



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, January 15, 2020

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[20-0079](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 12-11-19.pdf](#)

4. **Public Hearings/Appearances**

5. **Action Items**

[20-0089](#) Request to approve associated Ordinance Language related to Resolution #6-R-19 in the attached Staff Memo.

Attachments: [6-R-19 Massage Establishments.pdf](#)

[S L - Resolution 6-R-19 Update \(Massage Establishments\) 12-06-2019.pdf](#)

[20-0083](#) Operator's Licenses

Attachments: [Operator's Licenses 1-15-2020.pdf](#)

[19-1952](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick N Save #8123, Ken A Voss, New Agent.

Attachments: [Ken A Voss S&L.pdf](#)

[20-0085](#) "Class A" Liquor and Class "A" Beer License Change of Agent application for Walgreens #12019, Ashley Hopkins, New Agent.

Attachments: [Ashley Hopkins S&L.pdf](#)

[20-0084](#) License Application for Taxicab Company, Star Protection and Patrol, DBA Star Transportation, 1222 W South Park Ave, Oshkosh, WI 54902

Attachments: [Star Protection and Patrol.pdf](#)

- [19-1946](#) Secondhand Jewelry License Renewal application for Krieger Jewelers, Jamie Boyce, Applicant, located at 934 W. Northland Ave., contingent upon approval from all departments.
Attachments: [Krieger Jewelers S&L.pdf](#)
- [19-1951](#) Secondhand Article License Renewal application for The Attique Resale, James A Boylan, Applicant, located at 415 N Oneida St, contingent upon approval from all departments.
Attachments: [The Attique Resale S&L.pdf](#)
- [20-0050](#) Secondhand Jewelry License Renewal application for Expert Jewelry Repair, Randy Kester, Applicant, located at 636 W College Ave, contingent upon approval from all departments.
Attachments: [Expert Jewelry Repair S&L.pdf](#)
- [20-0051](#) Temporary "Class B" Wine and Class "B" Beer License application for Global Outreach Catholic Exchange Program, Dorothy Flees, Person in Charge, St. Bernard Catholic Church Hall, February 8, 2020, contingent upon approval from all departments.
Attachments: [Global Outreach Catholic Exchange Scholarship Fundraiser S&L 1-15-2020.pdf](#)
- [20-0090](#) Temporary Class "B" Beer License application for Appleton Fox Cities Kiwanis Antique Car Show & Swap Meet, Jay Stephany, Person in Charge, located at Pierce Park, July 19, 2020, contingent upon approval from all departments.
Attachments: [Appleton Kiwanis Antique Car Show & Swap Meet S&L 1-15-2020.pdf](#)
- [20-0080](#) Temporary Class "B" License applications filed after the agenda was published.

6. Information Items

- [20-0082](#) Director's Report
-City Clerk
 1. Spring Primary Election Candidates
 2. E-Pollbook Update
-Police Chief
 1. Preliminary Crime and Activity Report for 2019
-Fire Chief
- [20-0081](#) 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.



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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, December 11, 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: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

3. Approval of minutes from previous meeting

[19-1860](#)

Approval of minutes from previous meeting

Attachments: [S&L Minutes 11-20-19.pdf](#)

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

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

4. Public Hearings/Appealances

5. Action Items

[19-1905](#)

Request to approve Resolution #9-R-19 and associated Ordinance
Language in the attached Staff Memo

Attachments: [#9-R-19.pdf](#)
[Memo Re #9-R-19.pdf](#)

**Lobner moved, seconded by Meltzer, that the Resolution be recommended for
approval. Roll Call. Motion carried by the following vote:**

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

[19-1906](#)

Request to Approve Update to Section 19-114 of the Municipal Code.

Attachments: [Update to Section 19-114 of the Municipal Code 12.05.19 .pdf](#)

Lobner moved, seconded by Thao, that the Municipal Code Update be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 3 - Lobner, Meltzer and Thao

Nay: 1 - Van Zeeland

Excused: 1 - Williams

Balance of the action items on the agenda.

Meltzer moved, Van Zeeland seconded, to approve the balance of the agenda. The motion carried by the following vote:

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

[19-1829](#)

Class "A" Beer and "Class A" Liquor License application for PNB LLC d/b/a Memorial Liquor, Nawaraj Subedi, Agent, located at 415 S. Memorial Dr, contingent upon approval from all departments.

Attachments: [Liquor License-Memorial Liquor.pdf](#)

This Report Action Item was recommended for approval.

[19-1831](#)

Class "A" Beer and "Class A" Liquor License application for University Rx LLC d/b/a RxLink University Pharmacy, Jude P. Jean-Pierre, Agent, located at 133 E. College Ave, contingent upon approval from all departments.

Attachments: [Liquor License-RxLink University Pharmacy.pdf](#)

This Report Action Item was recommended for approval.

[19-1830](#)

Class "B" Beer and "Class C" Wine License application for Dog Lover Dawn Designs LLC d/b/a Board & Brush Creative Studio, Dawn Smith, Agent, located at 109 N Durkee St, contingent upon approval from all departments.

Attachments: [Liquor License-Board & Brush Creative Studio.pdf](#)

This Report Action Item was recommended for approval.

[19-1841](#)

Class "B" Beer and "Class B" Liquor License application for C&K Catering Corporation d/b/a Sushi Lover, Zhen Zhen Sun, Agent, located at 527-529 W. College Ave, contingent upon approval from all departments.

Attachments: [Liquor License-Sushi Lover.pdf](#)

This Report Action Item was recommended for approval.

[19-1799](#)

"Class B" Liquor - WINE ONLY License application for McFleshman's Brewing Co. LLC d/b/a McFleshman's Brewing Co., Bobby Fleshman, Agent, located at 115 S. State St, contingent upon approval from all departments.

Attachments: [Liquor License -McFleshman's.pdf](#)

This Report Action Item was recommended for approval.

[19-1710](#)

Class "B" Beer and "Class B" Liquor License Transfer of Premise for MJ Author's Kitchen d/b/a Author's Kitchen & Bar, Joshua Sickler, Agent, located at 125 E. College Ave, contingent upon approval from all departments.

Attachments: [Liquor License -Authors Kitchen.pdf](#)

This Report Action Item was recommended for approval.

[19-1859](#)

Operator's Licenses

Attachments: [Operator Licenses for 12-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1800](#)

Secondhand Article License Renewal application for Replay Toys, Chris Freimuth, Applicant, 127 E. Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Replay Toys S&L .pdf](#)

This Report Action Item was recommended for approval.

