e ART	3
Address of Estat	blishme	nt 	W.	College A	venue	Apple	ton, W, 54911
Name of Agent		Cheis	tina	TURNER			HON, W. 54911 Phone Number 733-4089
SECTION 2 - F	PREMI	SE AMENI	OMEN.	T			
<u> </u>			_				
Please describe							
Moving Duilding	gram or OW OU OU	tne propos 1922 1tside- 19 man	for	nies that i ONC, eveni o beveroed	ted with this ap S NOY M DND(O) INI	rally l d We dudinx	held misideour would like to I beerg wine.
		- N					_
Is this change Pe	ermane X NO	Th	13 P	vent occurs	8 times	per a	sear, typically ssingle date we Jazz cowest
Please list the d	1		hat this	temporary premise	amendment wi	ll be utilize	d:
SECTION 4 – PI	ENALTY	NOTICE					
application may be	e suspend aw, I swe	ded for cause ear that the in	at any ti	me by the Common Cou	ıncil.	_	that any license granted under this e best of my knowledge and belief.
FOR OFFICE US	SE ONLY	1					
Department	Appro	ve Deny	Ву		Reason		
Comm. Dev.							
Finance							
Fire							
Health							
Inspections						 	
Police							
S&L	C	ouncil	,	Date Issued	Exp. Date	.,	License Number

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

Submit to the more state.	
All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or into liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the or of the corporation/organization or members/managers of a limited liability company and the recommendation made by the local official.	ficer(s)
To the governing body of: Village of Appleton County of Outagamie	
X City	
The undersigned duly authorized officer(s)/members/managers ofEager_Beaver, LLC	
(registered name of corporation/organization or limited liability compans a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known a	
	5
Eager Beaver Burt Grill (trade name)	
located at 1400 West Second Street, Appleton, WI	
appointsMark Joosten	
(name of appointed agent) 3909 E. Appleseed Dr., Appleton, WI 54913	
(home address of appointed agent)	
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporganization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?	elative ration/
Yes X No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).	
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 40 years Place of residence last year 3909 E. Appleseed Br., Appleton, WI 54913 For: Eager Beaver, LLC (name of corporation/organization/limited liability company) By: (signature of Officer/Member/Manager)	
And:	
ACCEPTANCE BY AGENT	
Mark Joosteri	for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to a beverages conducted on the premises for the corporation/organization/limited liability company.	lcohol
Much fignature of agent) 4-5-19 (date) Agent's age	
3909E. Appleseed Dr., Appleton, WI 54913 (home address of agent) Date of birth	-
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 informathe character, record and reputation are satisfactory and I have no objection to the agent appointed.	ation,
Approved onby	chiel)
AT-104 (R, 4-09) Wiscopsin Department of R	evenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

			·				
Individual's Full Name (please print) (last name Joosten			e)	(
		LIGITY		Richard			
Home Address (street/route)	Post Office	,	City		State	Zip Code	
3909 E. Appleseed Dr.			Appleton		WI	54913	
Hame Phone Number		Age	Dale of Birth		Place of B	Birth	
			1		Apple	eton, WI	
L. C.		.t	<u> </u>		L		
The above named individual provides the	following information	as a per	son who is (check o	one):			
Applying for an alcohol beverage lice	ense as an individual		•				
A member of a partnership which is			hol beverage licen	ise.			
V Mombay	ο¢ τ		Beaver, LLC				
(Officer / Director / Member / Manager /	Agent)	M.	ame of Corporation, Limit	ed Liability Company	r or Nonprofil	t Organization)	
which is making application for an al	cohol beverage licens	e.					
<u> </u>	•						
The above named individual provides the				d underte			
How long have you continuously residual.	·		***************************************				
2. Have you ever been convicted of any		•					
violation of any federal laws, any Wis	· ·			-	-		57)
or municipality?						Yes	X No
status of charges pending. (If more ro		•		date, descript	ion and		
states of charges perforing. (if more re	om is neduco, continue e	ni icveide	side of this form.)				
3. Are charges for any offenses present	ly pending against you	(other th	an traffic unrelate	d to alcohol be	verages))	
for violation of any federal laws, any							
municipality?						Tyes	X No
If yes, describe status of charges per						Anna efficience and artists are also are a	
Do you hold, are you making applicat	ion for or are you an o	fficer, dire	ector or agent of a	corporation/no	onprofit		
organization or member/manager/age							GET - 1
beverage license or permit?				• • • • • • • • • • • • • • • • • • • •		Yes	X No
If yes, identify.	/Na	me Location	and Type of License/Pen	The			
5. Do you hold and/or are you an officer	* *		• • • • • • • • • • • • • • • • • • • •	• •	ration or		
member/manager/agent of a limited li							
brewery/winery permit or wholesale li				•		☐ Yes	X No
If yes, identify.	•	·					223
(Name of IA	nolasole Lizensee ar Permittee,	j		(Address	By City and C	County)	
Named individual must list in chronole	gical order last two en	nployers.					
Employer's Name	Employer's Address			Emplayed From		Ta .	
Eager Beaver, LLC	1400 West Seco	ond St.	.AppletonWI	2010		Present	
Employer's Name	Employer's Address			Employed From		To DOAG	
Self-Employed	Self-employed			1990 (ab	out)	2010	

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.

M Signatura of Named Individual)

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

liquor must appoint an agent	. The following questions mus ion or members/managers o	st be answered by the agent. The app	ented malt beverages and/or intoxicating cointment must be signed by the officer(s) ne recommendation made by the proper
To the governing body of:	☐ Town ☐ Village of ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Dieton coun	ty of Winnebuck.
The undersigned duly autho	rized officer(s)/members/mar	nagers of	ation/organization or limited liability company)
a corporation/organization or located at 2190		sing application for an alcohol bevera	ge license for a premises known as
appoints <u>Marcel</u> 22 (10	de Jesus f volen, Ct. (horn	(name of appointed agent) (name of appointed agent) are address of appointed agent)	54915.
to alcohol beverages conduc	cted therein. Is applicant ager		the premises and of all business relative requesting approval for any corporation/other location in Wisconsin?
☐ Yes ☐ No If so	, indicate the corporate name	e(s)/limited liability company(ies) and	municipality(ies).
	o making this application has	the applicant agent resided continuous the applicant agent a	bility company)
		(signature of Officer/Member/Man	ager)
1. Maria deJe	ACC print/type agent's name)	CEPTANCE BY AGENT , hereby	, accept this appointment as agent for the
beverages conducted on the	ited liability company and as premises for the corporation	ssume full responsibility for the conforganization/limited liability compa	nduct of all business relative to alcohol ny. Agent's age
22 goider ((home address of agent	0	Date of birth
		AGENT BY MUNICIPAL AUTHORIT gn on behalf of Municipal Official	· ·
		riminal records. To the best of my k I have no objection to the agent app	nowledge, with the available information, pointed.
Approved on(date)	by(signatu	re of proper local official)	Title

Auxiliary Questionnaire Alcohol Beverage License Application

Individual's Full Name (please print) (last name)	(first name)		(middle name)	
Karling 7	M	and desters	\leq	
Home Address (street/route) Post Office	, c	City	State Zip	Code
22 garden Ct.		appleton	W1 50	1915
Home Phone Number	Age D	Date of Birth	Place of Birth	NZ,
			Moder	<u>o'</u>
The above named individual provides the following information	ation as a perso	n who is <i>(check one</i>):		
Applying for an alcohol beverage license as an individ		, ,		
A member of a partnership which is making application		l beverage license.		
Droome. of	Schos.	tian UC.		
(Officer / Director / Member / Manager / Agent)	,	e of Corporation, Limited Liability Compa	ny or Nonprofit Orga	nization)
which is making application for an alcohol beverage li	cense,			
The above named individual provides the following information				
How long have you continuously resided in Wisconsin				
2. Have you ever been convicted of any offenses (other to violation of any federal laws, any Wisconsin laws, any	han traffic unrela	ated to alcohol beverages) for	r . county	
or municipality?				TYes TANO
If yes, give law or ordinance violated, trial court, trial da	ate and penalty i	imposed, and/or date, descri	otion and	
status of charges pending. (If more room is needed, conti				
	4 / - 11 11	- tu-ffe constant to alcohol l		
Are charges for any offenses presently pending agains for violation of any federal laws, any Wisconsin laws, a	it you (otner thai	n traffic unrelated to alconol I r etates or ordinances of any	county or	
municipality?				Yes No
If yes, describe status of charges pending.				
4. Do you hold, are you making application for or are you	an officer, direc	ctor or agent of a corporation	nonprofit	
organization or member/manager/agent of a limited lial				T Yes No
beverage license or permit?				Tes NO
ii yes, identiiy.	(Name, Location a	nd Type of License/Permit)		
5. Do you hold and/or are you an officer, director, stockho	older, agent or e	mploye of any person or corp	oration or	
member/manager/agent of a limited liability company h				
brewery/winery permit or wholesale liquor, manufacture	er or rectifier pe	rmit in the State of Wisconsii	17	∐ Yes 💋 No
If yes, identify. (Name of Wholesale Licensee or Pe	semilloo)	(Addra	ss By City and Coun	fu)
6. Named individual must list in chronological order last to		(Autory)	33 By City and Coun	(7)
Employer's Name Employer's Address		Employed Fron	То	
Lafterfe Milwould	LC.	1990		7000.
Employer's Address	٧	Employed Fron		. ner
controly milwow	Ke	acco	20) 03 .
O				
READ CAREFULLY BEFORE SIGNING: Under penalty	provided by law	, the undersigned states that	each of the a	bove questions has
been truthfully answered to the best of the knowledge of the application; that the applicant has read and made a complete	he signer. The s	signer agrees that he/she is t chauestion, and that the ans	ne person nam wers in each in	ied in the foregoing stance are true and
correct. The undersigned further understands that any licer	nse issued contr	rary to Chapter 125 of the Wis	cansin Statute	s shall be void, and
under penalty of state law, the applicant may be prosecute	ed for submitting	false statements and affidav	its in connection	on with this applica-
tion. Any person who knowingly provides materially false in	ntormation on th	nis application may be require	y to terreit not	more than \$1,000.
		ŀΓΛ	10605	
		regimen	ure of Named Individ	ual)

