

City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, June 12, 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>19-0821</u> Approval of minutes from previous meeting.

Attachments: S&L Minutes 5-22-19.pdf

4. Public Hearings/Appearances

5. Action Items

19-0614 Reserve "Class B" Liquor application of Jai Sung Mah, located at 122 W.

Wisconsin Ave, Nusara Yang, Owner.

Attachments: Liquor License-Jai Sung Mah.pdf

Legislative History

4/24/19	Safety and Licensing Committee	recommended for approval
5/1/19	Common Council	referred to the Safety and Licensing Committee
	This item was referred back to com	mittee by Alderperson Spears.
5/8/19	Safety and Licensing Committee	held
5/22/19	Safety and Licensing Committee	held
2010 Class "	'R" Reer License renewal a	polication for Joi Sung Mah Pool

<u>19-0829</u> 2019 Class "B" Beer License renewal application for Jai Sung Mah Pool

Club, Nusara Yang, owner, located at 122 W. Wisconsin Ave.

<u>Attachments:</u> 2019 Renewal for Jai Sung Mah Pool Club-Beer License.docx

19-0791 Approval of additional 2019-2020 Beer/Liquor License renewals

contingent upon approval from all departments by 12:00 p.m. on June 28,

2019.

Attachments: Late Renewals- Updated 6-11-19.pdf

<u>19-0822</u>	Operator's Licenses
	Attachments: Operator's Licenses for 6-12-19 S & L.pdf
<u>19-0823</u>	Renewal Operator's Licenses
	Attachments: RENEWAL Operator Licenses for 6-12-19 s & L.pdf
<u>19-0818</u>	2019 Cigarette/Tobacco License Renewals
	Attachments: 2019 Cigarette renewals-S&L 6-12-19.pdf
<u>19-0785</u>	Temporary Premise Amendment application for Tempest Coffee Collective, located at 181 S. Riverheath Way Ste 1100, on July 13 and September 21, 2019, contingent upon approvals from all departments.
	Attachments: Tempest Coffee Colletive.pdf
<u>19-0772</u>	Temporary Class "B" Beer and "Class B" Wine License application for the Fox Valley Vietnam Veterans Association, Mile of Music, Washington Square, August 1-4, 2019, contingent upon approval from all departments.
	Attachments: FVVVA -MoM-Washington Square S&L 6-12-19.pdf
<u>19-0773</u>	Temporary Class "B" Beer and "Class B" Wine license application for the Fox Valley Vietnam Veterans Association, Mile of Music, Lake Ormsby Hall-Lawrence University, August 1-4, 2019, contingent upon approval from all departments.
	Attachments: FVVVA -MoM-Lake Ormsby Hall S&L 6-12-19.pdf
<u>19-0784</u>	Salvage Dealer's License renewal application for Green Meadow Recycling, Inc, located at 2220 W. Everett St, contingent upon approvals from all departments.
	Attachments: Green Meadow Recycling S&L 6-12-19.pdf
<u>19-0816</u>	Salvage Dealer's License renewal application for Appleton Aluminum Recycling Inc, located at 300 N Kensington Dr, contingent upon approval from all departments.
	Attachments: Appleton Aluminum Recycling S&L 6-12-19.pdf

<u>19-0828</u>	Salvage Dealer's License renewal application for Mach IV Motors LLC, located at 600 E Hancock St, contingent upon approvals from all departments.
	Attachments: Mach IV Motors S&L 6-12-19.pdf
<u>19-0834</u>	Salvage Dealer's License renewal application for Mr C's Motorcycles LLC, located at 724 S Outagamie St, contingent upon approvals from all departments. <u>Attachments:</u> Mr Cs Motorcycles LLC S&L 6-12-19.pdf
<u>19-0771</u>	Pet Store License renewal application for Petco #1656, located at 3829 E. Calumet St.
	Attachments: Petco -1656 S&L 6-12-19.pdf
<u>19-0848</u>	Pet Store License renewal application for Just Pets, Craig Weborg, Person in Charge, located at 2009 N. Richmond St, contingent upon approvals from all departments.
	Attachments: Just Pets S&L 6-12-19.pdf
<u>19-0826</u>	Taxi Cab Company Renewal License application of Atlas Taxi, Matthew J. Hyde, 1125 W Main St Lot 17, Little Chute, WI 54140. Atlachments: Atlas Taxi.pdf
<u>19-0827</u>	Taxi Cab Company Renewal License application of Dynasty Limousine Service, LLC, Diana Wolters, 314 E Wilson Ave.
	Attachments: Dynasty Limo.pdf
<u>19-0832</u>	Taxi Cab Company Renewal License application fro LIR Transportation (Fox Valley Cab), Igor Leykin, 719 W Frances St, Appleton, WI 54914
	Attachments: LIR Transportation.pdf
<u>19-0835</u>	Secondhand Article Dealer License application for EcoATM, LLC, located at 511 N. Ballard Ave, contingent upon approvals from all departments. <u>Attachments:</u> EcoATM LLC - PicknSave Ballard S&L 6-12-19.pdf
<u>19-0836</u>	Secondhand Article Dealer License application for EcoATM, LLC, located at 511 West Calumet St, contingent upon approvals from all departments. Attachments: EcoATM LLC - PicknSave Calumet S&L 6-12-19.pdf
<u>19-0824</u>	Temporary Class "B" License Applications filed after the agenda was published.

6. Information Items

19-0767 Special Events:

Boys and Girls Club of the Fox Valley, 2nd Annual Summer Kickoff, 160 S.

Badger Ave, June 1, 2019.

Horizons Elementary Fun Run, Horizons Elementary School, June 5, 2019.

Appleton Parks & Recreation, Kids Fun Runs, Appleton Memorial Park,

Telulah Park and Erb Park, June 9, June 23, July 21, 2019.

Renaissance School for the Arts, Graduation Celebration, Houdini Plaza,

June 4, 2019

African Heritage Inc - Juneteenth - City Park - June 9, 2019

<u>19-0833</u> Director's Reports:

City Clerk

Fire Chief

-Battalion Chief of Prevention and Public Education

Police Chief

-Staffing

-CompStat Dashboard

<u>19-0825</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, May 22, 2019

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Roll call of membership

Present: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

<u>19-0729</u> Approval of minutes from previous meeting

Attachments: S&L Minutes 5-8-19.pdf

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

wollon carried by the following vote.

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

4. Public Hearings/Appearances

5. Action Items

19-0614 Reserve "Class B" Liquor application of Jai Sung Mah, located at 122 W.

Wisconsin Ave, Nusara Yang, Owner, contingent upon approval from all

departments

<u>Attachments:</u> <u>Liquor License-Jai Sung Mah.pdf</u>

Lobner moved, seconded by Van Zeeland, that the Liquor License application

be held. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

Balance of the action items on the agenda.

Meltzer moved, Lobner seconded, to recommend approval of the balance of the agenda. The motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

<u>19-0715</u> Approval of 2019-2020 Beer/Liquor License renewals contingent upon approval from all departments by 12:00 p.m. on June 28, 2019. Attachments: 2019-20 Beer-Liquor License Renewals S&L 5-22.docx This Report Action Item was recommended for approval 19-0697 Class "B" Beer and "Class B" Liquor license application for El Sabor Mexican Grill, Luis A Santiago, Agent, located at 2190 S Memorial Dr., contingent upon approval from all departments. Attachments: El Sabor Mexican Grill.pdf This Report Action Item was recommended for approval. 19-0726 Operator's Licenses Operator's Licenses for 5-22-19 S & L.pdf Attachments: This Report Action Item was recommended for approval. 19-0728 RENEWAL Operator's Licenses RENEWAL Operator's Licenses for 5-22-19 S & L.docx Attachments: This Report Action Item was recommended for approval. 19-0735 Taxi Cab Company Renewal License application of People Movers Inc. (Appleton Yellow Taxi Co), Paul O. Davies, 705 W. Wisconsin Ave, Appleton, contingent upon approval from all departments. Attachments: People Movers.pdf This Report Action Item was recommended for approval. 19-0719 Temporary Class "B" Beer License application for United Sports Association for the Youth, Inc, Joe Ornstein, Person in Charge, on May 24, 2019, contingent upon approval from all departments. USA Sports Complex Beer Garden #2 S&L 5-22.pdf Attachments: This Report Action Item was recommended for approval.

Page 2

19-0700 Temporary Class "B" Beer License application for United Sports
Association for Youth, Inc, Joe D. Ornstein, Person in Charge, on June
21, July 12, August 9, September 27 and October 11, 2019, contingent
upon approval from all departments.

Attachments: USA Sports Complex Beer Garden S&L 5-22-19.pdf

This Report Action Item was recommended for approval.

19-0701 Temporary Class "B" Beer and Wine License application for LUaroo, Lawrence University, Georgia Greenberg, Person in Charge, May 25 and May 26, 2019, contingent upon approval from all departments.

Attachments: Lawrence University music festival spec b S&L 5-22-19.pdf

This Report Action Item was recommended for approval.

19-0734 Temporary Class "B" Beer License application for Wisconsin Heat, Eric Mueske, Person in Charge, August 2, 2019, contingent upon approval from all departments.

Attachments: Wisconsin Heat Fastpitch Tournament S&L 5-22-19.pdf

This Report Action Item was recommended for approval.

Class "B" Beer and "Class B" Liquor License - Change of Agent application for Appleton Holdings LLC to include Red Lion's Intermezzo, Red Lion Lombardi Bar, Red Lion Banquet Services and Red Lion Clubhouse Bar licenses, Linda M. Garvey, Agent, located at 333 West College Ave, contingent upon approval from the police department.

Attachments: Linda M. Garvey - Appleton Holdings S&L 5-22-19 .pdf

This Report Action Item was recommended for approval.

19-0649

Reserve "Class B" Liquor and Class "B" Beer License - Change of Agent application for Appleton Holdings LLC/Inner Circle Fox Citiels LLC d/b/a Fox Cities Exhibition Center, Linda M. Garvey, Agent, located at 355 West Lawrence Street, contingent upon approval from the police department.