[19-1824](#)

Secondhand Article License Renewal application for Beatnik Betty's Resale Butik, Monika L Austin, Applicant, 214 E College Ave, contingent upon approval from all departments.

Attachments: [Beatnik Bettys Resale S&L.pdf](#)

This Report Action Item was recommended for approval.

[19-1910](#)

Secondhand Article License Renewal application for T&S Sports, Michael Milloy, Applicant, 611 W Northland Ave, contingent upon approval from all departments.

Attachments: [T&S Sports S&L.pdf](#)

This Report Action Item was recommended for approval.

[19-1825](#)

Secondhand Article License Renewal application for The Exclusive Company, J A Giombetti, Applicant, 770 W Northland Ave, contingent upon approval from all departments.

Attachments: [The Exclusive Co.pdf](#)

This Report Action Item was recommended for approval.

[19-1903](#)

Secondhand Article License Renewal application for Tiffani's Bridal, Tiffani Ebben, Applicant, located at 1314 W College Ave #6, contingent upon approval from all departments.

Attachments: [Tiffanis Bridal S&L.pdf](#)

This Report Action Item was recommended for approval.

[19-1814](#)

Secondhand Jewelry License Renewal application for Kay Jewelers #4739, Megan Stepniewski, Applicant, 3845 E Calumet St, contingent upon approval from all departments.

Attachments: [Kay Jewelers #4739 S&L.pdf](#)

This Report Action Item was recommended for approval.

[19-1801](#)

Cigarette and Tobacco Products Retail License application for Medley Taverns LLC d/b/a Fox River House, 211 S. Walnut St, contingent upon approval from all departments.

Attachments: [Medley Taverns LLC - Fox River House S&L 12-11-19.pdf](#)

This Report Action Item was recommended for approval.

[19-1897](#)

Temporary Class "B" Beer and "Class B" Wine License application for St. Thomas More Congregation, Curt J. Simon, Person in Charge, St Thomas More Fish Fry events, 1810 N McDonald St, February 28, 2020, March 13 & 27, 2020 and April 3, 2020, contingent upon approval from all departments.

Attachments: [St Thomas More Congregation-Fish Fries S&L 12-11-19.pdf](#)

This Report Action Item was recommended for approval.

- [19-1896](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Thomas More Congregation, Curt J. Simon, Person in Charge, 1810 N McDonald St, February 14, 2020, contingent upon approval from all departments.

Attachments: [St Thomas More Congregation-Casino Night S&L 12-11-19.pdf](#)

This Report Action Item was recommended for approval.

- [19-1899](#) Temporary Class "B" License applications filed after the agenda was published.

There were no applications filed.

6. Information Items

- [19-1834](#) Update on the Regulations of Massage Establishments

Attachments: [S L - Resolution 6-R-19 Update \(Massage Establishments\) 12-06-2019.pdf](#)

- [19-1887](#)

Director's Report

1. City Clerk
 - Spring Election Candidate Updates
 - Deputy City Clerk Update
2. Fire Chief
 - Apparatus Purchase
 - Upcoming Retirements
3. Police Chief
 - Staffing Update
 - Neighborhood Night Out Recognition

- [19-1902](#) Police Department information on liquor law violation convictions.

7. Adjournment

Van Zeeland moved, seconded by Meltzer, that the meeting be adjourned at 5:44 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Meltzer, Thao and Van Zeeland

Excused: 1 - Williams

Resolution #6-R-19
Massage Establishments

Submitted by: Alderperson Coenen, District 11

Date: June 19, 2019

Referred To: Safety & Licensing Committee

Whereas, the City of Appleton welcomes massage businesses that employ licensed therapists through the State of Wisconsin, and

Whereas, the majority of these businesses provide healthy legitimate services, some do not and instead foster health and safety risks; and

Whereas, the State of Wisconsin allows municipalities to create ordinances that apply specifically to massage establishments; and

Therefore, Be It Resolved, the City of Appleton explore creating an ordinance requiring massage business establishments to be licensed by the city with a free/low fee. The ordinance should allow city employees to enter the business anytime during business hours.



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

LEGAL SERVICES DEPARTMENT

Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

TO: Safety and Licensing Committee

CC: Ald. Coenen

FROM: Darrin Glad, Assistant City Attorney

DATE: December 9, 2019

RE: Resolution #6-R-19 Update

I. History of Resolution #6-R-19

Resolution #6-R-19 was submitted by Ald. Coenen requesting that the City of Appleton explore creating an ordinance requiring massage business establishments to be licensed by the City with a free/low fee license and allow City employees to enter the business anytime during business hours to perform inspections. This Resolution was passed by Common Council on September 4, 2019.

II. Steps Taken

Prior to the Resolution being passed by Council, Lt. Miller and Assistant City Attorney Glad met several times to discuss ways in which the City could effectively address repeated law enforcement issues that were consistently occurring in unlicensed massage business establishments.

After passage of the Resolution, Assistant City Attorney Glad reached out to several municipalities that regulate massage establishments to obtain information regarding enforcement of their particular regulations. Two municipal attorneys relayed that their larger-sized municipalities do not take enforcement action against the unlicensed massage business establishments despite their respective municipal codes requiring local licensing. A third municipality did not respond to the inquiry.

Assistant City Attorney Glad continued discussions with various staff at APD including Chief Thomas, Lt. Miller, Lt. Lewis, and Sgt. Ryan. Discussions centered on continued issues with massage business establishments, this resolution, and the pending State legislation related to massage and bodywork therapy. Simultaneous with City discussions, there was legislation pending at the State level addressing similar concerns. Throughout these discussions with City staff there was a consensus that if the State legislation were to pass, then the need for local regulation by licensing the massage business establishments seemed less critical and/or unnecessary. Staff closely monitored the legislation and on November 21, 2019, Governor Evers signed into law 2019 Act 41 which both criminalizes any violation of Chapter 460 of the

Wisconsin State Statutes, which regulates massage and bodywork therapy, and allows municipalities to enact ordinances prohibiting an individual from violating the State licensing requirements. A copy of Chapter 460 as modified by 2019 Act 41 is attached.

With the passage of this law, staff believes that the time is right to create an ordinance under this newly-adopted state statute as well as continue to monitor the effectiveness of enforcement actions taken under the new ordinance and current laws, including the laws available under our nuisance abatement. Staff will also continue to explore creating an ordinance requiring massage business establishments to be licensed by the City in the event that the new State legislation does not empower the City with enough enforcement action to be effective.

