



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, February 5, 2020

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[20-0155](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 1-15-2020.pdf](#)

4. Public Hearings/Appearances

5. Action Items

[20-0097](#) Reserve "Class B" Liquor and Class "B" Beer License Application for Fox River Boat Holding Co. d/b/a River Tyme Bistro, Christine Williams, Agent, located at 425 W Water St Ste 100, contingent upon approval from all departments.

Attachments: [River Tyme Bistro.pdf](#)

[20-0141](#) "Class B" Liquor and Class "B" Beer New Agent application for Apollon II LLC d/b/a Apollon, New Agent Kelly-Jo M Kramarczyk, located at 207 N Appleton St.

Attachments: [Kelly-Jo M Kramarczyk S&L 2-5-20.pdf](#)

[20-0142](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Skogen's Foodliner Inc d/b/a Festival Foods, New Agent, Jonathan J Arlt, located at 1200 W Northland Ave.

Attachments: [Jonathan J Arlt S&L 2-5-20.pdf](#)

[20-0163](#) 2019-2020 Cigarette License application for Dolgencorp, LLC d/b/a Dollar General Store #21851, located at 1010 W College Ave, contingent upon approval from all departments.

Attachments: [Dollar General Store #21851 S&L 2-5-20.pdf](#)

- [20-0159](#) License Application for Taxicab Company, Budget Medical Transportation, LLC, 2401 W Jonathon Dr, Appleton, 54914, contingent upon approval from all departments

Attachments: [Budget Medical Transportation, LLC.pdf](#)

- [20-0156](#) Temporary Class "B" License applications filed after the agenda was published.

6. Information Items

- [20-0158](#) Director's Report
City Clerk
-Spring Primary Election Reminders
Fire Chief
-Hiring/Promotional Update
-Local 257 Contract
Police Chief
-2019 Use of Force Report

- [20-0157](#) 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
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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, January 15, 2020

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, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

3. Approval of minutes from previous meeting

[20-0079](#)

Approval of minutes from previous meeting

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

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

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

4. Public Hearings/Appealances

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](#)

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

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

Balance of the action items on the agenda.

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

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

[20-0083](#)

Operator's Licenses

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

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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

Williams moved, seconded by Thao, that the meeting be adjourned at 5:38 p.m.. Roll Call. Motion carried by the following vote:

Aye: 4 - Lobner, Williams, Meltzer and Thao

Excused: 1 - Van Zeeland

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-30-2019 ending: 6-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Appleton

County of Outagamie Aldermanic Dist. No. 11
(if required by ordinance)

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Fox River Boat Holding Company LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Mortara</u>	<u>Canace</u>	<u>Lou</u>	<u>1301 N. Briard Cliff Dr Appl. 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Williams</u>	<u>Christhe</u>	<u>Joy</u>	<u>1037 W. Oklahoma Appl. 54914</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Williams</u>	<u>CHRISTINE</u>	<u>Joy</u>	<u>1037 W. Oklahoma App. 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

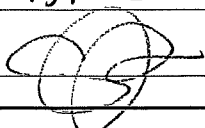
1. Trade Name River Tyne Bistro Business Phone Number 920-903-1415
2. Address of Premises 425 W. Water St #100 Post Office & Zip Code Appl 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
4325 sq. feet interior of mixed use business.
Business previously held Atlas Coffee Mill + Banquets for 15 years.
No living space. Building is leased to occupant. Bar will be
under control of bar tender or coffee shop employee. Liquor, wine
and beer also stored in basement that is secured by tenant.

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No
Christine Williams - agent
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2015 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No
 If yes, explain.
Yes - WI State liquor licenses for RiverTyme
+ RiverTyme Two, both boats in Dogenet
Appleton with name Fox River Tours
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Christine Williams</u>	Title/Member <u>Agent/member</u>	Date <u>12-12-19</u>
Signature 	Phone Number <u>920-749-0415</u>	Email Address <u>Christine@foxrivertrails.com</u>

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	



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Christine Williams
2. Name of Business: River Tyme Bistro
3. Address of Business: 425 W. Water St., Suite 100
Appl 54911
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
- AND/OR been convicted of a felony? Yes _____ No X
- If yes to either question, please explain in detail: _____

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

<u>Christine J. Williams</u>			
First name	Initial	Last name	Date of Birth
<u>Cardice</u>	<u>L.</u>	<u>Mortara</u>	
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are ~~buying~~ renting the premises and equipment from?

