



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, August 12, 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

[20-1055](#) Approval of minutes from previous meeting

Attachments: [S&L Minutes 7-22-20.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[20-0972](#) Resolution #13-R-20 - Modification to Fraudulent Emergency Calls

Attachments: [#13-R-20 Modification to Fraudulent Emergency Calls.pdf](#)

[Memo Resolution #13-R-20 Modification to Fraudulent Emergency Calls.pdf](#)

Legislative History

7/22/20	Safety and Licensing Committee	referred
---------	-----------------------------------	----------

[20-1063](#) Update to Section 19-91 of the Municipal Code

Attachments: [19-91 Update letter.pdf](#)

[20-0836](#) Class "B" Beer License application for Lilac Enterprise LLC d/b/a May's Kitchen, May Vang, Agent, located at 1804 S Lawe St #204, contingent upon approval from all departments.

Attachments: [May's Kitchen.pdf](#)

[20-0975](#) Class "A" Beer License application for BSS Corporation d/b/a Richmond Mobil, Buddi S Subedi, Agent, located at 3401 N Richmond St, contingent upon approval from all departments.

Attachments: [Richmond Mobil.pdf](#)

[20-0982](#) Class "A" Beer License application for Depu LLC, Chiranjibi Lamichhane, Agent, located at 105 W Northland Ave, contingent upon approval from all departments.

Attachments: [Depu LLC.pdf](#)

[20-1009](#) Temporary Premise Amendment application for Hank & Karen's Pub & Grill, Henry Grishaber, Agent, located at 1937 E John St, contingent upon approval from all departments.

Attachments: [Hank & Karens S&L.pdf](#)

[20-0980](#) Salvage Dealer License application for Golper Supply Co., Inc, David Golper, Applicant, located at 1810 W Edgewood Dr, contingent upon approval from all departments.

Attachments: [Golper Supply Co, Inc S&L.pdf](#)

[20-0987](#) Salvage Dealer's License application for Appleton Aluminum Recycling Inc., Delores B Desten, Applicant, located at 300 N Kensington Dr, contingent upon approval from all departments.

Attachments: [Appleton Aluminum Recycling Inc S&L.pdf](#)

[20-1008](#) Secondhand Jewelry Dealer License application for Appleton Trophy & Engraving, Inc, Jay Parish, Person In Charge, located at 2401 N Richmond St, contingent upon approval from all departments.

Attachments: [Appleton Trophy & Engraving S&L.pdf](#)

[20-0993](#) Mechanical Amusement Device License application for Fronteras LLC d/b/a Fronteras, Eric Mosqueda-Lopez, Agent, located at 2311 W College Ave, contingent upon approval from all departments.

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

[20-0984](#) Mechanical Amusement Device License application for BSS Corporation d/b/a Richmond Mobil, Buddi S. Subedi, Agent, located at 3401 N Richmond St, contingent upon approval from all departments.

Attachments: [Richmond Mobil S&L.pdf](#)

[20-0983](#) Mechanical Amusement Device License application for Depu LLC, Chiranjibi Lamichhane, Agent, located at 105 W Northland Ave, contingent upon approval from all departments.

Attachments: [Depu LLC.pdf](#)

[20-0986](#) Cigarette and Tobacco Products License application for BSS Corporation d/b/a Richmond Mobil, Buddi S Subedi, Agent, located at 3401 N Richmond St.

Attachments: [Richmond Mobil S&L.pdf](#)

[20-0985](#)

Cigarette and Tobacco Products License application for Depu LLC, Chiranjibi Lamichhane, Agent, located at 105 W Northland Ave.

Attachments: [Depu LLC S&L.pdf](#)

[20-1056](#)

Temporary Class "B" License applications filed after the agenda was published.

6. Information Items

[20-1059](#)

The Appleton Police Department will complete the 2020 application for the Edward Byrne Memorial Justice Assistance Grant (JAG). As a disparate jurisdiction the direct allocation of \$18,597 is shared equally with the Outagamie County Sheriff's Department to support law enforcement initiatives.

[20-1062](#)

Overview of Appleton Fire Department 2021-2025 Strategic Plan.

Attachments: [AFD Strategic Plan.pdf](#)

[20-1060](#)

Director's Reports

1. Fire Chief
2. Police Chief
 - Call Volume & Crime Update
3. City Clerk

[20-1057](#)

Police Department information on liquor law violating convictions.

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, July 22, 2020

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order by Chair Siebers at 5:38 p.m.