III. Proposed Language

The recommended modifications to Appleton's Municipal Code are to create a new section under Chapter 10, Miscellaneous Offenses that would read as follows:

Sec. 10-50. Massage Therapy and Bodywork Therapy

- (a) For purposes of this section, the definitions set forth in W.S.A. § 460.01 are hereby adopted and incorporated as part of this section.
- (b) No person may violate the prohibitions under W.S.A. § 460.02 unless the person is licensed as required under W.S.A. Chapter 460 as required under W.S.A. § 460.02.
- (c) No person may employ or contract for the services of an individual to provide massage therapy or bodywork therapy who is required to be licensed under W.S.A. § 460.02 unless the individual is licensed under W.S.A. Chapter 460.
- (d) **Penalties.** Any person who shall violate any provision of this section may be subject to a forfeiture of no more than one hundred dollars (\$100) for the first offense and no more than two hundred fifty dollars (\$250) for the second and subsequent offenses. Each day that a violation occurs shall be considered a separate offense.

IV. Effects of Changes Set Forth Above

Staff from the Legal Services Department and the Police Department recommend adopting the language set forth above for several reasons. First, the new state law criminalizes violations of Chapter 460 and any rule promulgated under that Chapter. This will allow law enforcement to enter into business establishments in order to ensure compliance with the entirety of that Chapter. Also by criminalizing this Chapter, law enforcement is now empowered with other investigatory tools and will have the ability to investigate law violations much easier than before. Prior to the new State legislation, regulation through a local licensing system was viewed as a promising way to regulate this area; however, the new State legislation diminishes the need to create a local licensing structure because the new laws remove previous barriers to regulate this area. Additionally, as referenced earlier, repeat violations could result in nuisance abatement actions which will add to the enforcement options available.

Finally, it is the intent of City staff to continue to monitor the effectiveness of the new State law and the new ordinance, if passed. If these new measures prove to fall short, then staff will explore creating an ordinance to regulate massage business establishments through a low fee license.

V. Conclusion

Staff recommends approving the proposed ordinance language set forth within this memo.

Thank you for your consideration. As always, if you have any questions please do not hesitate to contact Assistant City Attorney Glad.

City Law A19-0939

CHAPTER 460

MASSAGE THERAPY AND BODYWORK THERAPY

460.01 Definitions.
 460.02 License required.
 460.03 Applicability.
 460.04 Duties of affiliated credentialing board.
 460.05 Licensure of massage therapists and bodywork therapists.
 460.06 Examinations.
 460.07 Display of certificate; expiration and renewal.
 460.08 Temporary license.
 460.09 Reciprocal license.
 460.095 Massage therapy and bodywork therapy school, training program, and

instructor requirements.
 460.10 Continuing education.
 460.11 Practice requirements.
 460.12 Duty to make reports.
 460.13 Advertising.
 460.14 Disciplinary proceedings and actions.
 460.145 Employment of unlicensed persons.
 460.15 Penalty.
 460.17 Local regulation.

Cross-reference: See also chs. [MTBT 1](#), [2](#), [3](#), [4](#), and [5](#), Wis. adm. code.

460.01 Definitions. In this chapter:

(1g) “Adjunctive therapy” means any of the following:

- (a) The use of a device that simulates or enhances a manual action.
- (b) The application of water, lubricants, or other non-prescription topical agents to the skin.
- (c) The application of heat or cold to the skin in the absence of an electromagnetic device.

(1r) “Affiliated credentialing board” means the massage therapy and bodywork therapy affiliated credentialing board.

(2m) “License holder” means a person granted a license under this chapter.

(3) “Manual action” includes holding, positioning, rocking, kneading, compressing, decompressing, gliding, or percussing the soft tissue of the human body or applying a passive range of motion to the human body without joint mobilization or manipulation.

(4) “Massage therapy” or “bodywork therapy” means the science and healing art that uses manual actions and adjunctive therapies to palpate and manipulate the soft tissue of the human body in order to improve circulation, reduce tension, relieve soft tissue pain, or increase flexibility. “Massage therapy” or “bodywork therapy” includes determining whether manual actions and adjunctive therapies are appropriate or contraindicated, or whether a referral to another health care practitioner is appropriate. “Massage therapy” or “bodywork therapy” does not include making a medical, physical therapy, or chiropractic diagnosis.

(6) “Sexual contact” has the meaning given in s. [939.22 \(34\)](#).

(7) “Sexual intercourse” has the meaning given in s. [948.01 \(7\) \(a\)](#).

History: 2001 a. 74; 2009 a. 12, 355; 2017 a. 364.

460.02 License required. Except as provided in s. [460.03](#), no person may provide massage therapy or bodywork therapy, designate himself or herself as a massage therapist or bodywork therapist or masseur or masseuse, or use or assume the title “massage therapist and bodywork therapist” or “massage therapist” or “bodywork therapist” or “masseur” or “masseuse” or any title that includes “massage therapist,” “bodywork therapist,” or “bodyworker,” or append to the person’s name the letters “M.T.,” “R.M.T.,” “L.M.T.,” “C.M.T.,” “B.T.,” “B.W.,” “L.B.W.,” “R.B.W.,” or “C.B.W.,” or use any other title or designation that represents or may tend to represent that he or she is licensed under this chapter, unless the person is licensed under this chapter.

History: 2001 a. 74; 2009 a. 355.

460.03 Applicability. A license under this chapter is not required for any of the following:

(1) A person holding a license, permit, registration, or certification granted by this state or the federal government who engages in a practice of massage therapy or bodywork therapy within the scope of his or her license, permit, registration, or certification and who does not imply that he or she is licensed under this chapter. A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(2) A person who is authorized to practice massage therapy or bodywork therapy in another state or country and is providing a consultation to or demonstration with a license holder. A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(2m) (a) A person who does any of the following and who satisfies the requirements of par. (b):

- 1. Uses touch, words, and directed movement to deepen a client’s awareness of his or her existing patterns of movement and to suggest to the client new patterns of movement.
- 2. Uses touch to affect the energy systems of the human body.
- 3. Uses touch and education to effect change in the structure of the body while engaged in the practice of structural integration.

(b) The person is recognized by or meets the established standards of either a professional organization or credentialing association that recognizes a person in a practice after that person demonstrates an adequate level of training and competency and adherence to ethical standards.

(c) A person who is exempt from licensure under this subsection may use the terms “bodywork,” “bodyworker,” and “bodywork therapy” to identify his or her practice.

(3) A person who manipulates only the soft tissues of the hands, feet, or ears of the human body, provided that the services are not represented or implied to be massage therapy or bodywork therapy.

History: 2001 a. 74; 2009 a. 355; 2011 a. 260 s. 80.