Attachments: Linda M. Garvey - Inner Circle Fox Cities S&L 5-22-19.pdf

This Report Action Item was recommended for approval.

City of Appleton

19-0674 Reserve "Class B " Liquor and Class "B" Beer license - Change of Agent

application for Buffalo Wild Wings, Kimberly Lutzewitz, Agent, located at

3201 E Calumet St.

Attachments: Kimberly M. Lutzewitz S&L 5-22-19.pdf

This Report Action Item was recommended for approval.

19-0730 Temporary Class "B" License applications filed after the agenda was

published.

There were no applications filed.

6. Information Items

19-0652 Special Events:

Littlest Tumor Foundation - Littlest Tumor Rock Paper Scissors

Showdown - Houdini Plaza - May 22,2019

Imagine City Park - City Park - June 1, 2019

Lawrence University Commencement- Lawrence University Campus -

June 8-9, 2019

Fox Valley Food Truck Association - Food Truck Rally - Pierce Park,

June 20, July 18 & August 22, 2019

Appleton Parks & Recreation - Movies on the Hill - June 20, July 11, July

18 and August 1, 2019

McFleshman's Brewing Co. - 600 Block Party - June 22, 2019

Pillars Inc - Art Jam - Memorial Park - June 22, 2019

USA Luge Slider Search - E. Broadway Dr - June 29-30, 2019

Active Bike and Fitness - Vintage Bicycle Show and Swap Meet - Active

Bike and Fitness parking lot - July 14, 2019

Appleton Fox Cities Kiwanis Club - 42nd Annual Car Show and Swap

Meet - Pierce Park - July 21, 2019

Appleton Parks & Recreation - Children's Parade - Houdini

Plaza/College Ave/Drew St/Franklin St/City Park - July 24, 2019

Appleton Parks & Recreation - Playground Fair - Pierce Park - July

25-26, 2019

The Trout Museum of Art - Art at the Park 2019 - City Park - July 28, 2019

Appleton Police Department - National Night Out at Houdini Plaza -

August 6, 2019

Foster Elementary - Foster Family Fun Run - Foster Elementary -

October 4, 2019

<u>19-0733</u> <u>Director's Reports</u>

-City Clerk

-Fire Chief

Department Update

-Police Chief

Staffing Update Comstat Demo

<u>19-0732</u> Police Department information on liquor law violation convictions.

7. Adjournment

Williams moved, seconded by Van Zeeland, that the meeting be adjourned at 5:36 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Lobner, Williams, Meltzer, Thao and Van Zeeland

City of Appleton Page 5

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 >	
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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 OF A DO STORE NAME (Last, First, M.I.) **Rame (Last, First, M.I.) **Rame (Last, First, M.I.) **Business Phone Number (17.0) 944 14575 **Address of Premises ** 12.2 14			ad and attached to this avullenti		
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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 querters, if used, for the sales, senior, consumption, and president scription (mit is tisted address is given above): 10. Legal description (mit if steret, address is given above): 11. (a) Was this premises licensed only on the premises described.) 12. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpub? 13. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 14. Does the applicant understand they must purchase alcohol beverages only from Wis	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 querters, if used, for the sales, senior, consumption, and president scription (mit is tisted address is given above): 10. Legal description (mit if steret, address is given above): 11. (a) Was this premises licensed only on the premises described.) 12. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpub? 13. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 14. Does the applicant understand they must purchase alcohol beverages only from Wis	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 of 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 a 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) E applicant expended in limited liability company applicants only: Insert state (e) Does the corporation, or any officer, director, sockholder or agent or limited liability company? (e) Does the corporation, or any officer, director, sockholder or agent or limited liability company? (h) Is applicant expended in any other alcohol beverage license or permit in Wisconsin? (h) Is applicant expended in limit or serverse 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 must include all rooms including living quarters, if used, for the sales, service, consumption, and/gr storage of alcohol beverages and records, (Alcohol leverages any be sold and stored only in the premises described.) 9. Premises description (mint if steet address is given above): 10. Legal description (mint if steet address is given above): 11. (a) Was this premises licensed for the sale of liquor or hear driving the past license year? 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with th	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 premises described in the section of the sale of the s					
Directors/Managers 3. Trade Name \$\sum_\lambda \lambda					
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(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
(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 beer during the past license year?	agent hold any interest in a	ty unicer, unector, stockholder of at	gent or timited traditity company, or a	any member/manager or	7 V-a [] N-
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		Wisconsin Do	partment of Revenue



City of Appleton Liquor License Questionnaire

1. Name of Appl	icant: NUSA	ra Yang	
2. Name of Busi	ness Jai S	ung 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	on/corporation yo	ou are buying the premises and eq	uipment from?
First name Address:		Initial Last name	
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.

CLASS "B" FERMENTED MALT BEVERAGE LICENSE

Nusara Yang Jai Sung Mah Pool Club 122 W Wisconsin Ave 806 W Harris St Appleton WI 54914

2019-2020 RENEWALS

CLASS "A" FERMENTED MALT BEVERAGE/LIQUOR (CIDER ONLY) LICENSE

NAME	TRADE NAME	<u>ADDRESS</u>

Banee Corporation Appleton Citgo 1717 W College Ave

Parmeet Kaur Arora, Agent, 8176 Basil Ct Neenah WI 54956

Manakamana LLC Appleton BP 1200 W Wisconsin Ave

Sagar Shrestha, Agent, 5480 W Michaels Dr Apt 3 Grand Chute WI 54913

SG Petroleums LLC SG Petroleums 2811 E Newberry St

Suyash Goel, Agent, 1317 S Oneida St Appleton WI 54915

CLASS "A" / "CLASS A" FERMENTED MALT BEVERAGE/LIQUOR LICENSE

NAME TRADE NAME ADDRESS

Apotheke Wellness LLC Apotheke Wellness 3020 E College Ave

Sarah A. Fabry, Agent, 1114 N. Briarcliff Dr Appleton WI 54915

Lindo Michoacan Mexican Restaurant LLC Lindo Michoacan 207 N Richmond St

Pedro Juarez, Agent, 1017 Grove St Menasha WI 54952

CLASS "B" FERMENTED MALT BEVERAGE LICENSE

NAME TRADE NAME ADDRESS

The Cozzy Corner LLC Cozzy Corner 111 N Walnut St

Natasha M. Banks, Agent, N9651 Clover Ridge Tr Appleton WI 54915

Mai's Deli 104 S Memorial Dr

Fong Lee, Agent, 716 W 8th St Kaukauna WI 54130

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

NAME TRADE NAME ADDRESS

Tempest Coffee Collective LLC Tempest Coffee Collective 181 S Riverheath Way, Ste 1100 Tyler A. Lonadier, Agent, 1133 W Woodstone Dr Appleton WI 54914

CLASS "B" / "CLASS B" FERMENTED MALT BEVERAGE/LIQUOR LICENSE

TRADE NAME **ADDRESS** NAME Appleton Souvenir & Cigar Inc Appleton Souvenir & Cigar Company 415 W College Ave Robert J. Zima, Agent, 1625 Canary Ln Green Bay WI 54304 Bark Entertainment LLC Skyline Comedy Club 1004 S Olde Oneida St Bridget L. Friel, Agent, 2211 N Appleton St 54915 Dairyland Brewing Co LLC Dairyland Brew Pub 1216 E Wisconsin Ave Dorri M. Schmidt, Agent, 1225 E Amelia St Appleton WI 54911 DCMX LLC Gingerootz 2920 N Ballard Rd Ste A Mylee Xiong, Agent, W2374 Holly Ln Appleton WI 54915 Galvan's LLC Galvan's 2220 E Northland Ave Spresium Useini, Agent, 843 Sundial Ln Neenah WI 54956 Il Angolo Resto-Bar, LLC Il Angolo 527-529 W College Ave Conrado Lopez Mendez, Agent, 2932 W Glenpark Dr Appleton WI 54914 Lindo Michoacan Mexican Restaurant LLC Lindo Michoacan 207 N Richmond St Pedro Juarez, Agent, 1017 Grove St Menasha WI 54952 Mango Tree Inc 201 W Northland Ave Ste K Koreana Restaurant Kou Lee, Agent, 525 Inverary Ct Hobart WI 54155

Mc Gregors LLC The Durty Leprechaun 343 W College Ave Christopher J. Halbach, Agent, 207 N Main St Black Creek WI 54106

MJ Author's Kitchen Author's Kitchen 201 N Appleton St Joshua D. Sickler, Agent, 629 12th St Menasha WI 54952

Riverview Gardens Inc. Riverview Gardens 1101 S Oneida St Cynthia L. Sahotsky, Agent, W6122 Cty Rd P Black Creek WI 54106

WHW Gastropub LLC Meade Street Bistro 2729 N Meade St Daniel J. Hoff Sr., Agent, 225 E Wayfarer Ln Appleton WI 54913

Tudy Wilder LLC Wilder's Bistro 2639 S Oneida St Ste 1
Terrance A. Wilder, Agent, 1607 Mt Vernon St Oshkosh WI 54901