2. Roll call of membership

Present: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

3. Approval of minutes from previous meeting

[20-0947](#)

Approval of minutes from previous meeting

Attachments: [S&L Minutes 7-8-20.pdf](#)

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

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

4. Public Hearings/Appearances

5. Action Items

[20-0972](#)

Resolution #13-R-20 - Modification to Fraudulent Emergency Calls

Attachments: [#13-R-20 Modification to Fraudulent Emergency Calls.pdf](#)

Siebers moved, seconded by Lobner, that the Resolution be referred to staff for further review. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[20-0326](#)

Recommended Denial of Class "B" Beer License application for Nusara Yang d/b/a Jai Sung Mah Pool Club, located at 122 W Wisconsin Ave.

Attachments: [Jai Sung Mah Pool Club.pdf](#)
[Nusara Yang_denial_LtMiller.pdf](#)

Lobner moved, seconded by Reed, that the Denial of the License be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

Balance of the action items on the agenda.

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

Aye: 4 - Siebers, Lobner, Reed and Van Zeeland

Abstained: 1 - Schultz

[20-0916](#)

Class "B" Beer and "Class C" Wine License application for WAAM Enterprises LLC d/b/a Acoca, William J Wetzel Jr, Agent, located at 500-502 W College Ave, contingent upon approval from all departments.

Attachments: [Acoca.pdf](#)

This Report Action Item was recommended for approval

[20-0917](#)

Class "A" Beer License Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #181, Jennifer L Lundt, NEW Agent, located at 730 E Wisconsin Ave, contingent upon approval from the Police Department.

Attachments: [Jennifer L Lundt S&L.pdf](#)

This Report Action Item was recommended for approval.

[20-0915](#)

Salvage Dealer License application for Mr C's Motorcycles, LLC, Janet Ristau, Applicant, located at 724 S Outagamie St, contingent upon approval from all departments.

Attachments: [Mr C's Motorcycles LLC S&L.pdf](#)

This Report Action Item was recommended for approval.

[20-0956](#)

Commercial Quadricycle license renewal application for The Social Station, LLC.

Attachments: [The Social Station- Chris Burns.pdf](#)

This Report Action Item was recommended for approval.

[20-0948](#)

Temporary Class "B" License applications filed after the agenda was published.

There were no applications filed.

6. Information Items

[20-0950](#) Presentation from Lt. Mike Frisch on the SRO Program

Attachments: [SRO program description 2020.pdf](#)

This Item was presented

[20-0958](#) Special Events
Downtown Creates, formerly Art on the Town, located along College Ave
amenity strips, July 17th and August 21, 2020

[20-0952](#) Legal Services Mid-Year Budget Report

Attachments: [2020 Mid-Year Report - FINAL.pdf](#)

This Report Action Item was presented

[20-0953](#) Police Department Mid Year Budget Report

Attachments: [2020 APD Mid-Year report.pdf](#)

This Report Action Item was presented

[20-0954](#) Fire Department Mid Year Budget Report

Attachments: [2020 Mid-Year Report - 6-30-20.pdf](#)

This Report Action Item was presented

[20-0949](#) Director's Reports
-City Clerk
-Fire Chief
-Police Chief

[20-0955](#) Police Department information on liquor law violations convictions.

This Report Action Item was presented

7. Adjournment

**Lobner moved, seconded by Reed, that the meeting be adjourned at 6:42 p.m.
Roll Call. Motion carried by the following vote:**

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

Resolution #13-R-20
Modification to Fraudulent Emergency Calls

Submitted By: Alderperson Meltzer – District 2, Alderperson Thao – District 7, Alderperson Wolff- District 12

Date: 7-15-2020

Referred To: Safety & Licensing Committee

WHEREAS fraudulent emergency calls based on the perception of another individual to be a threat due to their race, religion, ethnicity, gender, sexual orientation, gender identity, immigration status, or outward appearance are exploitive, put a burden on law enforcement time and resources, and cause real harm to the individuals they target; and

WHEREAS exploitive 911 calls of a discriminatory nature, particularly calls that are racially discriminatory, have been highlighted as a national problem; and

WHEREAS Appleton has always been a leader in taking innovative action to improve the quality of life in our community;

THEREFORE be it resolved that the City of Appleton amend the municipal code Chapter 12 Section 28 by adding a subsection that specifies “fraudulent emergency calls based on the perception of another individual to be a threat due to their race, religion, ethnicity, gender, sexual orientation, gender identity, immigration status, or outward appearance” as an act of public nuisance with civil penalty.