Cross-reference: See also chs. [MTBT 1](#), [2](#), [3](#), [4](#), and [5](#) Wis. adm. code.

460.04 Duties of affiliated credentialing board.

(1m) The affiliated credentialing board shall prepare an examination on state laws and administrative rules governing massage therapy and bodywork therapy.

(2) The affiliated credentialing board shall promulgate rules that establish all of the following:

(a) Standards that govern the professional conduct of license holders in practicing massage therapy or bodywork therapy. The standards shall prohibit a license holder from having sexual contact or sexual intercourse with a client.

(b) Criteria for approving a training program for purposes of s. [460.05 \(1\) \(e\)](#) 1. Rules promulgated under this paragraph shall

require the training program to meet the requirements under s. 460.095 and to consist of at least 600 classroom hours.

(c) Requirements and procedures for obtaining the informed consent of a client under s. 460.11 (1) and for making a report required under s. 460.12 (1).

(d) A definition of “sexually oriented business” for purposes of s. 460.11 (3).

(e) A requirement that an applicant for a license under this chapter submit evidence satisfactory to the affiliated credentialing board that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

(f) Requirements to be satisfied by a person seeking a temporary license under s. 460.08. The rules promulgated under this subsection shall require the person to be a graduate of a massage therapy or bodywork therapy school or program and may require the holder of a temporary license to make disclosures to clients and to practice under the supervision of a massage therapist or bodywork therapist licensed under this chapter.

(g) A requirement that an applicant for a license under this chapter pass an examination on state laws and administrative rules governing massage therapy and bodywork therapy.

History: 2001 a. 74; 2007 a. 104; 2009 a. 355.

Cross-reference: See also chs. MTBT 1, 2, 3, 4, and 5, Wis. adm. code.

460.05 Licensure of massage therapists and bodywork therapists. (1) The affiliated credentialing board shall grant a license as a massage therapist or bodywork therapist to a person who satisfies all of the following:

(a) The person is 18 years of age or older.

(b) The person has graduated from high school or attained high school graduation equivalency as determined by the department of public instruction under s. 115.29 (4).

(c) The person submits an application for the license to the affiliated credentialing board on a form provided by the affiliated credentialing board.

(d) The person pays the fee specified in s. 440.05 (1).

(e) Except as provided in sub. (2), the person submits evidence satisfactory to the affiliated credentialing board that he or she has done all of the following:

1. Graduated from a school of massage therapy or bodywork therapy approved by the department under s. 440.52 that meets the requirements under s. 460.095 or completed a training program approved by the affiliated credentialing board under the rules promulgated under s. 460.04 (2) (b).

2. Completed at least 6 classroom hours in the laws of this state and rules of the affiliated credentialing board relating to the practice of massage therapy or bodywork therapy in a course of instruction approved by the affiliated credentialing board.

(f) The person passes the examinations under s. 460.06.

(g) The person submits evidence satisfactory to the affiliated credentialing board that he or she has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

(h) The person has not been convicted of any of the following:

1. An offense under s. 940.22, 940.225, 944.15, 944.17, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.081, 948.085, 948.09, 948.095, or 948.10.

2. An offense under federal law or a law of any other state that is comparable to an offense under subd. 1.

(i) The person submits evidence satisfactory to the department that he or she has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

(2) The affiliated credentialing board may waive a requirement specified in sub. (1) (e) if a person establishes, to the satisfac-

tion of the affiliated credentialing board, that he or she has education, training, or other experience that is substantially equivalent to the requirement.

(4) The affiliated credentialing board may assign a unique license number to each person licensed under this chapter.

History: 2001 a. 74; 2005 a. 22, 25, 254, 277; 2007 a. 104; 2009 a. 355 ss. 21, 28 to 34; 2013 a. 362; 2017 a. 59, 128.

460.06 Examinations. The affiliated credentialing board may not grant a license under this chapter unless the applicant achieves a passing grade on the following examinations:

(1) A nationally administered, entry-level competency examination for therapeutic massage and bodywork therapy that meets generally accepted psychometric principles and standards or a substantially equivalent examination approved by the affiliated credentialing board.

(2) The examination on state laws and administrative rules governing massage therapy and bodywork therapy required under s. 460.04 (2) (g).

History: 2001 a. 74 s. 16; 2009 a. 355; 2013 a. 168 s. 21.

460.07 Display of certificate; expiration and renewal.

(1) Each person who is licensed under this chapter shall conspicuously display the license in the place of business where he or she practices massage therapy or bodywork therapy so that the license can easily be seen and read.

(2) Renewal applications shall be submitted to the department on a form provided by the department on or before the applicable renewal date specified under s. 440.08 (2) (a) and shall include all of the following:

(a) The renewal fee determined by the department under s. 440.03 (9) (a).

(b) If applicable, proof of completion of continuing education under s. 460.10.

(c) Evidence satisfactory to the affiliated credentialing board that the applicant has in effect malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

(d) Evidence satisfactory to the affiliated credentialing board that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.

History: 2001 a. 74; 2007 a. 20, 104; 2009 a. 355.

460.08 Temporary license. The affiliated credentialing board may grant a temporary license for a period not to exceed 6 months to an applicant who satisfies the requirements established in the rules under s. 460.04 (2) (f). A temporary license may not be renewed.

History: 2009 a. 355.

460.09 Reciprocal license. Upon application and payment of the fee specified in s. 440.05 (2), the affiliated credentialing board shall grant a massage therapist or bodywork therapist license to a person who holds a similar license in another state or territory of the United States or another country if the affiliated credentialing board determines that the requirements for receiving the license in the other state, territory, or country are substantially equivalent to the requirements under s. 460.05.

History: 2001 a. 74; 2009 a. 355.

460.095 Massage therapy and bodywork therapy school, training program, and instructor requirements. Each massage therapy or bodywork therapy school located in this state and each massage therapy or bodywork therapy training program offered in this state shall do all of the following:

(1) Provide and require as a prerequisite to graduation completion of a course of instruction on state laws and regulations applicable to massage therapy and bodywork therapy.

(2) Administer, score, and require as a prerequisite to graduation, the examination required under s. 460.06 (2).

(3) Ensure that each instructor hired by the school or training program on or after December 1, 2010, to teach courses in anatomy, physiology, kinesiology, and pathology has at least one of the following:

(a) Professional training and 2 years of experience in a health-related field.

(b) Two years of post-secondary education and training.

(4) Ensure that each instructor hired by the school or training program on or after December 1, 2010, to teach courses in theory and the practice of massage therapy or bodywork therapy is licensed under this chapter and has at least one of the following:

(a) Two years experience as a practicing professional.