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

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.
To the governing body of: Village of Appleton County of Outagamie
City
The undersigned duly authorized officer(s)/members/managers of Fox Cities Building for the ARTS (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
Fox Cities Building for the ARTS & low Trouth Juseum of ART
located at 111 W. College Avenus Appleton, WI 54911
appoints Christina S. Turner
275 LAKE ROAD, Menasha, WI 54952 (name of appointed agent) (name of appointed agent) (name 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?
Place of residence last year 275 CAKE KOAI) MENAShA WI 54952
For: Fox Cities Building for the ARTS. INC.
By: Beth Tlakest Board Cherry
And: Manager) (signature of Officer/Member/Manager) And: Manager (Signature of Officer/Member/Manager)
ACCEPTANCE BY AGENT I,
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.
275 LAKE ROAD, MENASHA, WI 54962 Date of birth
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.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)		(middle name)
Turner	Christing	u Sto	anford
Home Address (street/route)	Post Office City		State Zip Code
275 Lake Rd		Nenasha	WI 54952
Home Phone Number	Age Date	of Birth	Place of Birth
L			Neenah, WI
The above named individual provides the following	owing information as a person v	vho is (check one):	•
Applying for an alcohol beverage license	as an individual.		
A member of a partnership which is mal	king application for an alcohol b	everage license.	 1
Officer) Preside	Nt of Fox Ci	ties Building	y for the ARTS by or Nonprofit Organization)
which is making application for an alcoho		Согрогацон, жинеа ставину сотра	iy or Nonprolit Organization)
The above named individual provides the following	_	a authoritu	
How long have you continuously resided it.			in Aug
2. Have you ever been convicted of any offe			111 Quy:
violation of any federal laws, any Wiscons	in laws, any laws of any other s	tates or ordinances of any	county
or municipality?			Tyes XI No
If yes, give law or ordinance violated, trial	court, trial date and penalty imp	osed, and/or date, descrip	ition and
status of charges pending. (If more room is	needed, continue on reverse side	of this form.)	
3. Are charges for any offenses presently pe	nding against you (other than tr	affic unrelated to alcohol b	everages)
for violation of any federal laws, any Wisco	onsin laws, any laws of other st	ates or ordinances of any o	county or
municipality?		· · · · · · · · · · · · · · · · · · ·	Yes No
If yes, describe status of charges pending			•
4. Do you hold, are you making application for	or or are you an officer, director	or agent of a corporation/r	nonprofit
organization or member/manager/agent or	r a limited liability company holo	ing or applying for any oth	
beverage license or permit?	• • • • • • • • • • • • • • • • • • • •		Yes X No
,	(Name, Location and T	/pe of License/Permit)	
Do you hold and/or are you an officer, dire	ctor, stockholder, agent or emp	oye of any person or corpo	oration or
member/manager/agent of a limited liabilit	y company holding or applying	for a wholesale beer permi	it,
brewery/winery permit or wholesale liquor,	manufacturer or rectifier permi	in the State of Wisconsin	? 🗌 Yes 🔀 No
If yes, identify.			•
· · · · · · · · · · · · · · · · · · ·	le Licensee or Permittee)		s By City and County)
6. Named individual must list in chronologica	I order last two employers.	W154956	
		Veerah March	ZNE TURADNT
Employer's Name Employer's Name Employer's Name	yer's Address	Employed From	2015 June 247
	alifornia	- inhiated (John	1."
	0.1140kW10 =	ļ	1

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)

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

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.
To the governing body of: Village of APPLETON County of OUTAGAMIE
☑ City
The undersigned duly authorized officer(s)/members/managers of FKG_OIL_COMPANY
(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
BALLARD MOTOMART
(trade name)
located at 2838 NORTH BALLARD APPLETON, WI. 54911
appointsJASON MAZANEC
(name of appointed agent) 2240 W. CORTLAND DR. 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). FKG OIL COMPANY IN APPLETON, WI
le applicant agent subject to applicat to applicat to application of the subject to application
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? LIFELONG RESIDE
Place of residence last year ABOVE
For: FKG OIL COMPANY BY BOBERT J FORSYTH ITS VICE PRESIDENT
(name of dorporation organization imited liability company) By:
(signature of Office/Member(Manager)
(signature of Officer/Member/Manager)
ACCEPTANCE BY AGENT
I,, hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
$\Lambda = M_0$
(signature of agent) (call the state of agent) (date) Agent's age
(home address of agent) Date of birth Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, he character, record and reputation are satisfactory and I have no objection to the agent appointed.
Annroyed on by
Approved on by Title

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Individually Talk M							
Individual's Full Name (please print) (last name,		(first nam	e)		(middle nai	me)	
MAZANEC	JASO	N			GEF	RGE	
Home Address (street/route)	Post Office		City		State		
2240 W. CORTLAND DR.			APPLETON		WI	Zip Code 5491	1
Home Phone Number		Age	Date of Birth.				1
		L'ac	Date of Birth.		Place of Bir		_
					Milwau	iliee, WJ	-
The above named individual provides the	following information	as a pers	son who is (check one):				
Applying for an alcohol beverage lice	nse as an individual						
A member of a partnership which is	making application to	r an alasi	and have seems 15				
A Agent	of	1-1//	tor beverage license.				
Officer/Director/Member/Menager/Age	nt)	FRE	me of Corporation. Limited List	any			
which is making application for an alc	ohol beverage licens	Δ.	те от остротопом, шищео Цво	niny Company	аг мопрголи С	rganizalion)	
The above named individual provides the	following information	to the lice	ensing authority:				
The row long have you continuously reside	ed in Wisconsin prior	to this do	102 29	lmu	, John J	e life	•
- Have you ever been convicted of any o	Menses (other than t	raffin ware	lated to steel of the				
ribidion of any idderal laws, any wisci	DOSIO IAWS ANV IAWS	of any off	or cloton or andinance.		ountv		
						🗌 Yes	No
" Jest give law of ordinatice violated, ti	rial court. Irial date ar	utlenan he	imposed and/or data	, descriptio	n and	🗀 ics	(Z) 140
status of charges pending. (If more room	n is needed, continue o	n reverse-s	ide of this form.)				
3 Are charges for any offensor process.							
Are charges for any offenses presently for violation of any federal laws, any MA	pending against you	(other that	in traffic unrelated to a	Icohol bev	erages)		***************************************
The transfer of only load at laws, ally yy	ISCONSID IAWS ANV IAV	we of othe	refotoe or ardianana	_ (
municipality? If yes, describe status of charges pendi		• • • • • • •				. Yes	[X] No
y 1	IBC.						
Do you hold, are you making application	n for or pro unu	F					
Do you hold, are you making application	n for or are you an of	ficer, dire	ctor or agent of a corpo	oration/nor	profit		
 Do you hold, are you making application or member/manager/agen 	l Ol a limited liability c	omnany i	alding or applying for		.1		
 Do you hold, are you making application organization or member/manager/agen beverage license or permit?	l Ol a limited liability c	omnany i	alding or applying for		.1	. 🗌 Yes	 ☑ No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	t of a limited liability o	e. Location a	nolding or applying for	any other	alcohol	. 🗌 Yes	Ø No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	t of a limited liability o	e. Location a	nolding or applying for	any other	alcohol	. 🗌 Yes	⊠ No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	t of a limited liability o	e. Location a	nolding or applying for and Type of License/Permit) mploye of any person of for a wholesele been	or corpora	alcohol		Ø No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	t of a limited liability o	e. Location a	nolding or applying for and Type of License/Permit) mploye of any person of for a wholesele been	or corpora	alcohol		Ø No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	t of a limited liability o	e. Location a	nolding or applying for and Type of License/Permit) mploye of any person of for a wholesele been	or corpora	alcohol		Ø No ⋈ No
 Do you hold, are you making application or member/manager/agen beverage license or permit?	i of a limited liability of the limited liability of the limited liability of the limited liability of the liability company holding or, manufacturer or re	e. Location a	nolding or applying for and Type of License/Permit) mploye of any person of for a wholesele been	or corpora er permit, econsin?	alcohol	. 🗍 Yes	Ø No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Wan irector, stockholder, a illity company holding or, manufacturer or re	e. Location a agent or e or applyi ectifier pe	nolding or applying for and Type of License/Permit) mploye of any person of for a wholesele been	or corpora er permit, econsin?	alcohol	. 🗍 Yes	Ø No Ø No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Namired liability of the control of a limited liability of the control of the co	e. Location a agent or e or applyi ectifier pe	molding or applying for which the state of Wiş	or corpora er permit, consin?	alcohol	. 🗍 Yes	Ø No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Namired liability of the control of a limited liability of the control of the co	e. Location a agent or e or applyi ectifier pe	molding or applying for which the state of Wiş	or corpora er permit, consin?	tion or	Yes	Ø No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique of yes, identify. (Name of Wholesale in Chronologies in Chrono	(Name of a limited liability of the company holding or, manufacturer or received and order last two employers Address 21 W. Main St. ?	e. Location a agent or e or applyi ectifier pe ployers.	nolding or applying for mod Type of License/Permit) mploye of any person on for a wholesale been mit in the State of Wis	or corpora er permit, sconsin? (Address By	tion or	. 🗍 Yes	Ø No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique of yes, identify. (Name of Wholesale in Chronologies in Chrono	(Name of a limited liability of the company holding or, manufacturer or received and order last two employers Address 21 W. Main St. ?	e. Location a agent or e or applyi ectifier pe ployers.	nolding or applying for mod Type of License/Permit) mploye of any person on for a wholesale been mit in the State of Wis	or corpora er permit, sconsin? (Address By	tion or	Yes	Ø No
4. Do you hold, are you making application or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique of yes, identify. (Name of Whold in Chronologies in Chronologies Name of Wholesale in Chronologies Name	(Name of a limited liability of the company holding or, manufacturer or research ticensee or Permittee) cal order last two employers Address 21 W. Main St. P. Opployer's Address	e. Localion a agent or e or applyiectifier pe	Type of License/Permit) mploye of any person on for a wholesale been that in the State of Wise Refleville 21 Employ Change License/Permit) Employ Employ Employ Sugul	or corpora er permit, econsin? (Address By	tion or City and Coun	Yes Present	≥ No
4. Do you hold, are you making application or member/manager/agen beverage license or permit?	(Name of a limited liability of the company holding or, manufacturer or respectively call order last two employers Address 21 W. Main St. P. Polyger's Address WG316 Dec	e. Localion a agent or e or applying ectifier pe	Type of License/Permit) mploye of any person on for a wholesale been that in the State of Wise Cranville I Employ Cranville I Employ SUGUL Employ	or corpora er permit, econsin? (Address By	tion or City and Coul	· [] Yes	≥ No
4. Do you hold, are you making application or ganization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Localion a agent or e or applying chiffer pe	Type of License/Permit) mploye of any person on for a wholesale been mit in the State of Wise Crany Hille II Employ Crany Hill II Employ SUGUL me/she is the person on	or corpora er permit, consin? (Address By red From amed in the	tion or City and Country To	Yes Present ing application	No No
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Namired limited liability of (Namirector, stockholder, a pillity company holding or, manufacturer or resease Licensee or Permitlee) cal order last two employer's Address 21 W, Main St. ? poloyer's Address work of the care of the control of t	e. Localion a agent or e or applying ectifier perployers. O. Box (2) assting, an	Type of License/Permit) mploye of any person on the State of Wise Refleville I Employ Cruny Hill, WI Employ SUGUL me/she is the person on that the answers in e	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Namired limited liability of (Namirector, stockholder, a pillity company holding or, manufacturer or resease Licensee or Permitlee) cal order last two employer's Address 21 W, Main St. ? poloyer's Address work of the call of the control of the call of t	e. Localion a agent or e or applying ectifier perployers. O. Box (2) assting, an	Type of License/Permit) mploye of any person on the State of Wise Refleville I Employ Cruny Hill, WI Employ SUGUL me/she is the person on that the answers in e	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Namired limited liability of (Namirector, stockholder, a pillity company holding or, manufacturer or resease Licensee or Permitlee) cal order last two employer's Address 21 W, Main St. ? poloyer's Address work of the call of the control of the call of t	e. Localion a agent or e or applying ectifier perployers. O. Box (2) assting, an	Type of License/Permit) mploye of any person on the State of Wise Refleville I Employ Cruny Hill, WI Employ SUGUL me/she is the person on that the answers in e	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country To To The present the country of the	Yes Present Ing application Le and corre	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique. If yes, identify. (Name of Wholesale lique of wholesale lique.) If yes, identify. (Name of Wholesale lique.) (Name of Wholesale lique.) Employer's Name. Employer's N	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	or corpora er permit, econsin? (Address By red From amed in the	tion or City and Country and Country are tree are trutes shall nection with the country are trues and the country are trues and the country are trues are trues and the country are trues	Presunt Ing application ue and correcte void, and this application	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	any other or corpora er permit, econsin? (Address By red From amed in the each instart nsin Statu vits in conn	tion or City and Country and Country are tree are trutes shall nection with the country are trues and the country are trues and the country are trues are trues and the country are trues	Presunt Ing application ue and correcte void, and this application	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique. If yes, identify. (Name of Wholesale lique of wholesale lique.) If yes, identify. (Name of Wholesale lique.) (Name of Wholesale lique.) Employer's Name. Employer's N	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	any other or corpora er permit, econsin? (Address By red From amed in the each instart nsin Statu vits in conn	tion or City and Country and Country are tree are trutes shall nection with the country are trues and the country are trues and the country are trues are trues and the country are trues	Presunt Ing application ue and correcte void, and this application	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	any other or corpora er permit, econsin? (Address By red From amed in the each instart nsin Statu vits in conn	tion or City and Country and Country are tree are trutes shall nection with the country are trues and the country are trues and the country are trues are trues and the country are trues	Protection of the state of the	No No non; that ect. The
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, do member/manager/agent of a limited liable brewery/winery permit or wholesale lique. If yes, identify. (Name of Wholesale lique of wholesale lique.) If yes, identify. (Name of Wholesale lique.) (Name of Wholesale lique.) Employer's Name. Employer's N	(Name of a limited liability of the control of a limited liability of the control	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	The state of Wiser State of the the answers in egitted and affidavistatements and affidaviside of the statements and affidaviside of the statement of the state	any other or corpora er permit, econsin? (Address By red From amed in the each instart nsin Statu vits in conn	tion or City and Country To To To Te shall nection wi	Protection of the state of the	No No non; that ect. The d under cation.
4. Do you hold, are you making application organization or member/manager/agen beverage license or permit?	irector, stockholder, a illity company holding or, manufacturer or received in the company holding in the company	e. Location a agent or e or applyiectifier pe ployers. O. Box (2) ays that it estion, and ry to Chaining false	Type of Licenses Permili) mploye of any person on the State of Wiseman State of Wiseman State of Wiseman State of Wiseman State of the Wiseman Statements and affidave the control of the Wiseman Statements and a	any other or corpora er permit, econsin? (Address By red From amed in the each instart nsin Statu vits in conn	tion or City and Country To To To Te shall nection wi	Print Recycle	No No non; that ect. The d under cation.