Name: Randy Stadmueller (Stadmueller & Associates)

Address: 333 N. Commercial St. Neenah WI 54956

City, State, Zip: _____

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

~~#145~~ A145 Coffee Mill

- coffee shop, restaurant, event space

8. Are alcohol sales an existing use in this building? Yes _____ No X
If no, When did the operation cease? 7 months ago.

9. Are alcohol sales a new use in this building? Yes _____ No X
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes X No _____

11. Seating capacity: Inside 145 Outside 40

12. Operating hours: 7-9 pm M-F, 8-9 Sat., 9-9 Sun.

13. Number of floor personnel 2-3 Number of door checkers —

14. In general, state the size, design and type of the proposed establishment and the operational details.

4325 sq. feet interior
1700 sq. feet exterior.
drawing included in packet

12-12-19
Date

[Signature]
Signature

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

**ONSITE ALCOHOL CONSUMPTION
PLAN OF OPERATION AND LOCATIONAL INFORMATION**

Business information:

Name of Business: River Tyme Bistro

(Check applicable proposed business activity(s) proposed for the building or tenant space)

☒ Restaurant ☐ Bar/Night Club ☐ Wine Bar ☐ Microbrewery ☒ Other event space

Provide detailed explanation of the type of business occupying the building or tenant space:

Coffee shop, breakfast + lunch items, meeting + event
space. Liquor license for liquor, wine + beer for events

Any planned remodeling of the building or tenant space proposed (please describe):

Kitchen being moved front curved location to location
on architectural drawing

Proposed Hours of Operation for Indoor Space:

Day	From	To
Week Days: Monday thru Thursday	7 am	9 pm (midnight if events)
Friday	7 am	9 pm (midnight if events)
Saturday	8 am	9 pm (midnight if events)
Sunday	9 am	9 pm (midnight if events)

Building capacity and area:

Anticipated maximum number of persons occupying the building or tenant space: 150 persons.

Gross floor area of the existing building or tenant space the business will occupy: 4325 sq.ft.

Describe any potential noise emanating from the proposed use:

A. Describe the noise levels anticipated from all equipment/amplified music.

dishwasher noise (minimum)
amplified music (will be contained within walls)

B. How will the noise be controlled to comply with the Municipal Code Regulations?

It will not be loud enough to not be
contained in walls)

Outdoor Space uses:

(Check applicable proposed area)

☐ None ☒ Patio ☐ Sidewalk Café ☒ Deck ☐ Other _____

Is there any alcohol service incorporated within the outdoor space? Yes ☒ No _____

Are there plans for outdoor music/entertainment? Yes _____ No maybe ☒ acoustic)

If yes, describe how will the noise be controlled: will not be loud enough to leave
property - acoustic only)

Is there any food service incorporated in the outdoor space? Yes ☒ No _____

Hours of Operation for Outdoor Uses (Sidewalk Café with Alcohol):

*****Municipal Code Section 9-262(b)(4): The permit holder can begin serving alcoholic beverages in the sidewalk café at 4:00 p.m. Monday through Friday and 11:00 a.m. on Saturday and Sunday. All alcoholic beverages must be removed from the sidewalk café by 9:30 p.m.

Proposed Hours of Operation for the Outdoor Space:

Day	From	To
Week Days: Monday thru Thursday	7 AM	9 pm (midnight if event)
Friday	7 AM	9 pm (midnight if event)
Saturday	8 AM	9 pm (midnight if event)
Sunday	9 AM	9 pm (midnight if event)

Number of Employees:

Number of Proposed Employees: max. 6

Number of employees scheduled to work on the largest shift: max. 6

Number of off-street parking spaces:

Total Number of off-street parking space located on-site: 170

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kramarczyk		Kelly-Jo		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
1162 State Park Rd Apt 2		Appleton	Appleton	WI	54915
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	Chilton, 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 Apollon II 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:

1. How long have you continuously resided in Wisconsin prior to this date? 2 years
2. 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.)
Domestic
3. 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.
4. 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)
5. 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
Apollon	207 N. Appleton St	8/12	Present
Red Robin	1109 Stony Brook Rd	8/09	8/12

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.

Kelly-Jo Kramarczyk
(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 ☒ City of Appleton County of Outagamie

The undersigned duly authorized officer(s)/members/managers of Apollon II 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 Apollon
(trade name)

located at 207 N. Appleton St Appleton, WI 54911

appoints Kelly Jo Kramarczyk
(name of appointed agent)

1162 State Park Rd Apt 2 Appleton, WI 54911
(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? 0 years

Place of residence last year 1162 State Park Road Apt 2

For: Apollon II LLC
(name of corporation/organization/limited liability company)

By: Craig A. Purba
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Kelly Jo Kramarczyk, 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.

Kelly Jo Kramarczyk 1-20-2020
(signature of agent) (date)

Agent's age 00

1162 State Park Rd Apt 2 Appleton, WI 54911
(home address of agent)

Date of birth 000000

**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)

Submit to municipal clerk.

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

- which is making application for an alcohol beverage license.