(b) Formal education and training as a massage therapy or bodywork therapy instructor.

History: 2009 a. 355.

460.10 Continuing education. (1) The affiliated credentialing board may promulgate rules establishing all of the following:

(a) Requirements and procedures for a license holder to complete continuing education programs or courses of study to qualify for renewal of his or her license. The rules promulgated under this paragraph may not require a license holder to complete more than 24 hours of continuing education programs or courses of study in order to qualify for renewal of his or her license.

(b) Qualifications applicable to providers of continuing education programs and courses required under par. (a).

(2) The affiliated credentialing board may waive all or part of any requirement established in rules promulgated under sub. (1) (a) if it determines that prolonged illness, disability, or other exceptional circumstances have prevented a license holder from completing the requirement.

History: 2001 a. 74; 2009 a. 355; 2011 a. 260.

460.11 Practice requirements. (1) A license holder may not practice massage therapy or bodywork therapy on a client unless the license holder first obtains the informed consent of the client and has informed the client that he or she may withdraw the consent at any time.

(2) A license holder shall keep confidential any information that a client in confidence gives to the license holder and any other information that the license holder obtains about a client in the course of practicing massage therapy or bodywork therapy that a reasonable person in the client's position would want kept confidential, unless the information is otherwise required by law to be disclosed or the client specifically authorizes the disclosure of the information.

(3) A license holder may not, whether for compensation or not, practice massage therapy or bodywork therapy for a sexually oriented business, as defined by the affiliated credentialing board by rule.

History: 2001 a. 74; 2009 a. 355.

460.12 Duty to make reports. (1) A license holder shall submit a report to the affiliated credentialing board if he or she has reasonable cause to believe that another license holder has committed a crime relating to prostitution under ss. 944.30 to 944.34 or has had sexual contact or sexual intercourse with a client. If the report relates to sexual contact or sexual intercourse with a client, the report may not identify the client unless the client has provided written consent for disclosure of this information.

(2) The affiliated credentialing board may use a report made under sub. (1) as the basis for an investigation under s. 460.14 (1). If, after an investigation, the affiliated credentialing board has reasonable cause to believe that a license holder has committed a crime, the affiliated credentialing board shall report the belief to

the district attorney for the county in which the crime, in the opinion of the affiliated credentialing board, occurred.

(3) If, after an investigation, the affiliated credentialing board determines that a report submitted under sub. (1) is without merit, the affiliated credentialing board shall remove the report from the record of the license holder who is the subject of the report.

(4) All reports and records made from reports under sub. (1) and maintained by the affiliated credentialing board, the department, district attorneys, and other persons, officials, and institutions shall be confidential and are exempt from disclosure under s. 19.35 (1). Information regarding the identity of a client with whom a license holder is suspected of having sexual contact or sexual intercourse shall not be disclosed by persons who have received or have access to a report or record unless disclosure is consented to in writing by the client. The report of information under sub. (1) and the disclosure of a report or record under this subsection does not violate any person's responsibility for maintaining the confidentiality of patient health care records, as defined in s. 146.81 (4) and as required under s. 146.82. Reports and records may be disclosed only to the affiliated credentialing board, the department, and the appropriate staff of a district attorney or a law enforcement agency within this state for purposes of investigation or prosecution.

(5) (a) In this subsection, "violation" means a violation of any state or local law that is punishable by a forfeiture.

(b) A license holder shall submit a written report to the affiliated credentialing board if he or she is convicted of a felony or misdemeanor, or is found to have committed a violation, in this state or elsewhere, and if the circumstances of the felony, misdemeanor, or violation substantially relate to the practice of massage therapy or bodywork therapy. The report shall identify the date, place, and nature of the conviction or finding and shall be submitted within 30 days after the entry of the judgment of conviction or the judgment finding that he or she committed the violation. If the report is submitted by mail, the report is considered to be submitted on the date that it is mailed.

History: 2001 a. 74; 2009 a. 355.

460.13 Advertising. Except as provided in s. 460.03 (1) and (2), a license holder may not advertise that he or she practices massage therapy or bodywork therapy unless the advertisement includes a statement that the license holder is a "licensed massage therapist and bodywork therapist" or "licensed massage therapist" or "licensed bodywork therapist."

History: 2001 a. 74; 2009 a. 355; 2011 a. 260 s. 80.

460.14 Disciplinary proceedings and actions. (1) Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board may make investigations and conduct hearings to determine whether a violation of this chapter or any rule promulgated under this chapter has occurred.

(2) Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board may reprimand a license holder or deny, limit, suspend, or revoke a license under this chapter if it finds that the applicant or license holder has done any of the following:

(a) Made a material misstatement in an application for a license or for renewal of a license.

(b) Subject to ss. 111.321, 111.322, and 111.335, been convicted of an offense the circumstances of which substantially relate to the practice of massage therapy or bodywork therapy.

(c) Advertised in a manner that is false, deceptive, or misleading.

(d) Advertised, practiced, or attempted to practice under another's name.

(e) Subject to ss. 111.321, 111.322, and 111.34, practiced massage therapy or bodywork therapy while his or her ability to practice was impaired by alcohol or other drugs.

(f) Intentionally made a false statement in a report submitted under s. 460.12 (1).

(g) Engaged in unprofessional conduct in violation of the standards established in rules promulgated under s. 460.04 (2) (a).

(h) Engaged in conduct while practicing massage therapy or bodywork therapy that jeopardizes the health, safety, or welfare of a client or that evidences a lack of knowledge of, inability to apply, or the negligent application of, principles or skills of massage therapy or bodywork therapy.

(j) Violated this chapter or any rule promulgated under this chapter.

(2m) Subject to the rules promulgated under s. 440.03 (1), the affiliated credentialing board shall revoke a license under this chapter if the license holder is convicted of any of the following:

(a) An offense under s. 940.22, 940.225, 944.15, 944.17, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.081, 948.085, 948.09, 948.095, or 948.10.

(b) An offense under federal law or a law of any other state that is comparable to an offense under par. (a).

(3) The affiliated credentialing board may restore a license that has been suspended or revoked on such terms and conditions as the affiliated credentialing board may deem appropriate.

(4) The affiliated credentialing board may, in addition to or in lieu of a reprimand or revocation, limitation, suspension, or denial of a license, assess against a person who has done anything specified under sub. (2) (a) to (j) a forfeiture of not more than \$1,000 for each separate offense. Each day of continued violation constitutes a separate offense.