CLASS "B" / RESERVE "CLASS B" FERMENTED MALT BEVERAGE/LIQUOR LICENSE

NAME TRADE NAME ADDRESS

C-Vine Lounge LLC C-Vine Lounge 531 W College Ave

Conrado Lopez Mendez, Agent, 2932 W Glenpark Dr Appleton WI 54914

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

Operator's Licenses for 6/12/19 S & L

1. Mateo Alejo	132 S Buchanan St Appleton 54915
2. Stephen Deeter	723 E Boldt Way #313 Appleton 54911
3. Chetesh Devchand	111 W Wisconsin Ave Appleton 54911
4. Wayne D. Douglas	N8118 St Hwy 187 Shiocton 54170
5. Amanda Gutkowski	1605 N Superior St Appleton 54911
6. Nicole Halverson	3660 Cherryvale Cir #1 Appleton 54913
7. Paige Hoch	600 Oak St Neenah 54956
8. Corrine Hurlburt	3639 Cherryvale Pl #3 Appleton 54913
9. Alex Johnson	1226 E Longview Dr Appleton 54911
10. Jolene Johnson	3421 Lincoln St WisconsinRapids 54494
11. Leslie Kozepski	W3125 Glenbrooke Ct Appleton 54915
12. Mackenzie Miller	1848 Hazel St Oshkosh 54901
13. Logan Minke	121 Greenwald Ave Neenah 54956
14. Amber Moerick	816 W Main St #305 Hortonville 54944
15. Annalise Niederholtmeyer	712 High St Kaukauna 54310
16. Alissa Olinger	N9644 Crystal Ct Appleton 54915
17. Baijesh Patel	200 N Perkins St Appleton 54914
18. Melissa Riehl	676 Trailsway Ln Neenah 54956
19. Lawrence Schaefer	1139 Honey Creek Cir Oshkosh 54904
20. Richard Sether	941 S West Ct #D Appleton 54915
21. Alexis Stuart	930 Vine Ave Oshkosh 54901
22. Nathen Washburn	3401 E Edgemere Dr #3 Appleton 54915
23. Jennifer Whittemore	2325 N. Ballard Rd Appleton 54911
24. Trent Wohlrabe	21 Woodmere Ct #3 Appleton 54911
25. Brooke Young	218 E South Island St #103 Appleton 54913
26. Shane Zillmer	1105 E Hanson Dr Appleton 54915
27 4 7 1 1:	4007110 614 14 54044

1007 N Douglas St Appleton 54914

27. Anna Zuberbier

RENEWAL Operator's Licenses for 6/12/19 S & L

1. Jessica Akstulewicz 828 5th St Menasha 54952

Anastasia Aytche
 Anthony Ball
 E 16th St Kaukauna 54130

Shanee Ballard
 John Bohl
 Gary Bowman
 Pattie Braun
 Candice Buss
 Shanee Ballard
 1525 E Taft Ave Appleton 54915
 2828 N Ballard Rd #12 Appleton 54911
 Face Indicate Ave Appleton 54915
 W4734 Palmer Ct Sherwood 54169

9. Traci Cahill W3130 E Broadway Dr #60 Freedom 54913

10. Jose Cedeno-Garcia
11. Catherine Christie
12. Darek Grange
13. Darek Grange
14. M Spring St Appleton 54914
15. Darek Grange
16. W Spring St Appleton 54914

12. Derek Craanen1216 W Spring St Appleton 5491413. John Dion1332 E Jardin St Appleton 54911

14. Janet Donnermeyer N9067 Papermaker Pass Menasha 54952

15. Lori Endries

227 Wisconsin Ave Brillion 54110

16. Carol Garcia

2353 Comet St Oshkosh 54901

17. Amy Gitter

1101 S Kernan Ave Appleton 54915

18. Maya Gonzalez

215 ½ E College Ave Appleton 54911

19. Julie Granberg

1520 N Hall Ave Appleton 54911

20. Kevin Hamm

E2723 Cty Rd B Scandinavia 54977

21. Heidi Hartenberger

2115 W Russet Ct #5 Appleton 54914

25. Robert Johnson
26. Eugenia Jungwirth
27. Carrie Kaddatz
28. Julie Keil
304 Schindler PI #107 Menasha 54952
1836 S Kernan Ave Appleton 54915
3501 Parkridge Ave Appleton 54914
502 Sweet Meadow Ln Kaukauna 54130

29. Thomas Kern
30. Margaret Kohl
31. Ryan Kohl
357 London St Menasha 54952
2001 E John St Appleton 54915
2001 E John St Appleton 54915

32. Anthony Lindberg
219 W Arrowhead Ln Appleton 54913
33. Robert Loeper Sr
1610 University Dr #8 Menasha 54952

34. Jacob Luoma 531 N Bateman Appleton 54911 35. Sharon Maass 134 S Lee St Appleton 54915 36. Tanya McCollough 1137 W Lorin St Appleton 54914 37. Steven McNiesh 36 Tracy Ct Appleton 54915 38. Devon Mischler 313 N Rankin St Appleton 54911 39. Amelia Mock 136 N Story St Appleton 54914 40. Nancy Moore 807 N Superior St Appleton 54911 41. Brooke Nachtrab 522 E New York Ave Oshkosh 54901

42. Meghan Near 2401 E Ashbury Dr #15 54913

43. Michael Nelson1074 W Willis Way Appleton 5491344. Megan Nickel140 ½ E Tobacnoir St Kaukauna 5413045. Shannon Otte2525 S Jason Dr Appleton 5491546. Charmaine Pankow1509 N Hine St Appleton 54914

47. Lynn Perry405 S Olde Oneida St #103 Appleton 5491148. Phillip Plamann213 Arrowhead Lane Appleton 5491349. Dana ReaderW3841 Highview Dr Appleton 5491350. James Reinthalther623 W 6th St #3W Appleton 5491151. Heather Riehl2524 S Kernan Ave Appleton 5491552. Kevin Ritske1201 Desnoyer St Kaukauna 54130

53. Mary Rivas 206 Brookeview Ct Combined Locks 54113

54. Benjamin Sams204 Elm St Menasha 5495255. Tiffany Sams204 Elm St Menasha 54952

56. Cortany Shearer 2109 N Oneida St Appleton 54911

57. Kayla Sinclair 1849 Mountian Ash Ln Little Chute 54140

58. Holly Steves2306 N Superior Appleton 5491159. Sean Timm817 N Appleton St Appleton 5491160. Michelle VanDriest1002 N Superior St Appleton 5491161. James VanDyke511 Steven St Combined Locks 5411362. Scott Waananen2517 E Peter St Appleton 5491563. Carrie Wadel408 Park St Combined Locks 54113

63. Carrie Wadel
408 Park St Combined Locks 54113
64. Rachel Wydra
4910 N French Rd Appleton 54913
65. Dana Ziegenhagen
5771 State Rd 91 Oshkosh 54904
66. Mary Zito
4731 Westbrook Ct Appleton 54913

TRADENAME	BUSINESS NAME	ADDRESS
APPLETON BP	MANAKAMANA LLC, SAGAR SHRESTHA	1200 WEST WISCONSIN AVENUE
APPLETON MOTOMART	FKG OIL COMPANY, LORI A. ENDRIES	3400 EAST CALUMET STREET
APPLETON SOUVENIR & CIGAR	APPLETON SOUVENIR & CIGAR INC, ROBERT J. ZIMA	415 WEST COLLEGE AVENUE
BADGER GAS	BADGER GAS INC, KALWINDER KAUR	911 WEST COLLEGE AVENUE
BADGER MOBIL	KAVYA GAS INC, JAYANT G. PATEL	1201 NORTH BADGER AVENUE
BADGER MOTOMART	FKG OIL COMPANY, TERESA M. HAWLEY	1850 WEST WISCONSIN AVENUE
BALLARD GRAND CENTRAL STATION	BALLARD GCS LLC, DANIEL J. PAMPERIN	1910 EAST CAPITOL DRIVE
CALUMET PANTRY	AADYA LLC, MAHENDRA PATEL	319 EAST CALUMET STREET
CAMELOT BAR AND GRILL	CAMELOT OF APPLETON LLC, BRIAN M. STRIEGEL	1700 EAST WISCONSIN AVENUE
DK PETROLEUM	DK PETROLEUM INC., DAVINDER SINGH	2619 NORTH RICHMOND STREET
DOLLAR GENERAL	DOLGENCORP LLC, DEBRA A. JOPEK	1320 WEST WISCONSIN AVENUE
DR. JEKYLL'S	STRANGE CASE LLC, THOMAS M ALES III	314 EAST COLLEGE AVENUE
EVAPOR NORTH	EVAPOR NORTH, INC.	2929 NORTH RICHMOND STREET SUITE 3
EVAPOR OF APPLETON	EVAPOR OF APPLETON, INC.	1725 SOUTH ONEIDA STREET
FESTIVAL FOODS	SKOGEN'S FOODLINER, INC., JOHN R. BORSKI	1200 WEST NORTHLAND AVENUE
FLANAGAN'S STOP & SHOP	FLANAGAN'S STOP & SHOP, INC., PATRICK FLANAGAN	522 WEST COLLEGE AVENUE
JIM'S PLACE	DDCT, INC., JAY J. PLAMANN	223 EAST COLLEGE AVENUE
KWIK TRIP	KWIK TRIP, INC., JACQUELINE D. DAHLKE	3232 SOUTH ONEIDA STREET
KWIK TRIP	KWIK TRIP, INC., ISAAC A. PETERSON	2175 SOUTH MEMORIAL DRIVE
KWIK TRIP	KWIK TRIP, INC., BRIAN D. HARTJES	4085 EAST CALUMET STREET
KWIK TRIP	KWIK TRIP, INC., KATHLEEN A. BAYER	1342 WEST PROSPECT AVENUE
KWIK TRIP	KWIK TRIP, INC., MATTHEW A. OETZEL	2120 EAST EDGEWOOD DRIVE
KWIK TRIP	KWIK TRIP, INC., RON W. HOFFMEYER	730 EAST WISCONSIN AVENUE
KWIK TRIP	KWIK TRIP, INC., ASHLEY M. FRALICK	306 NORTH RICHMOND STREET
MEMORIAL PETROLEUM	FISHTAIL LLC, BUDDI S. SUBEDI	415 SOUTH MEMORIAL DRIVE
MOTOMART	FKG OIL COMPANY, ANNE M. STICHMAN	320 SOUTH KENSINGTON DRIVE
MOTOMART	FKG OIL COMPANY, JASON G. MAZANEC	2838 NORTH BALLARD ROAD
NORTHGATE MOBIL	VAN ZEELAND OIL CO INC, TODD G. VAN ZEELAND	105 WEST NORTHLAND AVENUE
NORTHLAND CITGO	SWAMI LLC, KANU B. PATEL	800 EAST NORTHLAND AVENUE
PICK 'N SAVE #8123	ULTIMATE MART LLC, RICHARD M. KOSTECKI	2700 NORTH BALLARD ROAD
PICK 'N SAVE #8187	ULTIMATE MART LLC, KENNETH A. VOSS	511 WEST CALUMET STREET
RED LION PAPER VALLEY HOTEL	APPLETON HOLDINGS LLC, LINDA M. GARVEY	333 WEST COLLEGE AVENUE