"...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: Members of the Safety and Licensing Committee

FROM: Darrin M. Glad, Assistant City Attorney
Todd Thomas, Chief

DATE: July 29, 2020

RE: Resolution #13-R-20: Modification to Fraudulent Emergency Calls submitted by Alderpersons Meltzer, Thao, and Wolff
Our File No. A20-0487

This memo is intended to aid the Safety & Licensing Committee in reference to Resolution #13-R-20: Modification to Fraudulent Emergency Calls submitted by Alderpersons Meltzer, Thao, and Wolff. At the July 22, 2020 meeting, this Committee held the Resolution and referred it to staff for input. Assistant City Attorney Darrin Glad and Police Chief Thomas worked together to clarify certain portions of the Resolution.

First, instead of creating an addition to public nuisance section of our code, staff believes that the location of a newly created ordinance would more naturally fit under the already existing "Misuse of 911" under Section 11 of Chapter 10, which currently reads:

Sec. 10-11. Misuse of 911.

(a) No person shall use the 911 Emergency Telephone System for regular business or non-emergency calls.

(b) No person shall dial 911 Emergency Telephone number to report an emergency, knowing that the fact or situation reported does not exist.

Additionally, staff believes that making the penalty for a violation of the newly created ordinance a citation with a forfeiture greater than what is currently in place for violations of Sec. 10-11 is important given that the intent of the Resolution is to proscribe conduct that is more aggravated than a simple misuse of 911 by specifically prohibiting discriminatory and exploitive misuse of 911. The current Schedule of Deposits indicates that for violations of Sec. 10-11(a) or (b) are a forfeiture of \$150 (totaling \$326.50 when court costs are applied) for a first offense and a forfeiture of \$300 (totaling \$515.50 when court costs are applied) for second and subsequent offenses. Staff recommends that forfeitures for a newly created subsection be \$200 (\$389.50) for a first offense and \$400 (\$641.50) for second and subsequent violations.

Combining the recommendations above with additional changes for clarity, staff recommends that the Committee consider amending the Resolution to:

THEREFORE be it resolved that the City of Appleton amend the municipal code Chapter 10 Section 11 by creating a subsection that specifies, “No person shall use the 911 Emergency Telephone System to knowingly make a false report to law enforcement for suspicious or illegal activity, when that individual has been intentionally selected by the person because of the person’s belief or perception of the individual’s race, religion, color, disability, sexual orientation, national origin, ancestry, gender, or gender identity.”

Additionally, a second subsection be created specifying, “Any person who violates any provision of this section shall be subject to a penalty as provided in § 1-16.” The amounts for violations of the newly created subsection shall be included in the Schedule of Deposits as a forfeiture of two hundred dollars (\$200) plus costs for a first offense and a forfeiture of four hundred dollars (\$400) plus costs for second and subsequent offenses. The amounts currently in the Schedule of Deposits for subsections (a) and (b) will remain unchanged.



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

TO: Safety & Licensing Committee
FROM: APD Chief Todd Thomas
SUBJECT: Update to Section 19-91 of the Municipal Code
DATE: July 21, 2020

For at least the last couple of decades, officers and CSO's at the police department were under the belief that lawn parking violations in residential settings could be legally addressed via either a parking ticket under the Municipal Code of Appleton Sec. 19-90 or a municipal summons under Sec. 19-91. Most violations were resolved by placing a parking ticket on the vehicle parked on the lawn, allowing for a relatively quick and convenient correction to the problem with a reasonable cost to the owner, the former is \$20.00 when paid timely and the latter is \$200.50. The more formal resolution of warning and eventually issuing a municipal summons to the owner was reserved for chronic or persistent violators. The summons process often requires more work for the officer because owners must be contacted directly, requiring repeat visits to the homes if owners are not initially available. The summons also carries an increased cost to the owner as compared to the parking ticket, of course.

Recently it was discovered that officers should not be using Sec. 19-90 (\$20.00) parking tickets for lawn parking violations per the previous practice and Sec. 19-91 requires that officers enforce front and side lawn violations under this specific section causing an increase in the forfeiture amount to \$200.50. In order to increase the efficiency of officers and create a more equitable process for citizens, the police department would like to make first offense front and side lawn violations a \$20.00 parking ticket while leaving second and subsequent violations subject to the \$200.50 fine under Sec. 1-16 by making the following modifications to Sec. 19-91.

Sec. 19-91. Parking in front and side yard in residential district; parking on terraces.

(a) **Purpose.** The purpose of this section is to clearly define acceptable areas for parking vehicles within the front yard or side yard, as defined in Chapter 23, of private properties in order to address off-street parking issues and maintain the acceptable appearance of City neighborhoods.

(b) **Residential driveway.** Residential driveway means that area leading directly

from the street to a garage, carport, or rear yard parking area.