History: 2001 a. 74; 2005 a. 277; 2009 a. 355; 2013 a. 362; 2017 a. 128; 2019 a. 41.

460.145 Employment of unlicensed persons. No person may employ or contract for the services of an individual to provide massage therapy or bodywork therapy who is required to be

licensed under s. 460.02 unless the individual is licensed under this chapter.

History: 2019 a. 41.

460.15 Penalty. Any person who violates this chapter or any rule promulgated under this chapter may be fined not more than \$1,000 for each violation or imprisoned for not more than 90 days, or both.

History: 2001 a. 74; 2009 a. 355; 2019 a. 41.

460.17 Local regulation. **(1)** A city, village, town, or county may not enact an ordinance that regulates the practice of massage therapy or bodywork therapy by a person who is licensed by the affiliated credentialing board under this chapter. No provision of any ordinance enacted by a city, village, town, or county that is in effect before February 1, 1999, and that relates to the practice of massage therapy or bodywork therapy, may be enforced against a person who is licensed by the affiliated credentialing board under this chapter.

(2) (a) 1. A city, village, or town may enact and enforce an ordinance that prohibits an individual from violating the prohibitions under s. 460.02 unless the individual is licensed under this chapter as required under s. 460.02.

2. A city, village, or town may enact and enforce an ordinance that prohibits a person from employing or contracting for the services of an individual to provide massage therapy or bodywork therapy who is required to be licensed under s. 460.02 unless the individual is licensed under this chapter.

(b) Law enforcement personnel of a city, village, or town may issue citations for violations of a local ordinance described in par. (a), and the city, village, or town may impose forfeitures, not to exceed the amount specified in s. 460.14 (4), for violations of such an ordinance.

History: 2001 a. 74 s. 19; 2009 a. 355; 2019 a. 41.

Melissa Anderson	829 Michael Ritger St, Hortonville
Abigail Arnholt	W67N994 Cambridge Ave Cedarburg
Jamie Bartels	W2778 Brookhaven Dr
Tikkeryae Bess	2696 Trojan Dr Green Bay
KC Bishnu	3045 Winnipeg Ct Menasha
Kyle Bloedow	142 N Main St Kimberly
Samuel Bourgeois	400 N Division St
Timothy Ceman	1603 N Division St
Crystal De Los Santos	608 N Clark St
Melainie Eickhoff	W8523 Whitetail Tr Hortonville
Amanda Evans	736 Manitowoc St Menasha
Tyler Gibson	901 E Frances St
Matthew Goetz	717 Appleton St Menasha
Shannon Hubley	509 W Johnston St Apt 207
Monica Juarez Hernandez	2932 W Glenpark Dr
Madisen Kamin	1021 Lucerne Dr Menasha
Calvin LaGrow	2885 Glen Creek Pl Apt 1
Caleb Larson	1427 Stairview Dr
Magen Lindberg	1005 East St Apt206
Eric Mattes	1604 N Erb St
Rebecca Matonich	N1638 Topaz Ct Greenville
Zachery Metnik	725 W 4 th St Kimberly
Alaxandria Micke	1537 N Birchwood Ave
Charlotte Morse	4553 W Parkway Blvd
Oasis Pacheco	420 E Winnebago St Apt 7
Samantha Schroeder	927 ½ W Franklin St
Dawn Schuh	1600 N Leona St
Zackary Slick	712 N Clark St
Peter Smaby	11 Bellaire Ct
Mayra Tamayo Bustamante	994 Elru Dr Menasha
Mary Thomas	2509 S Matthias St
Robert Thomas	2509 S Matthias St
Cecilia Valentin	520 Schindler Pl Menasha

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

Submit to municipal clerk.

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

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

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

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

located at 2700 N BALLARD RD APPLETON, WI 54911

appoints KEN VOSS
(Name of Appointed Agent)
2936 Blue Moon Dr Green Bay WI 54311
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 60 years

Place of residence last year 2936 Blue Moon Dr Green Bay WI 54311

For: ULTIMATE MART, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Ann Pedder Landry VP
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, KEN VOSS, 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.

Ken Voss Nov 4, 2019 Agent's age 60
(Signature of Agent) (Date)
2936 Blue Moon Dr Green Bay WI 54311 Date of birth 01/01/00
(Home Address of Agent)

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

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

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
VOSS		KEN		August	
Home Address (street/route)		Post Office		City	State Zip Code
2936 Blue Moon Dr				Green Bay	WI 54311
Home Phone Number		Age	Date of Birth		Place of Birth
[REDACTED]		[REDACTED]	[REDACTED]		Green Bay WI.

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

- ☐ Applying for an alcohol beverage license as an **Individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **AGENT** of **ULTIMATE MART, LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 10 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
ROUNDYS SUPERMARKETS	875 E WISCONSIN AVE MKE WI	2/2009	Present
Super Value Club	Green Bay WI	2/19	2/2009

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.

X [Signature]
(Signature of Named Individual)

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by 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: ☐ Town ☐ Village of Appleton County of Outagamie
☒ City

The undersigned duly authorized officer(s)/members/managers of Walgreen Co.
(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

Walgreens #12019

(trade name)

located at 2803 N Meade St Appleton, WI 54911

appoints Ashley Hopkins

(name of appointed agent)

837 5th Street 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 license for any other location in Wisconsin?

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

Walgreens Appleton, WI

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? years

Place of residence last year Menasha, WI

For: Walgreen Co.

(name of corporation/organization/limited liability company)

By: Todd Heckman

Todd Heckman, Vice President

(signature of Officer/Member/Manager)

And: Ashley Hopkins

(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Ashley Hopkins, 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.

Ashley Hopkins

(signature of agent)

11-25-19

(date)

Agent's age

837 5th Street Menasha, WI

(home address of agent)

Date of birth

54952

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

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

Approved on by Title
(date) (signature of proper local official) (town chair, village president, police chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
HOPKINS		ASHLEY			
Home Address (street/route)		Post Office		City	State Zip Code
837 5TH STREET				MENASHA	WI 54952
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ **MANAGER** of **WALGREEN CO. DBA WALGREENS #12019**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 20 years - my whole life
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name Alta Resources	Employer's Address 120 N Commercial St WI	Employed From July 2013	To April 2014
Employer's Name N/A	Employer's Address N/A	Employed From N/A	To N/A

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.