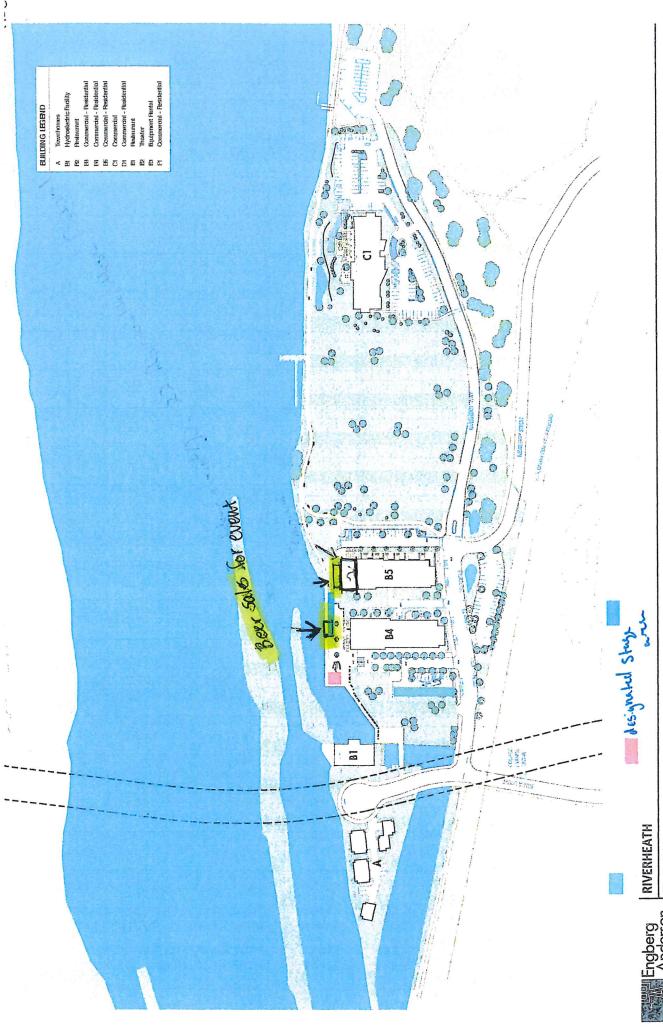
RICHMOND STREET CITGO	CALKRIIDA II C NII ECH M DATEI	TJEGUS TIVOTUM TOOL TOOL TOOL TOOL TOOL TOOL TOOL TOO
	VAN ZEELAND OIL CO INC, TODD G. VAN ZEELAND	3401 NORTH RICHMOND STREET
SCUBAS POURHOUSE	SCUBAS POURHOUSE LLC, STEVEN R. VAN FOSSEN	1309 EAST WISCONSIN AVENUE
SG PETROLEUMS	SG PETROLEUMS LLC, SUYASH GOEL	2811 EAST NEWBERRY STREET
VALLEY MOBIL	VAN ZEELAND OIL CO INC, TODD G. VAN ZEELAND	2661 SOUTH ONEIDA ST
WAL-MART	WAL-MART STORES EAST LP, GLENN B. MARTIN	3701 EAST CALUMET STREET
WALGREENS	WALGREEN CO., JOSHUA M. BUCK	700 WEST COLLEGE AVENUE
WALGREENS	WALGREEN CO., JAMES B. DOUGLAS	2803 NORTH MEADE STREET
WALGREENS	WALGREEN CO., JASON J. JARMUSKIEWICZ	729 WEST NORTHLAND AVENUE
WALGREENS	WALGREEN CO., STACEY A. WEST	1901 SOUTH ONEIDA STREET
WALGREENS	WALGREEN CO., MELISSA M. DRAWENEK	3330 EAST CALUMET STREET
WISCONSIN AVENUE MARATHON	SAYASH LLC, YAM LAMICHHANE	1920 EAST WISCONSIN AVENUE
WISCONSIN AVENUE PANTRY	JALIYAN GAS, LLC, NILESH M. PATEL	111 WEST WISCONSIN AVENUE
YOU PUMP	NORTHERN GAS, LLC, ROSHANKUMAR K. PATEL	1306 SOUTH ONEIDA STREET



REQUEST for Beer/Liquor License Premise Amendment

FEES ARE NO	N-REFUNDABLE	Date Recv'd 6/3/19
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	10193	

SECTION 1 -	LICENSE II	NFORM	TATION		
Name of Establi	shment		•		
		Tem	ust Coffu unth Way Svi under	(ollective	
Address of Esta	blishment				-
18	1 5. R	werh	eath Way Svi	te 1100	
Name of Agent	<u> </u>				Phone Number
	196 r	Loi	indur		920-904-4985
SECTION 2 -					No plant to the same
Please describe	the change	in pren	nises:		
A drawing/dia	gram of the	propos	ed area must also be subi	mitted with this application	on
Applying +	to serv	re be	er/wire right	outside of our	normal service area
C	z - d	م ا ،،	werheath concer	of series	
401 700	o anno)a(1	00000		
		1,6,1,	or the Americans		
Is this change P		1	s is temporary please spec	-	
		To	be able to sove	a hear & win	e on boardwalk
	0	1 .0	-	11 "	
YES	NO	101	3 conarb	this summer	e on boardwalk
Please list the date(s) and time(s) that this temporary premise amendment will be utilized: John 13th Gen -9:30 pm September 21st 6pm - 9:30 pm					
July 13 The state of the state					
SECTION 3 - P	ENALTY N	OTICE			
Secret year con-					gree that any license granted under this
			at any time by the Common		to the best of my knowledge and belief
== =		1 1	1 .	oplication is true and correct t	to the best of my knowledge and belief.
Signature of Ap	plicant: <u> </u>	Yell	Lewood		
FOR OFFICE US	SE ONLY			被连续的	
Department	Approve	Deny	Ву	Reason	
Comm. Dev.					
Finance					
Fire					
Health					
Inspections					
Police				1	
S&L	Coun	cil	Date Issued	Exp. Date	License Number



MASTER PLAN
1" + 60'
SUMMER 2017
Engberg Antlerson Project No. 071711



11-01-09

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

FEES ARE NON-REFUNDABLE

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

Investigation Fee + Total Amount Paid + Total + To

Date Rec'd <u>5</u> / <u>16/19</u>

Acct. 11030.4322

Acct. 100.2359 Receipt __ うちゅう

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

The named org					المحيشا	Lista Mary		and the state of	100	
				D MALT BEVERAGES						
	No. of the last of			icnics or similar gath		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SECTION 1 – OF					and the second of the second					/
Name of Organizat			_		_		ociation)	Date Organize		
Address	VICIY	ICELAI	VCI	CAMA 112	Ci		I S	tate	Zip	
120 N. Morrison Mepleton WI 54911										
Person in Charge of Event: Name: Last First Middle Initial Date of Birth G ON C										
Address 59 S. Me	eadow	Dr.		City	eton	State	Zip 5491	S Person in charge	ge phone m	umber:
President	Last		o./	First Bolo	Midd	le Initial		Date of Birth	Male	Female
Address	1800 Harrisa			1300	Ci	ty Appleto	1 S	tate	Zip 4	611
Vice President	T4	el K		First 00N	Mido	lle Initial F	.	Date of Birth	Male	Female
Address 52		ire p	1.		Ci	ty Applet	on S	tate W.T	Zip 5	1915
Secretary	Last W	ilhar	m s	First Jue	Mide	lle Initial	Ę.	Date of Birth	Male X	Female
Address W70	V YW	erna			Ci	menash		tate WI		4952
Treasurer	Last Wil	harm	2.5	First JOE		le Initial ∈		Date of Birth	Male	Female
Address W 700	o4 Ve	rnal	Ld		Ci	ty Menash	as	tate w	Zip 52	1952
SECTION 2 – EV	ENT INFO	RMAT	ON SE	CTION			•	6		
Date(s) of Event: E		9	1 1		141	C Hour	.s 11.ca	AM PM	WI	AM RM
Please describe the					NEAK	LI PURI	10			
Do you plan to ser				o (Yes) If yes,	contact the	Appleton He	ealth Dep	artment. (920.832.	6429)	
Location where be				Ø E						
Address					Ci			tate	Zip	<u> </u>
Are you requesting	SHIWUT	oncept" 1	icense?	No Yes		rppleto ninors be pres		WI	54	
Describe actual loc					If ves	how will you	ı prevent	minors from obtai	ning alcol	holic
l .					bever	ages? WRIS	TBANK	PURCHASE	m1 1.10	- ITNO
	Be precise! WHOLE SPACE, SEE PHOTO TICKETS, BARTENDERS AT ALL BAR AREAS. SECTION 3 - PENALTY SECTION									
This application must be			City Cle	rk for at least ten (10) bu	siness davs r	rior to granting th	ne license.			-
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and										
			n Individ	ually and together, decla	ire under pen	alties of law that	the informat	ion provided in this app	olication is tr	ue and
correct to the best of their knowledge and belief. Signature of Officer										
	7									
FOR OFFICE US			-							
Dept. Police	Approve	Deny	Ву		Re	ason				
Fire										E
Health				4						
Inspection										
S&L	Council Date Issued Exp. Date License Number									

Washington Square





FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.00 Date Rec'd <u>5</u> /し /し Acct. 11030.4322