(c) **Front yard.** No person shall park or store any motor vehicle, or recreational vehicle of 26 feet or less, i.e., a “camping trailer”, “fifth-wheel trailer”, “motor home” or “recreational vehicle” as those terms are defined by §340.01, Stats., as well as boat trailers and boats, utilities trailers, trailered snowmobiles, trailered jet-ski(s) or fishing shanties in the front yard of any residential district except upon a residential driveway and shall be subject to temporary recreational vehicle parking restrictions set forth in §19-92. No recreational vehicle or boat greater than 26 feet in length may be parked or stored in the front yard of any residential district. Any vehicle parked in the front yard, shall be parked within the driveway area in such a manner as to maintain all wheels on the driveway surface, and shall neither obstruct the sidewalk nor extend onto the driveway apron. All driveways on one- (1-) and two- (2-) family residential properties, as well as those properties with three (3) dwelling units, shall be paved with concrete, asphalt, brick or a similar hard surface within one (1) year of construction. Carriage style driveways with a minimum of 2-foot wide strips paved with concrete, asphalt or brick and maintained grass medians in accordance with Sec. 12-59(c)(3) are permitted. Those existing driveways on one- (1-) and two- (2-) family properties, as well as those properties with three (3) dwelling units, that are not currently paved as described for new driveways shall be so paved within one (1) year of notice of non-compliance.

(d) **Side yard.** No person shall park or store any motor vehicle, “camping trailer”, “fifth-wheel trailer”, “motor home” or “recreational vehicle” as those terms are defined by §340.01, Stats., as well as boat trailers and trailered boats, pick-up camper tops, utilities trailers, trailered snowmobiles, trailered jet-ski(s) or fishing shanties in the side yard of any residential district unless the side yard parking area is no greater than twelve (12) feet wide and extends no farther than the rear plane of the principal structure on the property. Side yard parking areas are required to be hard surfaced and subject to the requirements of this section, including the requirement for a permit for the installation of said hard surface.

(e) **Permits.** The Inspections Supervisor shall issue a driveway extension permit or a side yard parking pad permit upon the filing of a proper application, which shall be on a form furnished by the Director and shall describe the nature of the work, material to be used, measurements, plans and/or specifications of the proposed extension as well as such other information as may be required for inspection. Permits shall be issued prior to the start of the work. Fees for this permit shall be kept on file with the City Clerk.

(f) Extensions to the driveway surface, beyond the area previously described in section (d), are permissible provided all of the following apply:

- (1) The property owner has obtained appropriate driveway extension permit; and,
- (2) Both the extension and driveway are paved as provided in sec. (d) above; and,
- (3) The extension is no greater than twelve (12) feet wide; and,
- (4) The paved area is no longer than the length of the driveway, extending from the edge of the City’s right-of-way to a carport, rear yard parking area or garage. For the purpose of creating a parking pad, the paved area may extend along the side of the principal structure on the property and may extend to the rear plane of said structure; and,
- (5) Whenever practicable, the extension shall be located on the side of the driveway such that it extends toward the nearest side lot line. When such a configuration is not possible, the property owner may install an extension no greater than four (4) feet into the greater front yard. Any extension into the greater front yard of the property that is more than four (4) feet wide shall require approval from the Municipal Services Committee.

(6) This section shall not apply toward paved circular driveways.

(7) The paved area shall meet any other requirements of the Municipal Code including, but not limited to, zoning requirements and the Driveway Installation Policy.

(g) Appeals to the requirements of this section shall be filed with the Inspections Supervisor and heard by the Municipal Services Committee. In hearing and deciding appeals, the Committee shall have the power to grant relief from the terms of this section only where there are unusual and practical difficulties or undue hardships due to an irregular shape of the lot, topographical, or other conditions present, as contrasted with merely granting an advantage or convenience. Decisions of the Committee shall be consistent with the purpose and intent of this section.

(h) Relief granted by the Municipal Services Committee, pursuant to (g) above, shall run with the land.

(i) ~~Any person who shall violate any provision of this chapter shall be subject to a penalty as provided in §1-16 of the Municipal Code.~~**Penalty.**

(1) First offense parking forfeiture. Any person to whom a ticket has been issued for a violation of this section shall incur a forfeiture of forty-five dollars (\$45.00), which may be satisfied by paying twenty dollars (\$20.00) within fifteen (15) days of the date of the ticket. The procedures in § 19-90 (i), (k) and (l) apply to first offenses of this section.