Cassidy Hopkins
(Signature of Named Individual)

Document Summary: Zachary Taft.pdf

Number of Pages:

1



FEES ARE NON-REFUNDABLE Date Recv'd 1/10/19
License fee EACH Vehicle \$30.00 Acct. 11030.4320
Investigation fee \$ 0 \$ 7.00 Acct. 100.2359
Total fee paid \$ 0 Receipt _____

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

☒ Original Application
☐ Renewal – License # _____

(Licensed in Oshkosh)

SECTION 1 – APPLICANT INFORMATION

Name of Company STAR PROTECTION AND PATROL DBA STAR TRANSPORTATION		Business Phone 920-527-0510	
Business Street Address 1222 W SOUTH PARK AVE		City OSHKOSH	State WI
Zip 54902			
Owner's Name ZACHARY TAFT	Date of Birth ●●●●●●	<input checked="" type="checkbox"/> Individual	
Owner's Name (920 461 5862)	Date of Birth ●●●●●●	<input type="checkbox"/> Partnership	
Owner's Driver License Number ●●●●●●●●	Owner's Driver License Number ●●●●●●●●	<input type="checkbox"/> Corporation	

SECTION 2 – VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
414	8	DODGE G/MC	PF7006
418	5	FORD EXPLORER	AHB 4742

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what municipality? OSHKOSH
Has the company ever been denied a license by any municipality?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:
Have any of the owners ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:

Describe the basic operations of the company:

TAXI CAB AND TRANSPORT OPERATIONS.

If the business is located in the City limits, Municipal Code requires that off-street parking is provided for. If applicable, what provisions have been made for off street parking?

N/A

SECTION 4 – INSURANCE NOTICE

Insurance Coverage: GENERAL LIABILITY / WORK COMP /COMMERCIAL AUTO

Insurance Carrier: SEE ATTACHED

Insurance Agent Name and Phone Number: SEE ATTACHED

Policy Number: SEE ATTACHED

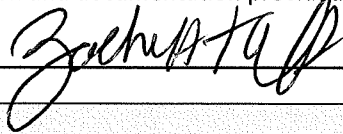
Policy Period: SEE ATTACHED

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 mv 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



FOR OFFICE USE ONLY

COI on file? YES NO

Sealer	Approve	Deny	By	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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agy 3673 Westcenter Drive Houston TX 77042	CONTACT NAME: Certificate Department	
	PHONE (A/C, No, Ext): (713) 521-9251	FAX (A/C, No): (713) 521-0125
INSURED Star Protection and Patrol, LLC 1222 W. South Park Ave. Oshkosh WI 54902	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Crum & Forster Specialty Insurance Co.	NAIC # 44520
	INSURER B: Artisan and Truckers Casualty Co.	
	INSURER C: Crum & Forster Specialty Insurance Co.	031348
	INSURER D: Middlesex Insurance Company	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLO-583795	6/14/2019	6/14/2020	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000	
B	AUTOMOBILE LIABILITY			07501077-1	4/10/2019	4/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR		SEO-104906	6/25/2019	6/14/2020	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE \$ 2,000,000	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A0121216002	5/29/2019	05/29/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' compensation coverage provided by Middlesex Insurance Company applies to Wisconsin operations and employees only. The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Excess to follow form of underlying General Liability policy as per policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

brian.margan@appleton.org City of Appleton 100 North Appleton Street Appleton, WI 54911	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE R.L. Ring, Jr./LY07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization you have agreed in a written contract to add as an additional insured on your policy provided the written contract is executed prior to the "bodily injury", "property damage" or "personal and advertising injury"	Locations and operations covered under this policy when required by written contract executed prior to the "bodily injury", "property damage" or "personal and advertising injury"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Recv'd 12/31/19

<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82-</u>		Receipt # <u>223-0003</u>

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input checked="" type="checkbox"/> Renewal	Acct Code: CLLSJR

Please allow 4 weeks for processing

Instructions: Individual license – Complete Sections 1, 2, 3 and 6
Partnership license – Complete Sections 1, 2, 3, 4, and 6
Corporate license – Complete Sections 1, 2, 3, 5, and 6

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

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Boyce, Jamie</u>	Sex <u>M</u>	Race <u>White</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>[REDACTED]</u>
Street Address <u>421W. Prospect</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Home Telephone Number <u>[REDACTED]</u>

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 ☒ NO

Within the last ten (10) years of:

A misdemeanor?

☐ YES ☒ NO

A statutory violation punishable by forfeiture?

☐ YES ☒ NO

A county or municipal ordinance violation?

☐ YES ☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

SECTION 3 – BUSINESS INFORMATION

<u>Kreger Jewelers</u>					
Business Name <u>J Boyce Inc.</u>	Street Address <u>934 W. Northland</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>920-730-9633</u>
Owner's Name <u>Jamie Boyce</u>	Street Address <u>934 W. Northland</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>920-730-9633</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

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

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

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

State of Incorp.

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

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

SECTION 6 – PENALTY NOTICE

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

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

Signature of Applicant:

Date

12/30/19

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
1/15/20	1/22/20	___/___/___	___/___/___	



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Recv'd 12/22/19

<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 <u>\$75.00</u>	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 / \$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	<u>82.00</u> \$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82.00</u>		Receipt # <u>203-0005</u>

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input checked="" type="checkbox"/> Renewal	Acct Code: CLLSJR

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) <u>BOYLAN JAMES A</u>		Sex <u>M</u>	Race <u>W</u>	Date of Birth <u>00/00/00</u>	Place of Birth (City & State) <u>000000</u>
Street Address <u>415 N ONEIDA ST</u>	City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	Home Telephone Number <u>000-000-0000</u>	

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 ☒ NO

Within the last ten (10) years of:

A misdemeanor?

☐ YES ☒ NO

A statutory violation punishable by forfeiture?

☐ YES ☒ NO

A county or municipal ordinance violation?

☐ YES ☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

SECTION 3 – BUSINESS INFORMATION

Business Name <u>THE ATTICUE RESALE</u>	Street Address <u>415 N ONEIDA ST</u>	City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>920-734-5000</u>
Owner's Name	Street Address	City	State	Zip	Telephone Number
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

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

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

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

State of Incorp.

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

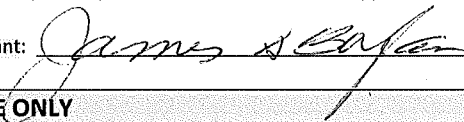
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 6 – PENALTY NOTICE

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

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

Signature of Applicant:

Date 12/22/19**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>1/15/20</u>	<u>1/22/20</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Recv'd 1/9/2020

<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>82</u>		Receipt # <u>296-0002</u>

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input checked="" type="checkbox"/> Renewal	Acct Code: CLLSJR

Please allow 4 weeks for processing

Instructions: Individual license – Complete Sections 1, 2, 3 and 6
Partnership license – Complete Sections 1, 2, 3, 4, and 6
Corporate license – Complete Sections 1, 2, 3, 5, and 6

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

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Kester, Randy L</u>	Sex <u>M</u>	Race <u>C</u>	Date of Birth <u>● ● ●</u>	Place of Birth (City & State) <u>Des Moines</u>
Street Address <u>636 W. College Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Home Telephone Number <u>● ● ● ● ● ●</u>

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 ☒ NO

Within the last ten (10) years of:

A misdemeanor?