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

Submit to municipal clerk.

AT-104 (R. 4-09)

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s)
of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper
local official.
To the governing body of: Village of Appleton County of Otagan it
\
The undersigned duly authorized officer(s)/members/managers of
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
VFW Post 2778 (trade name)
located at 501 N. Richmond St. Applebon UT 54911
appoints Cassandra Mannebach
appoints Cassandra Mannebach (name of appointed agent) SH Duhess H. Appleton wy SY914 (home address of appointed agent)
(flome 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?
Place of residence last year
For: VF42 POST 2778
By:
And: Warne Martin
(signature of Officer/Member/Manager)
ACCEPTANCE BY AGENT
I, COSSCUMORA IV CONCEDED , 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 of agent) 4-1-19 (date) Agent's age
34 Duchess ct. Apploton WI S4914 Date of birth (Nome 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)

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Mangebach	Cassavnda	Emily
Home Address (street/route)	Post Office City	State U Zip Code
24 Nichess Cl	And A.	WI 64914
Home Phone Number	Age Date of Birth	Place of Birth
		Appleton WI
		(1)
The above named individual provides the following	owing information as a person who is (che	eck one):
Applying for an alcohol beverage license	as an individual .	
A member of a partnership which is mal	king application for an alcohol beverage I	license.
Oincer/ Director/ Member / Manager / Agent	of VFW 135† (Name of Corporation,	Limited Liability Company or Nonprofit Organization)
which is making application for an alcoho		
The above named individual provides the follow	owing information to the licensing authori	itv:
How long have you continuously resided i		7408.
2. Have you ever been convicted of any offe		
violation of any federal laws, any Wiscons		
or municipality?		
If yes, give law or ordinance violated, trial	court, trial date and penalty imposed, an	nd/or date, description and
status of charges pending. (If more room is	needed, continue on reverse side of this form	n.)
2 Ave charges for any effective and attended		Note the short History
Are charges for any offenses presently pe for violation of any federal laws, any Wisc		
municipality?		
If yes, describe status of charges pending		Д но
4. Do you hold, are you making application f		of a corporation/nonprofit
organization or member/manager/agent o		
beverage license or permit?		Yes XNo
If yes, identify.		
E Do you hald and/on one you as afficer discovery	(Name, Location and Type of Licens	•
Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit		
brewery/winery permit or wholesale liquor	y company notating of applying for a who is manufacturer or rectifier permit in the S	tate of Wisconsin? Yes No
If yes, identify.	manaradarar or rootsion positive in the or	tate of voiscorisms
•	ale Licensee or Permittee)	(Address By City and County)
6. Named individual must list in chronologica	•	(Additional by Gify and Godiny)
	oyer's Address	Employed From To
Hidea way 140	Ow. Wisconsin are Appleton	12 June 2018 July 25 Tool8
	oyer's Address	Employed From To
Rookies 3	25 M. Appleton et. Appletoni	UI Naw 25 0013 Jul 25 1208
READ CAREFULLY BEFORE SIGNING: Ur	nder penalty provided by law, the unders	igned states that each of the above questions has
been truthfully answered to the best of the kn	owledge of the signer. The signer agrees	s that he/she is the person named in the foregoing
application; that the applicant has read and ma	ade a complete answer to each question,	and that the answers in each instance are true and
		ter 125 of the Wisconsin Statutes shall be void, and nents and affidavits in connection with this applica-
		mmay be required to forfeit not more than \$1,000.
,		
		·lle
		(Signature of Named Individual)

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

ORGANIZATION OR LIMITED LIABILITY COMPANY Submit to municipal clerk. All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official. Town To the governing body of: of Appleton Village County of Outgamie XCITY The undersigned duly authorized officer(s)/members/managers of Target Corporation (registered name of corporation/organization or limited flability company) Target Store T1248 located at 1800 S Kensington Dr, Appleton, WI 54915 Allison Hemker 905 Kernan Ave, Menasha WI 54952 (home address of appointed agent) to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor ticense for any other location in Wisconsin? If so, Indicate the corporate name(s)/limited liability company(ies) and municipality(les). is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year of Officer/Member/Manager) ACCEPTANCE BY AGENT , Allison Hemker, hereby accept this appointment as agent for the (pdnt/type again's name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age 905 Kernan Ave, Menasha, WI 54952 Date of birth (horne address of agunt) 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.