(Name, Location and Type of License/Permit)

- (Name of Wholesale Licensee or Permittee)

(Address By City and County)

- James Joseph Aet
(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 SKOGEN'S FOODLINER, INC
(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

FESTIVAL FOODS

(trade name)

located at 1200 Northland Avenue ^(trade name) Appleton, WI 54901

appoints Jonathan Joseph Arlt
(name of appointed agent)

1200 Division Street Green Bay, WI 54303
(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).

was liquor agent at Appleton-Northland Festival prior to present

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? 00 yrs

Place of residence last year same

For: SKOGEN'S FOODLINER, INC
14 / / / (name of corporation/organization/limited liability company)

By: Mark Hoag (signature of Officer/Member/Manager)

And:  (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jonathan Joseph Arlt, hereby accept this appointment as agent for the

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

Jason Joseph Ault
 (signature of agent)

12/10/18
 (date)

1200 Division Street
 (home address of agent)

Green Bay, WI 54303

Agent's age

Date of birth

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

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

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

6/30/2020
July-June

Application for Cigarette and Tobacco Products Retail License

City of Appleton
Dept. of Finance
P.O. Box 17
Appleton, WI 54912-0017

MUNICIPAL USE ONLY

License Number
Period Covered 7/01/2019 - 6/30/2020
Date of Issuance

Submit to municipal clerk.

Rec # 439 - 0001

Applicant's Wisconsin 15-digit Sales Tax Account Number

0000000000000000

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Dolgencorp, LLC			Federal Employer Identification No. (FEIN) 000000000		
Trade or Business Name (if different than Legal Name) Dollar General Store # 21851			Telephone Number (615) 855-4000		
Business Address (License Location) 1010 W College Ave			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality Appleton	State WI	Zip Code 54914	Business Telephone () TRD		
Mailing Address (if different than Business Address) Tax Licensing, 100 Mission Ridge			County Outagamie		
			State TN		
			Zip Code 37072		

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation - Enter date incorporated: \$100 per city clerk office
- ☐ Partnership ☐ Out-of-State Corporation - Are you registered to do business in Wisconsin? ☐ Yes ☐ No

☒ Other (describe) OUT OF STATE LIMITED LIABILITY COMPANY REGISTERED TO DO BUSINESS IN WISCONSIN

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and be bound by the license(s), if granted, cannot be assigned to another.

Vendor #155289

Invoice #202121851TOBCITY8

Batch #18728

\$ 100.00

Inspected premises during inspection will be deemed a refusal to permit inspection. Such refusal of this license. Any person who knowingly provides materially false information on this more than \$1,000.

of Corporation / Member / Manager of Limited Liability Company / Partner / Individual

Tob City \$100

Separate Payments :

CTP-200 (R. 7-18)

Please return check to:

Daniel Hogue

Wisconsin Department of Revenue

**FEES ARE NON-REFUNDABLE**

Date Recv'd

1/22/20

License fee EACH Vehicle \$30.00

Acct. 11030.4320

Investigation fee \$ 7.00

Acct. 100.2359

Total fee paid \$ 37

Receipt

386-0001

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE☒ Original Application

Renewal - License # _____

SECTION 1 - APPLICANT INFORMATION

Name of Company

BUDGET MEDICAL TRANSPORTATION, LLC

Business Phone

920-642-9488

Business Street Address

2401 W. JONATHON DRIVE

City

APPLETON

State

WI

Zip

54914

Owner's Name

ANTHONY XIONG

Date of Birth

[REDACTED]

☒ Individual☐ Partnership☐ Corporation

Owner's Name

[REDACTED]

Date of Birth

[REDACTED]

Owner's Driver License Number

Owner's Driver License Number

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
5DZA23194S091648	8	TOYOTA/SIENNA	848-FSK

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality?

YES

☐

NO

☒

If Yes, what municipality?

Has the company ever been denied a license by any municipality?

YES

☐

NO

☒

If Yes, please explain:

Have any of the owners ever been convicted of a crime?

YES

☐

NO

☒

If Yes, please explain:

Describe the basic operations of the company:

NON-MEDICAL TRANSPORTATION - TRANSPORTING PEOPLE TO DOCTOR'S APPOINTMENT

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?

YES

SECTION 4 - INSURANCE NOTICE

Insurance Coverage: 500,000/100,000/100,000

Insurance Carrier: BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Insurance Agent Name and Phone Number: Tim Drees - (612) 436-3769

Policy Number: QUOTE #10223622

Policy Period: 12/28/2020

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 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

[Handwritten Signature]

FOR OFFICE USE ONLY

Date sent: 1/28/20

COI on file? YES NO

Sealer	Approve	Deny	By	Reason	S&L Date
Police	X		Miller	1/27/20	Common Council 2/5/20
Fire	X		Patterson	1/29/20	Date issued
Inspection					Exp. date

8-10-12

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