☐ YES ☒ NO

A statutory violation punishable by forfeiture?

☐ YES ☒ NO

A county or municipal ordinance violation?

☐ YES ☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

SECTION 3 – BUSINESS INFORMATION

Business Name <u>Expert Jewelry Repair</u>	Street Address <u>636 W. College Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>731-2320</u>
Owner's Name <u>Randy Kester</u>	Street Address <u>3418 N. Juanita Ln.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>● ● ● ● ● ●</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>Randy Kester</u>	Street Address	City	State	Zip	Telephone Number

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

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

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

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

Expert Jewelry Repair

State of Incorp.

WI

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

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
Koster Randy	M	C		3914 N. Juanita Lane	Appleton	WI	54911

SECTION 6 – PENALTY NOTICE

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

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

Signature of Applicant:

Randy Koster

Date

1/9/20

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
1/15/2020	1/22/2020			



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee

Total Amount Paid

Date Rec'd

Acct. 11030.4322

Acct. 100.2359

Receipt

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings**The named organization applies for:**

- ☒ A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
☒ A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)

SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearlyName of Organization (Bona fide club, lodge or society, veteran's organization or fair association)
Global Outreach Catholic Exchange Program, Inc.Date Organized
01/01/1990Address
4815 Whitetail WayCity
AppletonState
WIZip
54914

Person in Charge of Event:

Name:

Last
FleesFirst
DorothyMiddle Initial
A.Date of Birth
●●●●●●Address
9522 County Road TCity
MarshfieldState
WIZip
54449Person in charge phone number:
●●●●-●●●●

President

Last
MullinsFirst
PamelaMiddle Initial
L.Date of Birth
●●●●●●Male
xFemale
x

Address

N2873 Driftwood Beach Road

City
ChiltonState
WIZip
53014

Vice President

Last
KropidowskiFirst
ThomasMiddle Initial
J.Date of Birth
●●●●●●Male
xFemale
x

Address

508 W. North Water Street

City
NeenahState
WIZip
54956

Secretary

Last
MaedererFirst
BarbaraMiddle Initial
M.Date of Birth
●●●●●●Male
xFemale
x

Address

6919 County Road E

City
AbramsState
WIZip
54101

Treasurer

Last
ElmerFirst
GaryMiddle Initial
E.Date of Birth
●●●●●●Male
xFemale
x

Address

799 Harvard Drive

City
NeenahState
WIZip
54956**SECTION 2 – EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 02 / 08 / 2020 Ending: 02 / 08 / 2020 Hours 4:00PM AM PM 8:00PM AM PM

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

Scholarship Fund Raiser w/Buffer, Cash Bar, Exchange Student Entertainment, Silent Auction for future Global Outreach Exchange Students

Do you plan to serve food at this event?

No

☒ Yes

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

Location where beer or wine will be sold:

St. Bernard Catholic Church

Address

1617 W. Pine Street

City
AppletonState
WIZip
54914

Are you requesting an "open concept" license?

No

☒ Yes

Will minors be present?

No

☒ Yes

Describe actual location and dimensions of area to be licensed –

Be precise!

Restricted to the Church's Parish Hall

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

Checking IDs

SECTION 3 – PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.

If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.

This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer Pamela L. Mullins

Digitally signed by Pamela L. Mullins
DN: cn=Pamela L. Mullins, o=Global Outreach Catholic Exchange Program, ou, email=mullins@goecp.com, c=US
Date: 2020.01.03 17:25:59 -0500**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L				

Council	Date Issued	Exp. Date	License Number

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee 17+ 7.00

Total Amount Paid

Date Recv'd 1/9/2020

Acct. 11030.4322

Acct. 100.2359

Receipt 296-0001

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

The named organization applies for:

☒ A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.25(6) Wis. Stats.

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)

Appleton Fox Cities Kiwanis Club

Date Organized

9/22/1972

Address

PO Box 62

City

Appleton

State

WI

Zip

54912

Person in Charge of Event:



Name:

Last
Stephany

First
Jay

Middle Initial
B

Date of Birth

●●●●

Address

3209 S. White Birch Lane

City

Appleton

State

WI

Zip

54915

Person in charge phone number:

●●●●●●●●

President

Last

Klug

First

Ellen

Middle Initial

Date of Birth

●●●●

Male

Female

x

Address

3106 E. Gazebohill Rd.

City

Appleton

State

WI

Zip

54913

Vice President

Last

Dick

First

Rosemarie

Middle Initial

Date of Birth

●●●●

Male

Female

x

Address

124 W Marquette Street

City

Appleton

State

WI

Zip

54911

Secretary

Last

Shrode

First

Paul

Middle Initial

Date of Birth

●●●●

Male

Female

x

Address

726 E. Washington St.

City

Appleton

State

WI

Zip

54911

Treasurer

Last

Walters

First

Jeffrey

Middle Initial

Date of Birth

●●●●

Male

Female

x

Address

4938 N. Meade St.

City

Appleton

State

WI

Zip

54913

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning

7 / 19

/ 2020

Ending: 7

/ 19

/ 2020

Hours 8:00

AM

PM

4:00

AM

PM

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

Antique Car Show, Swap Meet, and Concessions

Do you plan to serve food at this event?

No

Yes

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

Location where beer or wine will be sold:

Pierce Park- inclosed by Prospect, Lutz, and Mason streets. 3 beverage stands within the park borders and 2 beverage carts.

Address

Pierce Park

City

Appleton

State

WI

Zip

54911

Are you requesting an "open concept" license?

No

Yes

Will minors be present?

No

Yes

Describe actual location and dimensions of area to be licensed –

Be precise!

Northwest of pavilion, near tennis courts, inside pavilion

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

ID Checking at all stands, monitor grounds.

SECTION 3 – PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.

If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.

This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer

Jay Stephany

FOR OFFICE USE ONLY

Dept.

Approve

Deny

By

Reason

Police

Fire

Health

Inspection

S&L

2020 Council

Date Issued

Exp. Date

License Number

11-01-09

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

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799