(date) by (signature of proper local efficien)

Tille (lown chair, village president, police chief)

Wisconsin Department of Revenue

Approved on ____

AT-101 (R. 4-09)

Auxiliary Questionnaire Alcohol Beverage License Application

Individual's Full Name (please print) (fast name)	(first na	nie)	(middle ri	(middle name)		
Hemker Home Addinss (streethoute)		son	Marie	Krutza		
•	Post Office	City	Siato	Zip Codo		
905 Kernan Ave		Menasha	WI	54952		
one Phone Numoer	Age	Date of Birlit	Place of I	lith		
			Wise	onsin La Cros		
ne above named individual provides the lo	ollowing information as a pe	ISON Who is tehack one)				
Applying for an alcohol beverage licens	se as an individual.		•			
A member of a partnership which is m	aking application for an alc	ohol beverage license				
Agent (Officer / Director / Member / Mannager / Age	Of Target Corporati	on				
which is making application for an alco		Nama of Corporation, Linelad Lie	bility Company or Nonprot	it Organization)		
ne above named individual provides the for How long have you continuously residen	in Wisconsin ador to the f	censing authority:				
Have you ever been convicted of any of	tenses (other than traffic us	ralated to slashed to				
YIUIGIIQII QI afiy lederal laws, any Wisra	selo leuce anu laura at anu a	· · · · · · · · · · · · · · · · · · ·				
of municipality?			_	TYPE WALL		
			e, description and	1_1 168		
status of charges pending. (If more room	is needed, continue on revers	ë side of this form.)	-			
Are charges for any offenses pregonily	ondian and all all all all all all all all all al					
Are charges for any offenses presently plan violation of any federal laws, any Wis	consing against you (other	than traffic unrelated to	alcohol boverages)		
			s of any county or	mu knu		
				··· Li Yes IXWo		
			poration/nonprolit			
Authorities in the impervious deligation	Of a lithiled liability compar	w halding or analying fo	e anu allima alaati-			
develope inceres or permit?				Yes No		
in your received.	(Name, Loralic	is and fine of the same for the		//		
Do you hold and/or are you an officer, di	rector, stockholder, agent o	r arablava of any aoma:	n nr aarawallaa			
menthermanadenagent of a limited list	lity contoany holding or ani	niving for a wholesele h	par normit			
prewery/winery permit or wholesale liquit	r, manufacturer or rectifier	permit in the State of W	/Isconsin?	Tyes TNo		
If yes, identify.		,				
Named individual and Williams of Whole	cala Licensus of Permetan)	- To programs to the first the strain of the place of the programs are a	(Address By City and	County)		
Named individual must list in chronologic		~~ *				
Taract	playor's Address	Dan Arma In a series	layed From	To		
Employer's Name Em	20 > XXX 12.18.18.16.10.5.1	M. WHITH Y	cot 2001	CUMYZVIT		
Rocky, Rocaco 12	30 Oversing Deal	Emp	an a ditti	C. 31.1.1.1		
112	BS Keminsiviytovi Voyans Address 39 (Yossing M) Eado	Conservation (C)	MAY FROM	1 25hr 500 11		
AD CAREER IV RESORT SIGNING.		(Marazka) m. r				
AD CAREFULLY BEFORE SIGNING: Len iruthfully answered to the best of the k						
incation, that the applicant has read and n	iada a compolete anguer to i	and the enilpour dage	the engineer la mar	la fination of the first		
. Any person who knowingly provides ma	terratiy talso information on	this application may be	required to forfeit	not more than \$1,000.		
		71 · "	~ 11			
		1 (1)	V HIV	. 12		



LICENSE APPLICATION

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

FEES ARE NON-REFUNI	DABLE Date Re	ecv'd 4 /18/13
Pawnbroker	\$210.00	Acct. 11030.4316
Secondhand Article	\$90.00 (\$75.00)	Acct. 11030.4316
Secondhand Jewelry	\$90.00 /\$75.00	Acct. 11030.4316
Secondhand Mall/Flea	\$165.00	Acct. 11030.4316
Investigation fee	\$ 7.00	Acct. 100.2359
Total fee paid \$ \$ &	Receipt # 8	1948
Original Applicat Renewal	cion	

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)				
Crawford, Troy	W	М	C	•	Do	llas,TX				
Street Address	City		State	Zip	Home	Telephone Number				
11233 Seaside Ln	Frisco		TX	75035)				
SECTION 2 – CONVICTION REC	SECTION 2.— CONVICTION RECORD									
Have you, or any other person listed of A felony within the		YES X NO		g;						
Within the last ten		TES PAIN								
	lemeanor?		YES N	10						
A statu	atory violation punishable b	y forfeiture?								
A cour	nty or municipal ordinance v	iolation?	YES N	10						
		-x # & f	ffanaa an -l	muistian informati	ione					
For each "YES" response provide	tne date of arrest, the na	ature of the	oriense and co	mviction informati						
SECTION 3 – BUSINESS INFORI	MATION									
Business Name	Street Address	ente Sell teknik eti ide	City	State	Zip	Telephone Number				
GameStop #3349	2640 W Colle	ge An	e Apple	ton WI	54914					
Owner's Name	Street Address		City	State	Zip	Telephone Number				
GarneStop, Iuc.	625 Westpo	ort Pku	of Grap	evine TX	76051					
Business Manager's name	Street Address	<u> </u>	City	State	Zip	Telephone Number				
Jason Kuppin	2640 W Colleg Street Address	elle	Apple	ton WI	54914					
Building Owner's Name	Street Address		City	State	Zip	Telephone Number				
Proce Raldwin	Street Address SBlat Peach St	#4	Ene	- PA	16565	_				



Partnership Name	11									
•	•									
ist name, address, sex	k, race and da	te of birt	h of all p	artners. A	Attach additional sheets	, if necessary			- 40	
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
ECTION 5 – CORP	PORATE IN	FORMA	TION							
Corporation Name	e: (3,00)	ma S	100	In	<u> </u>			State	of Incor	p.
ist name, address, se:						, if necessary	,	<u> </u>	<u>۸۷ </u>	
Name (Last, First, MI)		Sex	Race	Se LDOB	Attach additional sheets Attach Street Address	<u>ed L</u>	City	100	State	Zip
lame (kust, mist, mi)		Jen								
			1						1	1
			-	-						
ECTION 6 – PENA	ALTY NOTIC	DE .								
				d 6 6	d mirror contation or	folco statome	ants contained i	n the appli	cation or f	orany
understand that this I	license may b	e denied			d, misrepresentation or	false stateme	ents contained i	n the appli	cation or fo	or any
understand that this l	license may b §§ 134.71, 94	e denied 13.34, 948	3.62 or 94	18.63.						
understand that this I iolation of Wis. Stats. Jnder penalty of law, I	license may b §§ 134.71, 94	e denied 13.34, 948 he inform	3.62 or 94 ation pro	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I violation of Wis. Stats. Under penalty of law, I elerk within ten (10) da	license may b §§ 134.71, 94 I swear that the	e denied 13.34, 948 he inform	3.62 or 94 ation pro	18.63. ovided in t	his application is true an lied in this application.	d correct to t		nowledge.	I agree to	inform the
violation of Wis. Stats. Jnder penalty of law, I	license may b §§ 134.71, 94 I swear that the ays of any change:	e denied 13.34, 948 he inform	3.62 or 94 ation pro	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I iolation of Wis. Stats. Under penalty of law, I lerk within ten (10) daignature of Applicant:	license may b §§ 134.71, 94 I swear that thays of any char :	e denied 13.34, 948 the inform tange in th	ation proe informa	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I iolation of Wis. Stats. Inder penalty of law, I lerk within ten (10) daignature of Applicant: FOR OFFICE USE C	license may b §§ 134.71, 94 I swear that the ays of any change:	e denied 13.34, 948 he inform	3.62 or 94 ation pro	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I iolation of Wis. Stats. Under penalty of law, I lerk within ten (10) daignature of Applicant: FOR OFFICE USE Coept	license may b §§ 134.71, 94 I swear that thays of any char :	e denied 13.34, 948 the inform tange in th	ation proe informa	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I iolation of Wis. Stats. Under penalty of law, I lerk within ten (10) da ignature of Applicant: OR OFFICE USE C	license may b §§ 134.71, 94 I swear that thays of any char :	e denied 13.34, 948 the inform tange in th	ation proe informa	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I violation of Wis. Stats. Under penalty of law, I clerk within ten (10) da signature of Applicant:	license may b §§ 134.71, 94 I swear that thays of any char :	e denied 13.34, 948 the inform tange in th	ation proe informa	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the
understand that this I iolation of Wis. Stats. Under penalty of law, I lerk within ten (10) da ignature of Applicant: OR OFFICE USE C Dept POLICE	license may b §§ 134.71, 94 I swear that thays of any char :	e denied 13.34, 948 the inform tange in th	ation proe informa	18.63. ovided in t	his application is true an lied in this application.	d correct to t	he best of my k	nowledge.	I agree to	inform the

GameStop, Inc. Officer List

NAME	TITLE	ADDRESS
Marc Summey	SVP, Real Estate	625 Westport Parkway,
		Grapevine, TX 76051
Scott Drake	SVP, Finance & Treasurer	625 Westport Parkway,
		Grapevine, TX 76051
Robert Lloyd	EVP, CFO	625 Westport Parkway,
	Director	Grapevine, TX 76051
Troy Crawford	CAO & Assistant Secretary	625 Westport Parkway,
	Director	Grapevine, TX 76051
Dan Reed	Assistant Secretary	625 Westport Parkway,
		Grapevine, TX 76051



LICENSE APPLICATION

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

FEES ARE NON-REFUNI	DABLE Date Re	ecv'd 4 /18/14
Pawnbroker	\$210.00	Acct. 11030.4316
Secondhand Article	\$90.00 (\$75.00	Acct. 11030.4316
Secondhand Jewelry	\$90.00 /\$75.00	Acct. 11030.4316
Secondhand Mall/Flea	\$165.00	Acct. 11030.4316
Investigation fee	\$ 7.00	Acct. 100.2359
Total fee paid \$ 80	Receipt #	<u> ৯৭४ </u>
Original Applicat	tion	

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 $^{\backprime}$

SECTION 1 – APPLICANT INFO	RMATION					
Applicant Name (Last, First, MI)	ng manufacina (1919) ang sa pakambana (1919) ang ang	Sex	Race	Date of Birth	Place	of Birth (City & State)
Crawford Tro	y W	M	C	-	\mathcal{D}	ulas, TX
Street Address /	'City		State	Zip	Hom	e Telephone Number
11233 Seasidely	Frisco		TX	75035	1	· · · · · ·
SECTION 2 – CONVICTION REC	ORD					
Have you, or any other person listed o	on this application, been co	nvicted of an	y of the following	<u>;</u>		
	last ten (10) years?	YES XNC				
	emeanor?		YES IN	o		
A statu	itory violation punishable b	y forfeiture?	YES N	0		
A coun	ty or municipal ordinance v	iolation?	YES N	О		
For each "YES" response provide	the date of arrest, the na	ature of the	offense and co	nviction informati	on:	
The state of the s						
***				Section 1		
						•
					w	,
SECTION 3 – BUSINESS INFORM	MATION					
Business Name	Street Address	Ste 500	City	State	Zip	Telephone Number
GameStop #5520	3825 ECalumet	r.SI-	Applet	on WI	54915	•
Owner's Name	Street Address		City	State	Zip	Telephone Number
GameStop Tuc	625 Westport	- PKWY	Grape	ine TX	76051	,
Business Manager's name	Street Address		City	State	Zip	Telephone Number
Jason Kuppin	3625 E Calu	met St	Apple	ton WI	34915	
Building Owner's Name	Street Address	_	City	State	Zip _	Telephone Number
Eisenhower Properties	11 N Washington	n #401	Green	Bay WI	54301	(
	0			0		