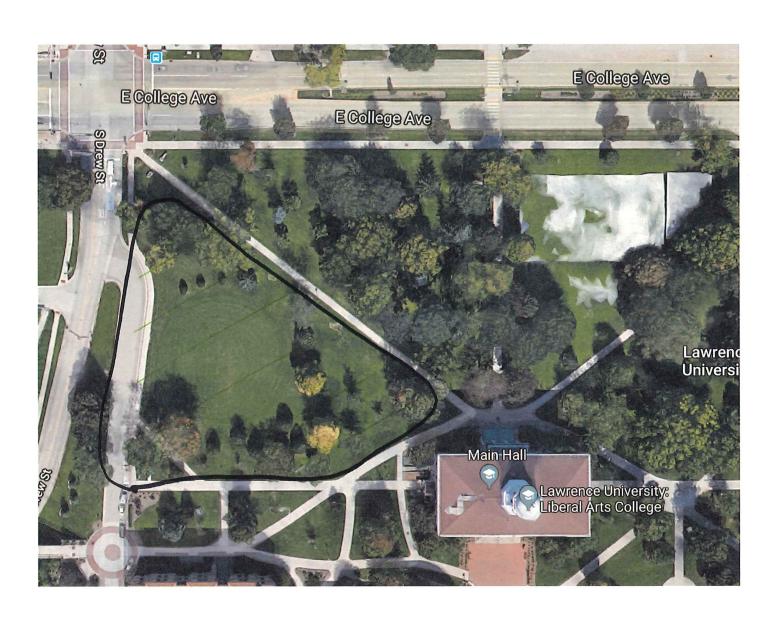
Acct 100 23

Investigation Fee + 7.00 Acct. 100.2359

Total Amount Paid Receipt Receipt

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

The named org	anization	applie	s for:						
				MALT BEVERAGES at	picnics or simil	ar gathering ur	nder s. 125.26(6) Wis. S	Stats.	
A temporary Cla	ss "B" license	e to sell W	INE at pic	nics or similar gatherir	ng under s. 125	.51(10) Wis. Sta	ats. (Limit 2 permits in	a 12 month	period)
							ely. Please PRIN		1
				society, veteran's or		fair association	on) Date Organize		
	Vietn	am \	leter	ans Assoc			004.1		
Address 120 N. Morrison City Appleton State 54911									
Person in Charge of Event: Name: Last First Middle Initial Date of Birth Grant Gran									
Address				City		State Zip	Person in char	ge phone nu	ımber:
59 5. Me	adow	DV		Apple	ton	WI 54	1915 000-00	10- 10	•
President	Last Buch	tche		First 130lo	Middle Initi	77	Date of Birth	Male	Female
Address	1409	Harri	NOZ		City M	pleton	State	Zip 57	4911
Vice President	Last F	alk		First DON	Middle Init	•	Date of Birth	Male	Female
Address	528 C	lare	Qv.		City Mopl	eton	State	Zip 57	1915
Secretary	Last	harm	S	First JOE	Wilddie IIII	iiai E	Date of Birth	Male	Female
	1700L	t Ve	vna	0 A	City	enasha	State W	Zip 57	1952
Treasurer	Last	harn	15	First Joe	Wildele IIII	"E	Date of Birth	Male	Female
Address W7004 Verna Rd City Menasha State W1 Zip 54957								1952	
SECTION 2 – E\	ENT INFO	DRMATI	ON SE	CTION			->		
Date(s) of Event: I	Beginning	8/3	1/10	Ending: 8/	4/19	Hours \\	OO AMPM 1	1:00	AM (M)
Please describe the					(TNE	A			
Do you plan to ser			No	Yes) If yes, cor	tact the Appl	eton Health D	epartment. (920.832)	6429)	
Location where be				Tes in yes, con	Tract the 7 tppr	cton ricatin D	epartment. (720.032	.042)	
LAKE O	RMSB	410	RM:	SBY MALC-		RENCE	UNIVER		
Address 401 8 Drew	E, 0011e	lles a	e-10	scated at	City	ETOW	State	Zip 54	911
Are you requesting	g an "open c	oncept" l	icense?	No (Yes)	Will minors		001	No	(Yes)
Describe actual loc					If yes, how	will you preve	ent minors from obtained PURCHA	ining alcol	nolic
Be precise SEE	ATTA	CHEO	PHOT	O	beverages?	BAR TE	NDERS AT ALL	BAR	AREAS
SECTION 3 – PENALTY SECTION									
This application must be	e on file in the (Office of the		for at least ten (10) busine			e.		
		-	-	hall be filed 15 days prior			ng the sale of formanted m	alt havarage	iftha
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and									
	correct to the best of their knowledge and belief.								
Signature of Officer		5 (NIL						
FOR OFFICE US	É ONLY								
Dept.	Approve	Deny	Ву		Reason				
Police									
Fire									
Health Inspection									
S&L	Council			Date Issued	Exp. 1	Date	License Numb	er	





APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE Date Recv'd 6/3/19

License Fee - Local

\$200.00 Acct. CLSALV

License Fee – Out of City \$ 75.00 Acct. CLSALV

Investigation Fee +
Total Amount Paid 307

+ 7.00 Acct. CLCPIF

Receipt 10138

License period July 1 to June 30

SECTION 1 – BI	usiness in	VFORM	ATION	J – Answei	r all quest	ions completel	y. Please	PRINT	clearl	У	
Business Name	Gree	n N	Lea	dow	Recy	cling, Ir	1C				
Business Street Ac	<u> </u>	990	k	s. Eve	rett	City	ton	State		Zis 4	914
Business Telephone Number											
SECTION 2 - A	PPLICANT	INFORI	MATIC	N							
Name IOCAL N	oval										
Home Street Addr	Bonr	ue '	Dei			City Shioc	oton	5	State	Z	ip 54170
Date of Birth				Male	Female	Telephone Numb		900			
SECTION 3 - CO	ORPORATI	ON INF	ORM/	ATION - Li	st names,	addresses and	dates of	birth of	all of	ficers.	
President	Last	ak		First N É	N	Middle Initial	Da	ate of Birt	h	Male	Female
Address						City		State		Zip	
Vice President	Last UVAK			First	1	Middle Initial	Da	ate of Birt	h	Male	Female
Address	U. Ro	sev	iw	1 De		city) and	ton	State		Zip	914
Secretary	Last			First]	Middle Initial	Da	ate of Birt	h	Male	Female
Address						City		State		Zip	
Treasurer	Last			First	N	Middle Initial	Da	ate of Birt	ih	Male	Female
Address						City	3	State		Zip	
SECTION 4 – PI	ENALTY NO	OTICE		Maria e de la como de					L		
I certify that I am familiar with Section 9.386 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 US											
Dept.	Approve	Deny	Ву			Reason					
Police											
Fire											·
City Sealer											
Inspection		<u> </u>		T			т				
S&L 6-13-19 5-28-19	Council	19-رما	-19	Date Issued	1	Exp. Date		License	Numbe	er 	
J-4-U-4-J											



APPLICATION for SALVAGE DEALER'S LICENSE

	į
FEES ARE NON-REFUNDABLE Date Recv'd	100000000000000000000000000000000000000
License Fee - Local \$200.00 Acct. CLSALV	**
License Fee – Out of City \$ 75.00 Acct. CLSALV	
Investigation Fee 7.00 Acct. CLCPIF 100/05	2
Total Amount Paid Receipt Receipt	_)
License period July 1 to June 30	

SECTION 1 – BUSINESS INFORMATION – Answer all question	ons completely. Please	PRINT clearly
Business Name	<u></u>	
APPLETON HLUMINUM	RECYCLI	OG INC.
Business Street Address	City	State Zip
300 NORTH KENSINGTON DA	HOPLETON	WISH915
Business Telephone Number		
SECTION 2 – APPLICANT INFORMATION		
Name O () O O) TO O O O TO TO TO		
Home Street Address	City	State Zip
1702 N. HARRIMAN ST.	APPLETON	WI 54911
Date of Birth Male Female	Telephone Number	
SECTION 3 - CORPORATION INFORMATION - List names,	addresses and dates of	birth of all officers.
President Last First M DESTEN CHARLES	iddle Initial	ate of Birth Male Female
Address	City	State Zip
1703 N. HARRIMAN ST.	APPLETON	WI 54911
Vice President Last First M	Iiddle Initial Da	ate of Birth Male Female
Address	City	State Zip
NIOALHWY HSS	ANTIGO	WI SHHOG
	Aiddle Initial D	ate of Birth Male Female
Address Address	City	State Zip
1119 EAST RANDALL ST.	APPLETON	W= 54911
1 . 2 - 221	iddle Initial D	ate of Birth Male Female
LH BORDE THMMY	V Y)	
Address	City	State Zip WI 5H911
SECTION 4 – PENALTY NOTICE	11111111111	
I certify that I am familiar with Section 9.386 of the Municipal Code of the	he City of Appleton and agree	e 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 applic	cation is true and correct to the	e best of my knowledge and belief.
M A A A	_ 1	
Signature of Applicant: (harles () To sale	n .	
FOR OFFICE USE ONLY		
Dept. Approve Deny By	Reason	
Police 2 say 29		1100 0
Fire		
City Sealer		
Inspection		
S&L 6-13-19 Council 6-19-19 Date Issued	Exp. Date	License Number
		I