SECTION 4 – PART	NERSHIP I	NFORMA	ATION								
Partnership Name) :										
List name, address, sex	к, race and d	ate of birth	of all p	artners. /	Attach additional s	heets, if necessar	У				
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip	
									A-1-2		
									·		
SECTION 5 – CORF	PORATE IN	FORMAT	TION								
Corporation Name	e: <u></u>	0	I 0	7.				State	of Incor	р.	
List name, address, se	x, race and d	ate of birth	of all p	artners.	Attach additional s	heets, if necessar	Y ,	<u>l</u> M	N		
Name (Last, First, MI)		Sex	Race	DOB !	Street Address	عنا لك	ර City		State	Zip	
								16 (4.84)			
				<u> </u>					V. P.		
									····		
SECTION 6 - PENA	LTY NOTIC	 C E									
I understand that this I violation of Wis. Stats.					d, misrepresentatio	on or false statem	ents contained i	n the applic	ation or fo	or any	
Under penalty of law, I	swear that t	he informa	tion pro	vided in tl	his application is tr	ue and correct to	the best of my k	nowledge.	I agree to	inform the	e
clerk within ten (10) da	and the same of th	ange in the	informa	tion suppl	lied in this applicat	ion.		•	>=(/		
Signature of Applicant:		20	(Date _	79,6	129	•
FOR OFFICE USE C	NLY									15	
Dept	Approve	Deny	Ву				Reason				
POLICE											
FIRE											
COM DEVELOPMENT											
CITY SEALER											
Safety and Licensing	Comi	mon Counc	il	Date	e Issued	Expiration	Date	License I	Number		
	_		/	.		_					

GameStop, Inc. Officer List

NAME	TITLE	ADDRESS
Marc Summey	SVP, Real Estate	625 Westport Parkway,
		Grapevine, TX 76051
Scott Drake	SVP, Finance & Treasurer	625 Westport Parkway,
		Grapevine, TX 76051
Robert Lloyd	EVP, CFO	625 Westport Parkway,
	Director	Grapevine, TX 76051
Troy Crawford	CAO & Assistant Secretary	625 Westport Parkway,
	Director	Grapevine, TX 76051
Dan Reed	Assistant Secretary	625 Westport Parkway,
		Grapevine, TX 76051



FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee Total Amount Paid _

Date Rec'd 18/19 Acct. 11030.4322

Acct. 100.2359

Receipt 8340

The named org	anization	applies	s for:												
A temporary Cla	ıss "B" license	to sell FE	RMENTED M	ALT BEVE	RAGES at pici	nics or simil	ar gathering ur	nder s. 125.26(6) Wis	. Stats.						
📈 A temporary Cla	ıss "B" license	to sell W	INE at picnics	or simila	r gathering u	nder s. 125.	.51(10) Wis. Sta	its. (Limit 2 permits i	n a 12 month	period)					
SECTION 1 - O	RGANIZAT	ION IN	FORMATI	ON - A	nswer all	question	ns complet	ely. Please PRI	NT clearly	,					
Name of Organiza St France					eran's organ		fair association	on) Date Organi	zed						
Address E.	Novilla	land	7		•	City A DD	leton	State UI	Zip 54	911					
Person in Cha	rge of Ev	ent:		lame:	A Ast	lisa.	First SChr	Middle Initia							
Address NTL09 S	shady	prod	kln	Ci	rechv	ille i	State Zip	Person in ch	arge phone m	ımber:					
President Du	13016		Deach	irst /	Zay M	Iiddle Initi	ial	Date of Birth	Male	Female					
Address	Address City State Zip Vice President Last First Middle Initial Date of Birth Male Female														
	Last]	irst			ial 			Female					
Address															
	Secretary Last First Middle Initial Date of Birth Male Female														
	Address City State Zip														
	reasurer Last First Middle Initial Date of Birth Male Female														
Address	Address City State Zip														
SECTION 2 – EV		······	/	ON Ending	/ _	/ • 🗪	Hours 0	DA M DM		AM AM					
		5/5	<u>, , , , , , , , , , , , , , , , , , , </u>		5 5	119	nouis 4	:00 M PM	4:00	AM PM					
Please describe the	e type of eve UEVN			FOQ	d Fau	ir									
Do you plan to ser				Yes I	f yes, contac	t the Appl	eton Health D	epartment. (920.83	32.6429)						
Location where be	er of wine v	vill be sol	ah S	cho	ol										
Address U) PV	Sibe	!	18,		City	leton	State ///	^z 54	914					
Are you requesting				No	Yes W	ill minors	be present?	004	No	Yes					
Describe actual lo	cation and d	imension	s of area to	be licens	sed – If	yes, how	will you preve	ent minors from ob	taining alcol	holic					
	iclose	1 1	nt/6	ym	1	everages?	Che	OK IS	.						
SECTION 3 - PI	ENALTY SE	CTION								*********					
This application must b			e City Clerk for	at least ter	1 (10) business o	lays prior to g	granting the licens	e.							
If the event will last mo									114 h	. :64					
_					_		-	ing the sale of fermented mation provided in this							
correct to the best of the	eir knowleage a	nd belief,	12	よン	ク	<u></u>		•							
Signature of Office	r / <u>/ / / / / / / / / / / / / / / / / /</u>	in	M	11.	200										
	/		· V												
FOR OFFICE US	E ONLY	<u> </u>													
Dept.	Approve	Deny	Ву			Reason									
Police			<u> </u>	****											
Fire Health															
Inspection		 													
S&L		J.,	Da	te Issued		Exp. 1	Date	License Nur	nber						
								quest and if feasib							



FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee Total Amount Paid _

Date Rec'd 4/18/19 Acct. 11030.4322

Acct. 100.2359

Receipt 8333

The named org							
					ring under s. 125.26(6) Wis. S		
			***	***************************************	vis. Stats. (Limit 2 permits in a apletely. Please PRIN		
			lodge or society, veteran'			·····	
_St Plu	sx ()	athi	al		5/1/	73	
Address 500	WI	rarq	Juette St	Appleto	n State I	340	111
Person in Cha	rge of Ev	ent:		Last First	Middle Initial	Date of	Birth
Address VIII	e9 Shi	dyb	City	State	Zip Person in charge	ge phone nu	mber:
President	Last	J	First	Middle Initial	Date of Birth	Male	Female
Address				City	State	Zip	
Vice President	Last		First	Middle Initial	Date of Birth	Male	Female
Address				City	State	Zip	
Secretary	Last		First	Middle Initial	Date of Birth	Male	Female
Address				City	State	Zip	
Treasurer	Last		First	Middle Initial	Date of Birth	Male	Female
Address				City	State	Zip	
SECTION 2 - EV	VENT INFO	RMAT	ION SECTION				
Date(s) of Event: 1	Beginning	53	/ Q Ending: (p	/2 /10 Hours	S ID:00 AM PM I	0:45	AM(PM)
Please describe the	e type of eve	nt you ar	e going to have: 70V	19h Picnic			
Do you plan to ser	ve food at th	is event?	No Yes If yes,	contact the Appleton He	ealth Department. (920.832.	6429)	
Location where be	eer or wine w	ill be sol	d: Tentin 1	NOVAL Park	ing lot		
Address	ANGLO	mid	le Ct	Gity	State	Zip	lik
Are you requesting	g an "open c	oncept" l	icense? No Yes	Will minors be pres	sent?	No	Yes
	<u> </u>		s of area to be licensed -	If yes, how will you	prevent minors from obtain	ning alcoh	olic
Be precise! NO	Ah ta	Vkin	g Lot of Chur	beverages? WV	1St bands		
SECTION 3 - PI	ENALTY SE	CTION	J				
			e City Clerk for at least ten (10) b				
			oplication shall be filed 15 days p		e. I) affecting the sale of fermented m	olt haverages	iftha
					he information provided in this app		
correct to the best of the	eir knowledge a	nd belief.					
Signature of Office		M		UK)			
FOR OFFICE 110	T ONLY			What was a second and a second			
FOR OFFICE US		Denv	P _V	Pages	***************************************		
Dept. Police	Approve	Deny	Ву	Reason			
Fire							
Health			, , , , , , , , , , , , , , , , , , , ,				
Inspection							
S&L			Date Issued	Exp. Date	License Number		
11-01-09 Rea	sonable acc	ommoda	tions for persons with dis	sabilities will be made up	oon request and if feasible	,	



FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee +

Investigation Fee + 7.00
Total Amount Paid + 7.00

Date Rec'd 4/8/

Acct Code: CLCSPB

Acct Code: CLCPIF

The named of	organization	n applie	s for:										
√ A temporary	Class "B" licens	e to sell F	ERMENTED MALT B	EVERAGES at 1	picnics or	similar gathering	under s	. 125.26(6) Wis. S	stats.				
✓ A temporary	Class "B" licens	e to sell W	/INE at picnics or si	nilar gatherin	g under s	. 125.51(10) Wis.	Stats. (Li	imit 2 permits in	a 12 month				
SECTION 1 -	ORGANIZA	TION IN	FORMATION ·	- Answer	all que	stions compl	etely.	Please PRIN	T clearly	,			
Name of Organ	ization (Bona	fide club,	lodge or society,	veteran's org	anizatio	n or fair associa	tion)	Date Organize	<u> </u>				
Fox Cities	Buildin	a for	the Arts/	Trout	MUSE	eum of A	2+	_					
Address	`				City		Stat	e	Zip				
	ollege A					pleton		M7	547				
Person in C	harge of E	vent:	Name:	Last		First		Middle-Initial	Date of	Birth			
Address				City	<u>nuh</u>	State Z	Zip	Person in char	ge phone n	ımher			
1125 Gr	eenwoo	d D	r.	MEVAS	sha	1	717 4952		go phone ne	moci.			
										.,,			
President	TURN	ERS	First Christin	υA	Middle	Initial			Male	Female			
Address	275 LA				Çity	NASHA	Stat	e	Zip /a				
Vice President	Last		First		1/1/le/	<i>W/15/1/4</i>		D/					
	Last		rirsi		Middle	mingl	n	ate of Birth	Male	Female			
Address	. —————————————————————————————————————				City		Stat	e	Zip				
Secretary	Last		First		Middle	Initial		ate of Birth	Male	Female			
			1 1131						Iviale	remate			
Address			•		City		Stat	e	Zip				
Treasurer	Last		First Me G		Middle	Initial			Male	Female			
Address	Brien		Me q		عع				,				
Address	22 LA	re site	ORL DR.		City	muille	Stat	e I	Sip /g	14			
			ION SECTION		1.70 .				107,	. ,			
***************************************			8/19 End	ng: 7 / 2	8/1	Hours	9:00	AM) PM	4:00	AM(PM)			
			e going to have:				-		•				
1 icase describe	are type or eve	onic you an	· ·	1/2 C	vent	inis is	7 Y Y	e Park	year c				
Do you plan to :	serve food at the	his event?	No (Yes)			Appleton Health			6429)				
1			1 11 1							ae			
the	bark' ,	rear	d or served: B	ter of	the	Park.	Ci+	y Park					
Address					City		Stat	e	Zip				
			Street		Ap	pleton	\	7/1	54"	511			
Are you request	ing an "open o	oncept" l	icense? No	(Yes	Will mi	nors be present?	•		No	Yes			
			s of area to be lice		If yes, h	ow will you pre	vent mi	nors from obtai	ning alcoh	olic			
Be precise! Ev	rtivety.	of C	ity Park i border i	and	beverag	es? WE W	バリート	vave an	ID C	heck			
North	Union, F	rank	lin, and i	rew.	5101	before	pun	chasing	beer/	vine.			
SECTION 3 -	PENALTY SI	ECTION											
This application mus	t be on file in the	Office of the	City Clerk for at least plication shall be filed	ten (10) busines	s days prio	r to granting the lice	ense.	-					
			plication shall be filed vs, resolutions, ordinal				ecting the	sale of fermented m	alt beverages	if the			
license is granted. T	he officer(s) of the	organizatio	n, individually and tog	etlyer, declare un	der penalti	es of law that the in	formation	provided in this app	lication is tru	ie and			
correct to the best of	-	nd belief.	La Titas	KJO.									
Signature of Offi	cer	Ü	ivusivy/	· ver			****						
FOR OFFICE:	1CE 021114							***************************************					
FOR OFFICE U	·												
Dept.	Approve	Deny	Ву		Reaso	on							
Police Fire													
Health													
Inspection													
S&L	Council	.1	Date Issue	ed .		xp. Date		License Numbe	er				
								•					



FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee
Total Amount Paid ______

17,00

Date Rec'd 3

Acct. 11030.4322

Acct. 100.2359

Receipt 6490

The named org	anization	applies	for:						
				D MALT BEVERAGES at p					
				cnics or similar gathering	-				
				ATION - Answer a					
Fle'	isner	_	refer	• • • • • • • • • • • • • • • • • • • •			11/20	218	
Address 462	U C	Bo	Ma	ino) RO	(sity Application	State WI	Zip S4	9/3
Person in Cha	rge of Ev	ent:		Name: Last	4+	First	Middle Initial 5.5		
Address Cl8	Sc	ot	L A	ve Oshk	05 P	State Zip	Person in cha	rge phone nu	mber:
President	Last Flei	snev	^	First	Mid	dle Initial	Date of Birth	Male	Female
Address 467	_	Ba	Mar			ity Appleton	State WI		13
Vice President	Last			First	Mid	dle Initial	Date of Birth	Male	Female
Address					C	lity	State	Zip	
Secretary	Last			First	Mic	ldle Initial	Date of Birth	Male	Female
Address						lity	State	Zip	
Treasurer	Last			First		dle Initial	Date of Birth	Male	Female
Address					(City	State	Zip	
SECTION 2 – EV		RMAT	ON SE		<u>, 115.</u>				
Date(s) of Event:		<u>5/1</u>	/	17 Ending: 5/	U '	67 Hours	2 @M PM	3	AM M
Please describe the	e type of eve	nt you ar	e going	to have: Kidy	X)Cı	U town	ament		
Do you plan to ser	ve food at th	is event?	N	o If yes, con	tact tl	ne Appleton Health D	epartment. (920.832	2.6429)	
Location where be	eer or wine w	ill be sol	d: \	vemoira	$\overline{\mathcal{L}}$	Park			
Address (Co. 2	ΩE	W.`	t-21	Le Rlue	(City Appleson	State WI	Zip	4911
Are you requestin	- ^					minors be present?		No	
Describe actual lo Be precise!	cation and di X5 +c	mension DE	s of are	a to be licensed –	-	s, how will you preve rages? ID	ent minors from obta	aining alcol	nolic C
SECTION 3 - PI									
If the event will last mo This organization also	ore than four (4) agrees to comply officer(s) of the eir knowledge ar	days, the ap with all later organization	plication vs, resolu	rk for at least ten (10) busine shall be filed 15 days prior to tions, ordinances and regulatually and together, declare u	o the gr ions (st	anting of the license. ate, federal or local) affecti	ing the sale of fermented		
FOR OFFICE U	T 08!! \		//	and the first of the state of t	·····				
FOR OFFICE US	Approve	Deny	By		10	eason			
Police	1 sppiovo	Lony	23	······································	+	C-LOCAL			
Fire									
Health					_				
Inspection S&L 4-10-l	역 1	l		Date Issued		Exp. Date	License Num	ber	



				ABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00
Total Amount Paid 17

Date Recv'd 3 37/19

Acct. 11030.4322 Acct. 100.2359

Receipt <u>しつ</u>タフ

The named organization applies for:					ÇA, PA
X A temporary Class "B" license to sell FERMENTED	MALT BEVERAGES at p	icnics or similar gathering	under s. 125.25(6) Wis.	Stats.	
A temporary Class "B" license to sell WINE at pice	ilcs or similar gathering	under s. 125.51(10) Wis.	Stats. (Limit 2 permits in	a 12 month	period)
SECTION 1 – ORGANIZATION INFORMA	TION – Answer a	ll questions compl	etely. Please PRIN	IT clearly	North Commence
Name of Organization (Bona fide club, lodge or s Appleton Fox Cities Kiwanis Club	society, veteran's orga	anization or fair associa	tion) Date Organiz 9/22/1972	ed	
Address PO Box 62		City Appleton	State WI	Zip 54912	
Person in Charge of Event:	Name: Last Stephany	First Jay	Middle Initial B	-	- •
Address 3209 S. White Birch Lane	City Appleton		Cip Person in char 4915	rge phone nu	mber:
President Last	First Vickle	Middle Initial	and the second of the second o	Male	Female x
Address 3106 E. Gazebohill Rd.		City Applelon	State	Zip 54913	
Vice President Last	First Ellen	Middle Initial		Male	Female x
Address 124 W Marquelle Street		City Appleton	State	Zip 54911	
Secretary Last Shrode Address	First Paul	Middle Initial		Male x	Female
726 E. Washington St.		City Appleton	State w	Zip 54911	
Treasurer Last Walters	First Jeffrey	Middle Initial		Male x	Female
Address 4938 N. Meade St.		City Appleton	State wi	Zip 54913	
SECTION 2 — EVENT INFORMATION SEC	and the state of the state of the state of the state of the			laisinkon vää, Estivalika et	gradinalija il Sp. d. Seb.
Date(s) of Event: Beginning 7 / 21 / 19	Ending: 7 /21	/ 19 Hours 8:0	00 (AM)PM 4.	00 A	M PM)
Please describe the type of event you are going to Antique Car Show, Swap Meet, and Concession	have:		9		
Do you plan to serve food at this event? No		ct the Appleton Health	Department. (920.832	.6429)	
Location where beer or wine will be sold: Pierce Park- inclosed by Prospect, Lutz, and M	lason streets. 3 bev	erage stands within the	ne park horders and	2 heverage	- carte
Address		City	State	Zip	carts.
Pierce Park		Appleton	WI	54911	_
Are you requesting an "open concept" license?		Will minors be present?		No	Yes
Describe actual location and dimensions of area to Be precise! Northwest of pavilion, near tennis cou	rts Inside pavilion b	f yes, how will you pre everages? O Checking at all stand		ining alcoho	olic
SECTION 3 - PENALTY SECTION					arrivation of the second of the Street of th
This application must be on file in the Office of the City Clerk f If the event will last more than four (4) days, the application sha	or at least ten (10) business	days prior to granting the lice	nse.		
This organization also agrees to comply with all laws, resolution	is, ordinances and regulation	is (state, federal or local) affe	cting the sale of fermented m	alt beverages i	f the
license is granted. The officer(s) of the organization, individual correct to the best of their knowledge and belief.	ly and together, declare und	er penalties of law that the inf	formation provided in this app	olication is true	e and
Signature of Officer // My Sum					
7					
FOR OFFICE USE ONLY				galgi Milati ad ti	tajsineia s
Dept. Approve Deny By	नराम विकास सामान्य स्ट्रिक्टियालया स्ट्रिक्टियो	The property of the state of th	em extelestration (1)	ng production she	
Police		Reason			
		Reason			
Fire		Reason			
Fire Health		Reason			
Fire Health Inspection	ate Issued	Exp. Date	License Numbe		

Total	4,532	4,532	
L		Total	
	911 Call (County)		

Series)	Percent Cui								5.81% 92.93%		2.01% 98.17%	0.81% 98.97%			0.22%			Report (Upgrade to Emergency)	/e Percent Cumulative Percent	of Total Calls	2.00%	4.50% 6.50%	13.00%		17.00% 57.00%	13.50% 70.50%									
**************************************	Cumulative Call Count Call Count	68	158	349	9 436 1,011	433	316	188	130	72	45	78	9	ഹ	5 2,233	ζ	7	Response Report (Up	Cumulative	Call Count Call Count				41			22	<u></u>	7	ന		7		7	~
		00:00 - 01:59	02:00 - 02:59	03:00 - 03:28	04:00 - 04:59	05:00 - 05:59	1	1	I	1	I		12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	17:00 - 17:59	Fractile Re			r	I	r	1	1	1	1	X	1	1	1	1	14:00 - 14:59	16:00 ~ 16:59	20:00 - 24:59

FM 2618

<i>n</i>																																					
Transport Mode		Cumulative Percent	2.35%	8,40%	.22.56%	42,72%	62.26%	77.16%	87.74%	93.73%	97.03%	98.38%	%66.86	99.22%	88.55%	99.72%	99.83%	89.89%	99,94%	100.00%		Cumulative Percent	0.10tal Calls	5.82%	15.08%	32.80%	57.94%	76.19%	84.39%	89.15%	93.12%	90,05%	98.15%	98.68%	98.94%	99.47%	99.74% 100.00%
	ر م	Percent	2.35%	6.05%	14.17%	20.16%	19.54%	14.89%	10.58%	2.99%	3.30%	1.34%	0.62%	0.22%	24%	0.17%	0.11%	0.06%	%90.0	0.06%	o Emergency)	Percent	0.79%	5.03%	9.26%	17.72%	25.13%	18.25%	8.20%	4.76%	5,97%	1 32%	0.79%	0.53%	0.26%	0.53%	0.26%
Destination	t (Emergency	Cumulative Call Cornt	42	150	403	763	1,112	1,378	1,567	1,674	1,733	1,757	1,708	1,172	1,778	1,781	1,783	1,784	1,785	1,786	rt (Upgrade t	Cumulative	3000	75	57	124	219	288	319	55/	205 263 263	3 6 8 8 8 8 8	371	373	374	376	377 378
Dest	nse Repor	Call Count	4	108	253	360	349	266	189	107	29	42.4	<u> </u>	4 ወ	o ç	9 (Ν,	ς,	ζ-	~	onse Repo	Call Cornet	8	19	35	29	95	න වි	કે લ	ō f	5 7	ָ נכ	n	N	~	7	~ ~
Problem	Fractile Response Report (Emergency)		00:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:28	09:00 - 09:28	10:00 - 10:59	6011110011	12:00 12:09	10:00 - 10:00	00:41:100:41	15:00 - 15:59	17:00 - 17:59	20:00 - 24:59	25:00 - 29:59	Fractile Response Report (Upgrade to Emergency)		00:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	62:90 - 00:90	65:70 - 00:70	80:00 - 00:00	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	15:00 - 15:59	16:00 - 16:59	18:00 - 18:59 19:00 - 19:59
Code Pro	00:05:35	00:07:19	00:06:05	以於到了其他的對於不可以		route		866																													
EnRoute At Scene Resp Time/Responded From	Avg Response Time - Emergency	Avg Response Time - Non-Emergency	Avg Response Time - Upgrade to Emergency	University of the sense of sen		Downgraded to Non-Emergency Enroute	The state of the s	Non-Transports (excluding Stand-By)													Total	(a) 4,288													Y		
	2078	1808	23	3		379	"	0	4288													Total															
Run No. Alert Date & Time	Non-Emergency 20	Emergency* 18		Non-Emergency	Upgraded to		,	Stand-By	Total 42													911 can (county)															

all Summary Report

Non-Emergency	2198	Avg Response Time - Emergency 00:05:30	Fractile Response Report (Emergency)	Report	. (Emergency	۱)	
Emergency*	1549	Avg Response Time - Non-Emergency 00:07:03	[6]	Call Count	Cumulative	Percent	Cumulative Pero
Downgraded to	33	Avg Response Time - Upgrade to Emergency 00:05:51			77	4.97%	4.97%
Non-Emergency	}		02:00 - 02:59	26	174	6.26%	11.23%
I Inmaded fo			03:00 - 03:59	231	405	14.91%	26.15%
Emercency	578	Downdraded to Non-Emergency Enroute	04:00 - 04:59	324	729	20.92%	47.06%
		200000000000000000000000000000000000000	05:00 - 05:59	283	1,012	18.27%	65.33%
Stand-By	0	Non-Transports (excluding Stand-By) 830	06:00 - 06:59	188	1,200	12.14%	77.47%
	0707		07:00 - 07:59	143	1,343	9.23%	86.70%
וחוחו	0101		08:00 - 08:59	87	1,430	5.62%	92.32%
			04.00	7	1011	7007 0	/000 LO

	Cumulative Percent	of Total Calls	4.97%	11.23%	26.15%	47.06%	65.33%	77.47%	86.70%	92.32%	95.80%	98.13%	98.84%	99.29%	99.61%	99.87%	100.00%		to constant
Ŋ	Percent	of Total Calls	4.97%	6.26%	14,91%	20.92%	18.27%	12.14%	9.23%	5.62%	3.49%	2.32%	0.71%	0.45%	0.32%	0.26%	0.13%	o Emergency)	4400000
t (Emergenc)	Cumulative	Call Count	77	174	405	729	1,012	1,200	1,343	1,430	1,484	1,520	1,531	1,538	1,543	1,547	1,549	rť (Upgrade t	المرابية المرابي
onse Repo		Call Count	11	26	231	324	283	188	143	87	54	36	7	7	ъ	4	0	onse Repo	
Fractile Response Report (Emergency)			00:00 - 01:59	02:00 - 02:59	03:00 ~ 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 ~ 09:28	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	15:00 - 15:59	16:00 - 16:59	Fractile Response Report (Upgrade to Emergency)	

				The second secon
		Cumulative	Percent	Cumulative Percent
	Call Count	Call Count	of Total Calls	of Total Calls
00:00 - 01:59	ത	ത	1.56%	1.56%
02:00 - 02:59	19	28	3.29%	4.84%
03:00 - 03:59	99	94	11.42%	16.26%
04:00 - 04:59	122	216	21.11%	37.37%
05:00 ~ 05:59	139	355	24.05%	61.42%
06:00 - 06:59	96	451	16.61%	78.03%
07:00 - 07:59	22	508	9.86%	87.89%
08:00 - 08:29	25	533	4.33%	92.21%
09:00 - 09:29	18	551	3.11%	95.33%
10:00 - 10:59	12	563	2.08%	97.40%
11:00 - 11:59	ဖ	569	1,04%	98,44%
12:00 - 12:59	~	570	0.17%	98.62%
13:00 - 13:59	Ŋ	572	0.35%	98,96%
14:00 - 14:59	~	573	0.17%	99.13%
16:00 - 16:59	ന	576	0.52%	99.65%
17:00 - 17:59	√'	277	0.17%	99.83%
20:00 - 24:59	₩.	578	0.17%	100.00%

Total 4,348 4,348

911 Call (County)

Total

 $\mathbb{A}_{\mathbb{A}}\mathbb{A}_{\mathbb{A}}$

Page 1 of 1

Transport Mode

Destination

Code Problem

EnRoute At Scene Resp Time/Responded From

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Run No. Alert Date & Time

Cumulative Percent of Total Calls 9.78% 22.28% 40.02% 60.79% 75.50% 91.43% 95.56% 85.38% Percent of Total Calls 5.85% 12.50% 17.74% 20.77% 14.72% 9.88% 6.05% 4.13% 3.93% 97 397 603 749 847 907 948 968 975 988 988 988 988 Fractile Response Report (Emergency) 05:00 - 05:59 06:00 - 06:59 07:00 - 07:59 08:00 - 08:59 04:00 - 04:59 00:00 - 01:59 02:00 - 02:59 03:00 - 03:59 925 00:05:34 00:05:54 00:07:14 Downgraded to Non-Emergency Enroute Avg Response Time - Upgrade to Emergency Non-Transports (excluding Stand-By) Avg Response Time - Non-Emergency Avg Response Time - Emergency 3974 1957 992 8 991 Non-Emergency Non-Emergency Downgraded to Upgraded to Emergency* Emergency Stand-By Total

		Cumulative	Percent	Cumulative Percent
	Call Count	Call Count	of Total Calls	of Total Calls
00:00 - 01:59	18	18	1.82%	1.82%
02:00 - 02:59	47	65	4.74%	6.56%
03:00 - 03:59	477	179	11.50%	18.06%
04:00 - 04:59	169	348	17.05%	35,12%
05:00 - 05:59	206	554	20.79%	55.90%
06:00 - 06:59	158	712	15.94%	71.85%
07:00 - 07:59	103	815	10.39%	82.24%
08:00 - 08:59	62	877	6.26%	88.50%
09:00 - 09:29	38	913	3.63%	92.13%
10:00 - 10:59	27	940	2.72%	94.85%
11:00 - 11:59	74	961	2.12%	96.97%
12:00 - 12:59	13	974	1.31%	98.28%
13:00 - 13:59	7	981	0.71%	98.99%
14:00 - 14:59	ហ	986	0.50%	99.50%
15:00 - 15:59	7	988	0.20%	89.70%
16:00 - 16:59	~	989	0.10%	808.86
17:00 - 17:59	Υ-	066	0.10%	%06.88
19:00 - 19:59	٣	991	0.10%	100.00%

99.70% 99.80% 99.90% 100.00%

0.10% 0.10% 0.10% 0.10%

Fractile Response Report (Upgrade to Emergency)

97.58% 98.29% 98.89% 99.60%

2.02% 0.71% 0.60% 0.71%

10:00 - 10:59 11:00 - 11:59 12:00 - 12:59 13:00 - 13:59 14:00 - 14:59

17:00 - 17:59 18:00 - 18:59

rint Date/Time

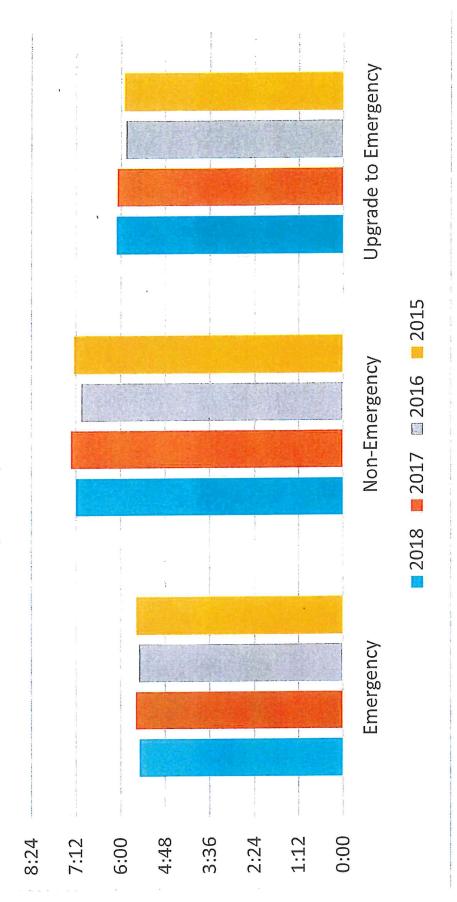
Page 1 of 1

Avg. Response Time	2018	2017	2016	2015
Emergency	5:2	9 5:35	5:30	5:34
Non-Emergency	7:1	2 7:19	7:03	7:14
Upgrade to Emergency	6:0	7 6:05	5:51	5:54