APPLICATION for **SALVAGE DEALER'S LICENSE**

FEES ARE NON-REFUNDABLE ار عار عا العالم Date Recv'd

License Fee - Local

\$200.00 Acct. CLSALV

License Fee – Out of City \$ 75.00 Acct. CLSALV

Investigation Fee

+ 7.00 Acct. CLCPIF

Total Amount Paid <u>307</u> Receipt 10336

License period July 1 to June 30

SECTION 1 – BUSINESS INFORMATION – A	nswer all quest	ions completely. Plea	se PRINT clea	rly	
Business Name Mach W Motors	LLC				
Business Street Address (200 E Hancoc	K St	City Appleton	State	Zip S	1911
Business Telephone Number 920-202-2201					
SECTION 2 – APPLICANT INFORMATION					
Name Kara Tullherg					
Home Street Address 2832 Crest View		City Appleton	- State	\mathcal{I}	^{ip} 54915
Date of Birth Ma	le Female	Telephone Number			
SECTION 3 – CORPORATION INFORMATION	N – List names,	addresses and dates	of birth of all	officers.	
President Tullberg Chapi	st M	fiddle Initial	Date of Birth	Male	Female
Address 2832 Crestview Dr		City Appleton	State W)	Zip SY	915
Vice President Last Fin	rst N	Aiddle Initial	Date of Birth	Male	Female
Address 2832 Crestuum Kor		City Appleton	State	Zip	1915
Secretary Last Fi	rst N	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip	<u> </u>
Treasurer Last Fir	st N	fiddle Initial	Date of Birth	Male	Female
Address		City	State	Zip	<u></u>
SECTION 4 – PENALTY NOTICE					
I certify that I am familiar with Section 9.386 of the N	Municipal Code of t	the City of Appleton and as	ree that any licen	se granted	lunder
this application may be suspended for cause at any tir			, • , •	8	
Under penalty of law, I swear that the information pro	vided in this appli	cation is true and correct to	the best of my kr	nowledge a	and belief.
Signature of Applicant:	Ubers	milion and a second			
FOR OFFICE USE ONLY				ar sharat 41	
Dept. Approve Deny By		Reason			
Police Saly 25		1000011			
Fire					<u></u>
City Sealer					
Inspection					
	Issued	Exp. Date	License Num	ıber	····
5-28-19		*		··	



APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE Date Recv'd 6719

License Fee - Local

\$200.00 Acct. CLSALV

License Fee - Out of City \$ 75.00 Acct. CLSALV

Investigation Fee + 7 Total Amount Paid 282

+ 7.00 Acct. CLCPIF なみ Receipt <u>103</u>6

License period July 1 to June 30

SECTION 1 – BUSINESS INFORMATION – Answer all q	uestions completely. Please	e PRINT clearly					
Business Name (S Motorcycles, LLC							
Business Street Address Outramic St	Cipappleton	State Zip SU914					
Business Telephone Number							
SECTION 2 – APPLICANT INFORMATION							
Name Janet Ristan							
Home Street Address College Ave.	City Appleton	State Zip 5491					
Data of Birth Male Feature	ale Telephone Number	- 6666					
SECTION 3 – CORPORATION INFORMATION – List nar	nes, addresses and dates of	birth of all officers.					
President East Seer First Eric	Middle Initial	ate of Birth Male Female					
Address 12 E. Ramlen (+	Cityppleton	State Zip S4915					
Vice President Ristan First Janet	Middle Initial	ate of Birth Male Female					
Address 926 E College Auc	Citypoleton	State Zip Sygn					
Secretary Ristan Gienn	Middle Initial	ate of Birth Male Female					
Address 926 E College Hue	City opleton	State Zip Sygu					
Treasurer Rast Last Daniel	Middle Initial D	ate of Birth Male Female					
Address 924 Manor PL	City; He Chute	State Zip SY140					
SECTION 4 – PENALTY NOTICE							
I certify that I am familiar with Section 9.386 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 USE ONLY							
Dept. Approve Deny By	Reason						
Police		,					
Fire							
City Sealer							
Inspection							
S&L 6-13-19 Council 6-19-19 Date Issued	Exp. Date	License Number					



APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE	Date Rec'd 5/33 19
See SECTION 5 for Fee Schedule	
License Fee - Initial \$	Acct. 11030.4309
License Fee – Renewal \$ 75.00	Acct. 11030.4309
Investigation Fee + \$ 7.00	Acct. 100.2359
Total Amount Pald \$ 82.00	Receipt
Ucense period July 1 to June 30	

SECTION 1 – BUSINESS LOCATION	SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly							
NOTE: The location of a Kennel o	r Pet Stor	e is subjec	t to applicable a	zoning and other regulations.				
Business Name Petro # 165	o .							
Business Street Address Calumet	St.	•		Hepleton State Zin 5-915				
Business Telephone Number 120-997-1543								
SECTION 2 – APPLICANT INFORM	ATION							
Name Petro Animal Su	polie	3 Stu	res, Inc.					
Home Street Address (054 Michland Hill	3 Driv	e %	License	San Antonio State 78245				
Date of Birth			Male	Female Telephone Number				
SECTION 3 - SERVICES TO BE PRO								
	Please check the type(s) of services your establishment will offer: Live animals Pet Food							
✓ Pet Accessories ✓	Fish		Other GRO	coming & Training				
SECTION 4 – PENALTY NOTICE				<u> </u>				
Signature of Applicant:SECTION 5 - FEE SCHEDULE	, Â		•					
Pet Store License	In	itial Fee - \$	90.00	Renewal Fee - \$75.00				
Kennel License			mals - \$55.00	25 or less animals - \$130.00				
Total Broads			mals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00				
FOR OFFICE USE ONLY	<u> </u>	·						
Dept.	Approve	Deny	Ву	Reason				
Police								
Fire								
City Sealer								
Inspection								
Community Development								
S&L Cour	icil		Date Issued	Exp. Date				
	License Number							
11-01-09 Reasonable accommodati	ons for pers	ons with disc	abilitles will be mad	le upon request and if feasible.				



APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE	Date Rec'd 6/10 19
See SECTION 5 for Fee Schedule	
License Fee - Initial \$	Acct. Code: CLPETK
License Fee – Renewal \$ \ \frac{5}{}	Acct. Code: CLPETK
Investigation Fee + \$ 7.00	
Total Amount Paid \$ %2	Receipt 10456

SECTION 1 – BUSINESS LOCA	TION – Ansv	ver a	all questio	ns completel	y. Plea	ase PRINT clear	ly	
NOTE: The location of a Ken	nel or Pet Si	tore	is subject	to applicable	zonin	g and other reg	ulations.	
Business Name Just A	ets		1			1		
Business Street Address 2009	N. Ri	ch	mond	51.	City	Appletan	State	Zip 549//
Business Telephone Number 33-	-6788							
SECTION 2 - APPLICANT INF								
Name (raid We	burg		A					
Home Street Address J N886	3 Kerr	めへ	Ave	,	City	Nemsla	State 7	25452
Date of Birth				Male	Femal	e Telephone N	umber ~	
SECTION 3 - SERVICES TO B	E PROVIDED							
Please check the type(s) of serv	ices your estal	olishr	ment will of	ffer: $ u$ Liv	e anim	als /	Pet Food	
Pet Accessories	Fish			Other				
SECTION 4 - PENALTY NOTIC	CE				*	-		
certify that the information prov Signature of Applicant:	rided in mis ap	Opiica Vn	ation is true	and correct to	the bes	st of my knowled	ge and bene	·····
SECTION 5 – FEE SCHEDULE						1.7		
Pet Store License			al Fee - \$90					
Kennel License				als - \$55.00 25 or less animals - \$130.00				
		50 o	or less anim	als - \$255.00		Aore than 50 anin vith a minimum o		per animal
FOR OFFICE USE ONLY								
Dept.	Appro	ve I	Deny	Ву		Reason		
Police								
Fire								
City Sealer								
Inspection	Inspection							
Community Development								
S&L 6-12-19	Council (e	-/c	1-19	Date Issued	ssued Exp. Date			
					13.1	License Number		



LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

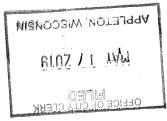
		2110
FEES ARE NON-REFUNDABLE License fee EACH Vehicle \$30.00 Investigation fee \$7.00 Total fee paid	Date Recv'd Acct. CLLTSE Acct. CLLPIF Receipt	10095
© Ofiginal Application	14 14 14 14 14 14 14 14 14 14 14 14 14 1	

SECTION 1 - APPLIC	ANT INFORMATION				
Name of Company				Business Phone	
ATLAS	TAX		City //	State	75
Business'Street Address	18CDST 1	0117	LITTORIO	C State	54971
Owner's Name	a) F (a)	Just	Date of Birth		Individual Partnership
Owner's Name		11 (2)	Date of Birth		Corporation
SECTION 2 - VEHIC	LES TO BE OPERATE	D	(Attach additional	sheets if necessary)	
Vehicle Number	Capacity	Make/Model		DOT Lice	nse Plate Number
/ a	1 / -	65	Double Ar Mo	WITHA A FI	12599
\(\)					
SECTION 3 - COMP	ANY HISTORY				
is the company current	y licensed in any other m	nunicipality? YE	S NO If Yes, what	: municipality?	
Has the company ever l	peen denied a license by	any municipality? YE	S NO If Yes, plea	se explain:	
	ever been convicted of a		\sim	se explain:	
		crimer YE	is NO IT Yes, piea	se explain.	1
Describe the basic oper	` «\- ₇	MA FL Kar	DOP DE	& PROPL	A Pro
If the business is locate made for off street pari		cipal Code requires that of	f-street parking is provided	for. If applicable, who	at provisions have bee
SECTION 4 - INSUR	ANCE NOTICE				
Insurance Coverage					
msurance coverage		ces 4			
Insurance Carrier:	A RECOLD	5550 12			
Insurance Agent Na	me and Phone Num	ber: 48 PAS TA	Y		,,, <u>,</u>
Policy Number:	038175	01-2			
Policy Period:	0-18-T	3 6-19-	19		
I confirm that I have	e the authority to sig	n and certify the info	rmation contained her	ein as the permitt	ee/licensee, or du
authorized represe	ntative of the entity	obtaining this permit	/license. I have review	ved and understan	d the insurance

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and

Moderning, der





LICENSE APPLICATION

for

FEES ARE NON-REFUNDABLE License fee EACH Vehicle \$30.00 Investigation fee Total fee paid \$97.00	Date Recv'd 500 Acct. 11030,4320 CLL T Acct. 100.2359 CLCP Receipt 900 Accept	9 DE
Original Application Renewal – License #2-18		