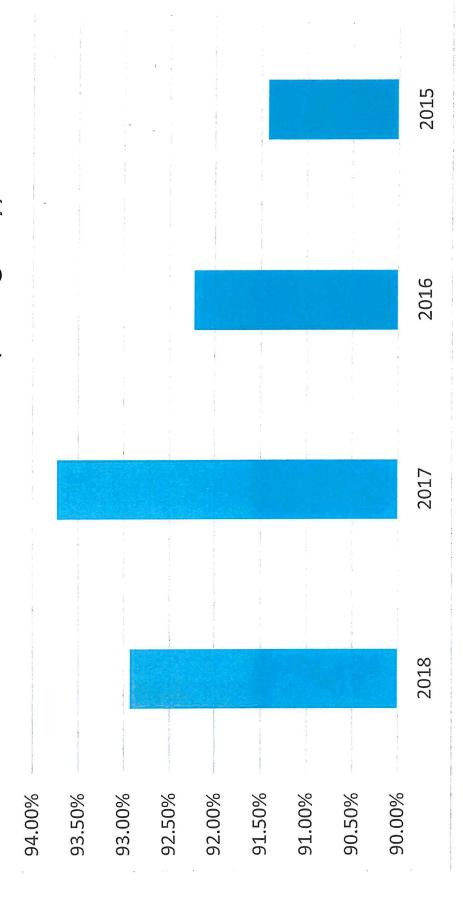
Fractile Reponse Times	2018	2017	2016	2015
8:00 minutes or less	92.93%	93.73%	92.23%	91.43%

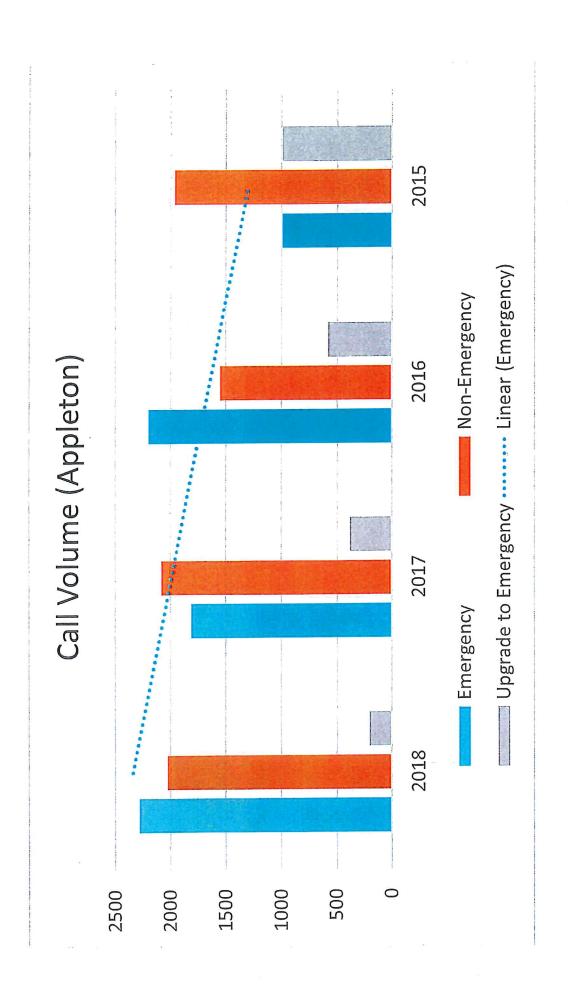
Call Volume	2018	2017	2016	2015
Emergency	2278	1808	2198	992
Non-Emergency	2024	2078	1549	1957
Upgrade to Emergency	200	379	578	991

Avg. Response Time



8:00 minutes or less % (Emergency)





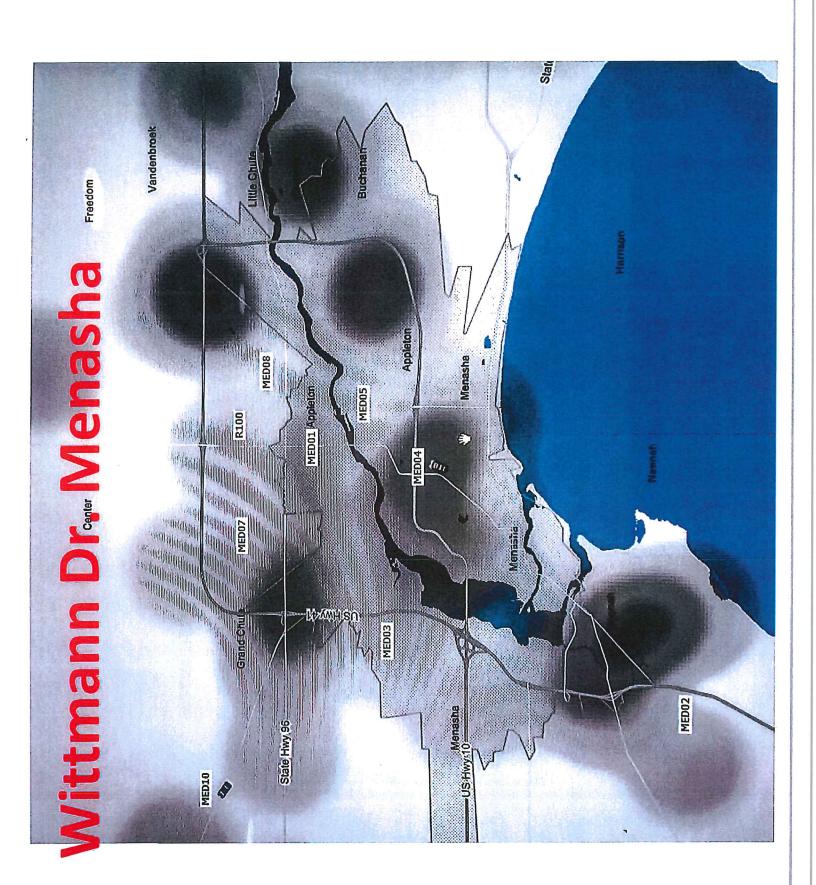
Gold Cross Ambulance Appleton Coverage Evolution

2018	Primary Post	Hours	Weekly Hours
Medic 1	Richmond St. and Calumet St. (Appleton)*	0900-1900	50
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
Medic 8	Northland and Ballard (Appleton) *	0900-1900	70
*March 2018-Posting Study		Total Hours	792

2017	Primary Post	Hours	Weekly Hours
Medic 1*	Franklin and Richmond St. (Appleton)	0900-1700	40
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
*Added August 2017		Total Hours	712

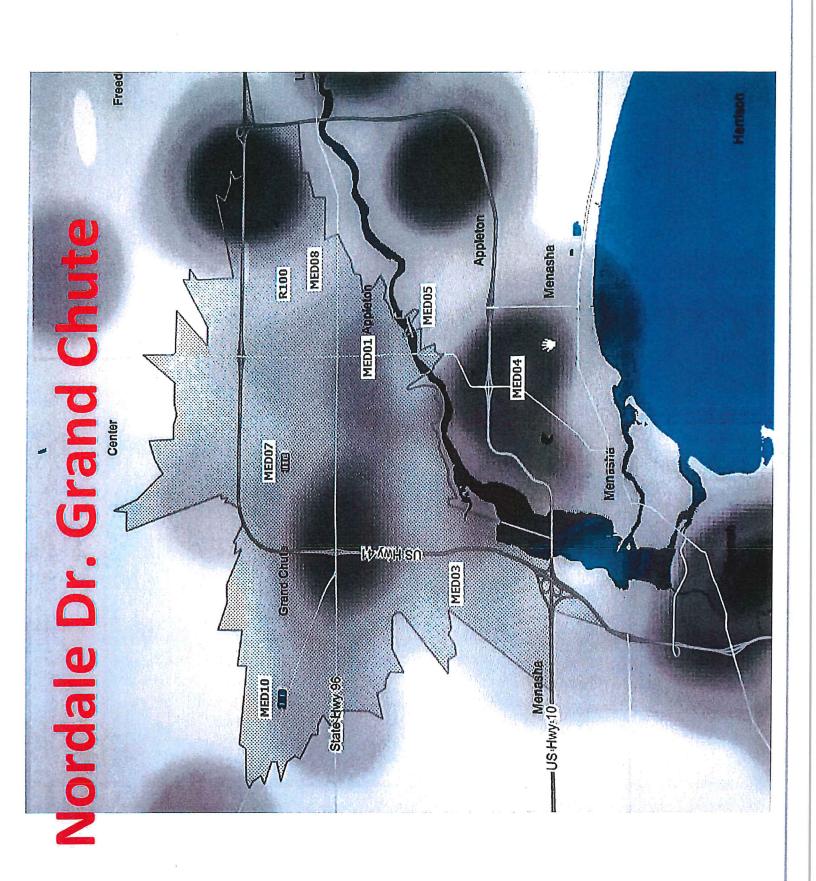
2016	Primary Post	Hours	Weekly Hours
Medic 4	Wittmann Dr. (Northern Menasha)	24/7	168
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
		Total Hours	672

2015	Primary Post	Hours	Column1
Medic 4*	Wittmann Dr. (Northern Menasha)	0700-1900	84
Medic 5	St. Elizabeth's Hospital (Appleton)	24/7	168
Medic 6	ThedaCare Regional Medical Center-Appleton	24/7	168
Medic 7	Northland and Lyndale (Grand Chute)	24/7	168
Hours increased Nov. 2015		Total Hours	588



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