TAXICAB COMPAN	NY AND LIMOUSINE SERV	ICE .	Ren	ewal – License	#2-18			
SECTION 1 – APPLIC	ANT INFORMATION							
Name of Company Dynasty Limousine	Service LLC	:			Business Phone 920-954-9111			
Business Street Address 314 E. Wilson Ave.	: /	*		city Appleton	State WI	Zip 54915		
Owner's Name		Dat	te of Birt		7 VVI	Individual		
Diana Wolters				•		Partnership		
Owner's Name John Wolters		Dat	te of Birt	h 7. 25 ∰ 37 ⊃		Corporation		
Owner's Driver License N	lumber	Ow	ner's Dri	ver License Numb	oer •			
SECTION 2 – VEHICL	ES TO BE OPERATED		(Atta	ch additional shee	ets if necessary)			
Vehicle Number	Capacity	Make/Model			DOT Licens	se Plate Number		
10	10	ightliner Sprinter			ynasty10			
esc16	5 Cadillac Escalade					575 XZE		
esc17	5	ADP 2679						
SECTION 3 - COMPA	NY HISTORY	? YES	NO	If Yes, what mu	nicipality?			
Has the company ever be	een denied a license by any munici	pality? YES	NO	If Yes, please ex	cplain:			
Have any of the owners of	ever been convicted of a crime?	YES	NO	If Yes, please ex	крlain:			
Describe the basic operat Luxury Charter Trar			~					
If the business is located made for off street parking	in the City limits, Municipal Code r		et parkin	g is provided for.	If applicable, what	provisions have been		
SECTION 4 – INSURA	NCE NOTICE							
Insurance Coverage:	1,500,000							
Insurance Carrier: Pr	ogressive							
Insurance Agent Nan	ne and Phone Number: Jack	son Kahl 920-9	23-402	20				
Policy Number: 0808	36522-0							
Policy Period: Aug 2	7 2018 to Aug 27 2019				Tanad Kasambah Kalapada dilikih ngara sayang 18 pap 1 sayang 19 pa			
authorized represent	the authority to sign and cer tative of the entity obtaining City of Appleton I beceby ce	this permit/licer	ise. Th	ave reviewed a	and understand	the insurance		

required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above.

Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license. I certify that this application, and all information and documentation provided therein, is true and accurate. Applicant's Signature NO FOR OFFICE USE ONLY COI on file? YES Reason S&L Date Sealer Approve Police Date issued Fire Exp. date Inspection

8-10-12

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



LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

FEES ARE NON	I-REFUNDABLE	Date Recv'd
License fee EACH	Vehicle \$30.00	Acct. 11030.4320
Investigation fee	of C715 7.00	Acct. 100.2359
Total fee paid	\$ \ \ \U	Receipt

SECTION 1 – APPLICA	ANT INFORMATION						
Name of Company LIR Transportation L	_LC dba Fox Valley Cab		*****		1	ess Phone 734-4545	
Business Street Address				City	<u> </u>	State	Zip
719 W Frances St				Appleton	\v	VI	54914
Owner's Name			Date of Bir	th			Individual
lgor Leykin							Partnership
Owner's Name			Date of Bir	th			Corporation
Margarita Leykin	İ		666220				
Owner's Driver License N	umber		Owner's D	river License Num	ber		
SECTION 2 – VEHICLE	ES TO BE OPERATED		(Att	ach additional sh	eets if ne	cessary)	
Vehicle Number	Capacity	Make/Mode	l			DOT License	Plate Number
list attached							

CECTION 3 COMPA	AN LUCTORY						1. (1.)
SECTION 3 - COMPA	NY HISTORY						
Is the company currently	licensed in any other municipality	? YE		If Yes, what m Oshkosh	unicipalit	ty?	
Has the company ever be	en denied a license by any munici	pality? YE	S NO	If Yes, please	explain:	W	
Have any of the owners e	ver been convicted of a crime?	YE	S NO	If Yes, please	explain:		
Describe the basic operate Taxi. paratransit. sh	ions of the company: uttle, delivery and livery tr	ansportatio	on				
	in the City limits, Municipal Code r			ing is provided fo	r. If appl	icable, what pr	ovisions have been
made for off street parking. We have a private factor	ng? acility and parking for up t	o 25 cars o	utside an	d 16 inside			
SECTION 4 – INSURA	NCE NOTICE						ī .
Insurance Coverage:	COI Attached \$1M base	Liab and \$2	2M Exces	s Liability Um	brella		
Insurance Carrier: In	tegrity and Secura for prin	nary covera	ige.			www.	
Insurance Agent Nan	ne and Phone Number: Cov	erra Insura	nce Servi	ces, Inc. 608-	526-21	127	
Policy Number: CA 2	2645691, and A323812						
Policy Period: 04/21/	2019 - 04/21/2020						
1							

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above.

defend and hold harmless the City of Appleton	and its officers, officials, empl	oyees and agents from and against any and
all liability, loss, damage, expenses, costs, includ		
herein, caused in whole or in part by any neglig	ent act or omission of the app	licant, anyone directly or indirectly
employed by any of them, which may arise fron	n the use of city right-of-way	or property under this permit or license.
I certify that this application, and all information Applicant's Signature	n and documentation provide	d therein, is true and accurate.
FOR OFFICE USE ONLY		COI on file? YES NO
	D	S&I Data

Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify,

FOR OFFICE USE ONLY				COI on file? YES NO			
Sealer	Approve	Deny	Ву	Reason	S&L Date		
Police					Common Council		
Fire					Date issued		
Inspection					Exp. date		

8-10-12

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



4/1/2019

<u>Ve</u>	hicle No	Make/Model	Passenger Capacity	<u>License</u>	VIN	Active Date
1	431	2005 Chev Express Van	11	785-WPT	1GAHG35U551172188	4/21/2014
2	432	2010 Dodge GndCrvn (w/Rear Entry Ramp)	5	366-WPV	2D4RN4DE4AR303590	4/21/2014
3	440	2005 Chev Express Van	11	773-WPT	1GAHG35U151171295	4/21/2014
4	446	2006 Dodge Grand Caravan W/C Rear Entry	6	330-WPM	2D4GP44L96R770821	5/31/2014
5	449	2008 Dodge Grand Caravan W /C Rear Entry	4	152-WXG	1D8HN44H08B165446	Activate 12/1/2014
6	457	2010 Chrys Town & Country	7	222-YHF	2A4RR4DE5AR192589	Active 10/20/15
7	458	2008 Chrys Town & Country	7	200-YMT	2A8HR44H88R103192	Active as of 6/28/2016
8	459	2008 Chrys Town & Country	7	484-YPR	2A8HR44H88R748330	Active as of 04/07/2016
9	464	2012 Dodge Grnd Caravan	6	273-ZNE	2C4RDGDXCR100810	Active as of 01/11/2017
10	465	2011 Chrys T & C	6	286-ZNE	2A4RR5DG7BR697977	Active as of 12/19/2016
11	466	2008 Toyota Sienna	6	262-ZNE	5TDZK23C08S169964	Active as of 01/11/2017
12	467	2008 Toyota Sequoia	6	299-ZNE	5TDBY68AX8S007001	Active as of 12/22/2016
13	468	2012 Dodge Grnd Caravan	6	464-ZRY	2C4RDGCG3CR136551	Active as of 03/02/2017
14	469	2012 Toyota Sienna W/C Rear Entry	4	240-ZUK	5TDKK3DC0CS176556	Active as of 03/27/2017
15	470	2013 Dodge Grand Caravan	6	991-ZUJ	2C4RDGDG9DR726835	Active as of 03/14/2017
16	473	2010 Dodge Grand Caravan	7	AAY-9050	2D4RN5D19AR111651	Active as of 9/1/2017
17	474	2012 Dodge Grand Caravan	7	AAY-9053	2C4RDGDG3CR341284	Active as of 9/1/2017
18	476	2009 Scion xB	4	AAF4451	JTLKE50E991095740	Active as of 9/1/2017
19	477	2011 Hyudai Sonata	4	301GJB	5NPEB4AC1BH016181	Active as of 9/1/2017
20	478	2008 Toyota Sienna	7	ABF1572	5TDZK23C48S132626	Active as of 9/1/2017
21	479	2008 Toyota Sienna	7	ADD4212	5TDZK23C68S119327	Active as of 5/4/2018
22	480	2006 Toyota Sienna	7	ADD4605	5TDZA22C86S393081	Active as of 5/21/2018
23	481	2008 Toyota Sienna	7	ADL6102	5TDZK23C98S178484	Active as of 07/13/2018
24	482	2008 Toyota Sienna	7	ADT5759	5TDZK23C58S222044	Active as of 09/05/2018
25	483	2006 Toyota Sienna	7	ADT5697	5TDZA23C36S574443	Active as of 09/05/2018
26	484	2011 Toyota Sienna	7	AED1381	5TDYK3DC0BS010482	Active as of 09/05/2018
27	485	2012 Toyota Sienna	7	ADF4993	5TDKK3DC0CS255032	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights							require an endorsement.	A sta	tement on
PRODUCER	io inc	, 0010	mode noider in ned or or	CONTACT					
Coverra Insurance Services, Inc.	NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-2127 (A/C, No): 608-519-2818								
3803 Creekside Ln					ss: pandre@			30 0 10	2010
Holmen WI 54636				ADDRES					
				ļ		-	RDING COVERAGE		NAIC#
	EOYV	ALL-02			RA: Integrity				
∣ insured │ Fox Valley Cab, L I R Transportation				INSURE	кв: Secura I	nsurance, A I	Mutual Company		
719 W Frances St	(200		INSURE	RC:				
Appleton WI 54914				INSURE	RD:				
				INSURE	RE:				
				INSURE	RF:				
			NUMBER: 1264540693				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	т то и	VHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY			GLA2678583		4/21/2019	4/21/2020		1,000,	000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	100,00	00
							MED EXP (Any one person) §	5,000	
							PERSONAL & ADV INJURY \$	1,000,	000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2,000,	000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG S	2,000,	000
OTHER:								3	
	 		CA 2645691		4/21/2019	4/21/2020	COMBINED SINGLE LIMIT (Ea accident)	3 1,000,	000
A AUTOMOBILE LIABILITY B ANY AUTO			A3238212		4/21/2019	4/21/2020		 }	
OWNED Y SCHEDULED							BODILY INJURY (Per accident)	 }	
Y HIRED Y NON-OWNED							PROPERTY DAMAGE	3	
AUTOS ONLY AUTOS ONLY							(Per accident)	 B	
UMBRELLA LIAB OCCUP	-	+							
OCCUR							EACH OCCURRENCE S		
EXCESS LIAB CLAIMS-MADI	Ξ.							\$	
DED RETENTION \$ WORKERS COMPENSATION	-	 					PER OTH- STATUTE ER	5	
AND EMPLOYERS' LIABILITY Y/N									
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
(Mandatory in NH) If yes, describe under	,						E.L. DISEASE - EA EMPLOYEE S	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT 5	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC The City of Appleton, and its officers, cour policy	cles (ACORI embe	o 101, Additional Remarks Schedurs, agents, employees, and	ite, may b I author	e attached if mor ized voluntee	e space is requi rs are additio	red) nal insureds on the Integrity	y Com	mercial auto
CERTIFICATE HOLDER				CANO	CELLATION				
City of Appleton 100 North Appleton Stree Appleton WI 54911	t			SHC THE ACC	OULD ANY OF	N DATE TH TH THE POLIC	DESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE CY PROVISIONS.		
				Bor	of And	ne			



LICENSE APPLICATION

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

Secondhand Jewelry \$90.00 Secondhand Mall/Flea \$165.0 Investigation fee \$7.00	0 /\$75.00 Acct. 11030.4316 0 /\$75.00 Acct. 11030.4316 00 Acct. 11030.4316
Secondhand Jewelry \$90.00 Secondhand Mall/Flea \$165.0 Investigation fee \$7.00	0 /\$75.00 Acct. 11030.4316 00 Acct. 11030.4316
Secondhand Mall/Flea \$165.0 Investigation fee \$7.00	00 Acct. 11030.4316
Investigation fee \$ 7.00	
	Acct. 100.2359
Total for maid & OA	
Total fee paid \$ Red	ceipt # <u>10431</u>
Original Application	

FEES ARE NON-REFUNDABLE Date Recv'd 6/10/19

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) Hunter Bjorkman N/A M Street Address City State Zip Home Telephone Number 92121 CA San Diego 10121 Barnes Canyon Rd. 858.766.7244 **SECTION 2 – CONVICTION RECORD** Have you, or any other person listed on this application, been convicted of any of the following: A felony within the last ten (10) years? YES V NO Within the last ten (10) years of: YES NO A misdemeanor? A statutory violation punishable by forfeiture? YES 7 NO A county or municipal ordinance violation? For each "YES" response provide the date of arrest, the nature of the offense and conviction information: **SECTION 3 – BUSINESS INFORMATION** Business Name Street Address City State Zip **Telephone Number** 2700 N. Ballard Ave Appleton ecoATM, LLC W١ 54911 858.766.7244 Owner's Name Street Address State Zip Telephone Number ecoATM, LLC San Diego 10121 Barnes Canyon Rd. CA 92121 858.766.7244 Business Manager's name Street Address City State Zip Telephone Number Hunter Bjorkman San Diego 10121 Barnes Canyon Rd. CA 92121 858.766.7244 Building Owner's Name Street Address State Telephone Number Zip 1014 Vine Street The Kroger Corp. Cincinnati OH 45202 513 762 4000

SECTION 4 – PART	NERSHIP I	NFORM	IATION							
Partnership Name	<u> </u>	10 - No. 3 - No. 3			<u> 1945 - John Corperation (1944)</u>	<u>s Sabalia da Espainia la</u>	<u> </u>			(15) (1.1 14) (15) (15) (15) (15) (15) (15) (15) (15
List name, address, sex	к, race and da	ate of birt	h of all p	artners. At	ttach additional shee	ets, if necessary		as Since Sal		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
		2 (************************************				gartiga til de s Vetter				
SECTION 5 – CORP	ORATE IN	 FORMA	TION							
Corporation Name	2:		· · · · · · · · · · · · · · · · · · ·			<u> </u>		State DE	of Incor	p.
List name, address, sex	د, race and da	ate of birt	h of all p	artners. At	tach additional shee	ets, if necessary		1==		
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
Maquera, Da	avid D.	М			10121 Barne	es Canyon Rd	. San I	Diego	CA	92121
Mersten, Da	avid R.	M		Ö	10121 Barne	es Canyon Rd	. San í	Diego	CA	92121
SECTION 6 – PENA	LTY NOTIC	E								
I understand that this li violation of Wis. Stats.					, misrepresentation c	or false statements co	ontained in	the applic	ation or fo	ır any
Under penalty of law, I clerk within ten (10) da							st of my kn	owledge.	I agree to i	inform the
Signature of Applicant:				\leftarrow				Date	47	34
FOR OFFICE USE O	NLY									
Dept	Approve	Deny	Ву	<u> 23 h 15 e e e e</u>		Reas	ion		<u> </u>	
POLICE										
FIRE										
COM DEVELOPMENT					· · · · · · · · · · · · · · · · · · ·					-
CITY SEALER										
Safety and Licensing	Comn	non Coun	<u> </u>	Date I	ssued	Expiration Date	***************************************	License	Number	
6/12/19	_ <u> lo</u>	119	119	.	<i></i>					

AN ECO-FRIENDLY KIOSK DRIVING FOOT TRAFFIC & SPENDING

MALL / STORE BENEFITS

- ecoATM is a destination
- o Internesiste di Roto in intratific
- Consumers paid in eash
- Increased consumer spending
- Promotes sustainability
- Does not compete with inline stores
- Small footprint 37.2" x 32.6" x 85.3
- Does not clutter, block sight lines, or take space from carts & kiosks
- No operational support from mall required

HOW IT WORKS FOR YOU

ecoATM is a destination for customers. More ecoATM customers means more foot traffic for you. Even better, the ecoATM will pump cash into the hands of customers who often spend it right away!

TECHNICAL SPECS

- Weight 800 lbs
- Operating Environment: 30° to 120° F (0° to 50° C)
- Power Consumption: 5.0 amps @ 120vac MAX
- · Data Line not required

POWER REQUIREMENTS

- A standard 110-120 VAC receptacle within four (4) feet of the ecoATM machine location
- · A clean power receptacle is preferred
- · Avoid branching off of overloaded circuits
- Avoid circuits utilized by automatic doors, compressors, and children's rides
- · Requires a dedicated 24-hour circuit









LICENSE APPLICATION

for PAWNBROKER SECONDHAND ARTICLE DEALER

SECONDHAND JEWELRY DEALER SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

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

FEES ARE NON-REFUNDABLE Date Recv'd 10/10/15							
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 \$ 95	Receipt #	10431					
Original Application Renewal							

Return application and required fees to: OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET APPLETON, WI 54911

SECTION 1 – APPLICANT INFOR	RMATION								
Applicant Name (Last, First, MI)		ice	Date of Birth			of Birth (City & State)			
Hunter Bjorkman		$M \mid N$	l/A		●. Atlanta		anta, GA		
Street Address	City	St	ate	Zip		Hom	ne Telephone Number		
10121 Barnes Canyon Rd.	San Diego	C	A	9212	21	85	8.766.7244		
SECTION 2 – CONVICTION REC	ORD								
A statu A cour For each "YES" response provide	lemeanor? utory violation punishable by uty or municipal ordinance vio	olation?	YES 🔽 N	10	ıformati	on:			
SECTION 3 – BUSINESS INFORT	MATION								
Business Name	Street Address		City		State	Zip	Telephone Number		
ecoATM, LLC	511 West Calum	et Street	Apple	eton	WI	54915	858.766.7244		
Owner's Name	Street Address		City	***************************************	State	Zip	Telephone Number		
ecoATM, LLC	10121 Barnes Ca	nyon Rd.	San D	Diego	CA	92121	858.766.7244		
Business Manager's name	Street Address		City		State	Zip	Telephone Number		
Hunter Bjorkman	10121 Barnes Car	nyon Rd.	San [Diego	CA	92121	858.766.7244		
Building Owner's Name	Street Address		City		State	Zip	Telephone Number		
The Kroger Corp.	1014 Vine S	treet	Cincinnati OH 45202 5				513 762 4000		



SECTION 4 - PART	TNERSHIP I	NFORM	IATION					100	
Partnership Name	e:			<u>.a.sa.h-155.01</u>		ter transport i filozofia de la composita de l	<u> 1991 - Albert State (1997)</u>		<u>Bernet Hills Hands</u>
List name, address, se	x, race and d	ate of bir	th of all p	artners. A	ttach additional shee	ts, if necessary		Acres services	
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
	to decide the transfer of the			(10.10) (10.10)		America (a) (a) (a) (a) (a) (a)			
	· · · · · · · · · · · · · · · · · · ·								
SECTION 5 – CORE	PORATE IN	FORMA	TION						
			1101.						
Corporation Name ecoATM, LLC	e:						State DE	of Incor	р.
List name, address, se	x, race and da	ate of birt	h of all p	artners. At	tach additional sheet	ts, if necessary			
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip
Maquera, D	avid D.	M		0	10121 Barnes	10121 Barnes Canyon Rd.		CA	92121
Mersten, David R.		М			10121 Barnes Canyon Rd.		San Diego	CA	92121
SECTION 6 – PENA	ALTY NOTIC	Œ							
I understand that this I violation of Wis. Stats.					misrepresentation or	false statements co	ntained in the applic	ation or fo	or any
Under penalty of law, I clerk within ten (10) da						nd correct to the bes	t of my knowledge.	I agree to	inform the
Signature of Applicant:	_		7				Date	4,2	31
FOR OFFICE USE O	NLY								
Dept	Approve	Deny	Ву			Reasc)n		
POLICE									
FIRE									
COM DEVELOPMENT									***
CITY SEALER								h	
Safety and Licensing	Comn	non Coun	cil	Date Is	ssued	Expiration Date	License	Number	•
6,12,19	<u> </u>	19	119	.	J				

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