(2) Second and subsequent violations of this section. Any person who violates any provision of this section more than one time in a twelve (12) month period shall be subject to a penalty as provided in § 1-16 of the Municipal Code.

cc: Assistant City Attorney Darrin Glad

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2020 ending: 6-30-2021
(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. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input 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 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)

Vang, May Nhia Lilac Enterprise 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>MA Vang</u>	<u>May</u>	<u>Nhia</u>	<u>1226 Appleton Street Menasha WI 54952</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MA Vang</u>	<u>May</u>	<u>Nhia</u>	<u>1226 Appleton Street Menasha WI 54952</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name May's Kitchen Business Phone Number 920-939-6004

2. Address of Premises 1804 S. Lane Street #204 Post Office & Zip Code 54915

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.)

Restaurant with dine-in
store in front coolers in store and Back Hallway
Served in food dining area

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? May's Kitchen

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
Wisconsin Bartenders License Sept. 5, 2019
Certification code: W Amey 13 65 p
125.17(6) + 125.04(5)(a) 5. Wis starts
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

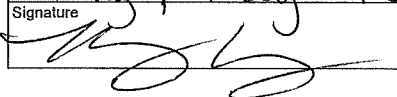


8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2/1/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☒ Yes ☐ No
Lilac Enterprise LLC.

- (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.

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>Vang, Mary N</u>	Title/Member <u>Owner</u>	Date <u>7/1/2020</u>
Signature 	Phone Number 	Email Address 

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: May Vang

2. Name of Business: May's Kitchen
(Check Applicable Box(s) to identify primary business activity)

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

3. Address of Business: 1804 S. Louse Street #204 Appleton, WI 54915

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 _____

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

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

<u>May</u>	<u>N</u>	<u>Vang</u>	<u>●/●/●●●</u>
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: N/A
First name Middle Initial Last name

Address: N/A
City State ZIP

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

Name: Chung's Sandwich

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

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

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

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

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

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

1 months ago.

10. Seating capacity: Inside 80 Outside _____

11. Operating hours (Inside the building): 8-8pm
Operating hours (Outdoor seating areas): _____

12. Employees/Staff

Number of floor personnel 2 Number of door checkers _____

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

a. Gross floor building area of the premises to be licensed: 1,066 square feet.

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

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

Restaurant serving alcohol Beverage

Signature

7/1/20
Date

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input 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 type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 7</u>
TOTAL FEE	\$ <u>267</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BSS Corporation

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

President / Member Last Name <u>Subedi</u>	(First) <u>Buddi</u>	(Middle Name) <u>S.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3045 Winnipeg St Menasha, WI 54952</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Subedi</u>	(First) <u>Buddi</u>	(Middle Name) <u>S.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3045 Winnipeg St Menasha, WI</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Richmond mobile Business Phone Number 9208091210
2. Address of Premises 3401 N. Richmond St. Post Office & Zip Code 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.)

inside the building: one story building
approx. 2000 sq ft building. only inside the premises
storage & cooler area.

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? fox convenience.

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
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 _____ and date _____ 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. *Memorial Petroleum (4155 memorial dr appleton)*
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <i>Subedi Buddi S.</i>	Title/Member <input checked="" type="checkbox"/>	Date <i>7/22/2020</i>
Signature <i>[Signature]</i>	Phone Number <i>[Redacted]</i>	Email Address <i>[Redacted]</i>

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: Buddi S. Subedi [BSS Corporation]

2. Name of Business: Richmond mobil
(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☐ Other (describe) C-Store with Gas

3. Address of Business: 3401 N. Richmond St. Appleton WI

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

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

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

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

<u>Buddi</u>	<u>S.</u>	<u>Subedi</u>	<u>0000/00/00</u>
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: BSS fox convenience
First name Middle Initial Last name

Address: 3401 N. Richmond St Appleton WI 54911
City State ZIP

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

Name: fox convenience

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

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☐ Other (describe) C-store with Gas

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

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

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

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

— months ago.

10. Seating capacity: Inside — Outside —

11. Operating hours (Inside the building): twenty four hours
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 8 Number of door checkers 1

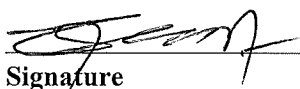
13. In general, state the size and operational details of the proposed establishment:

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

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

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

~~AAA~~ Gas station with C-store. We
open 24 hours. We will sell grocery, tobacco


Signature

7/23/2020
Date

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

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

County of Doutagamie Aldermanic Dist. No. _____
(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 checked="" type="checkbox"/> Class A beer	\$ 200
<input 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 type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
<input checked="" type="checkbox"/> Publication fee	\$ 60+14
TOTAL FEE	\$ 274

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

DEPU 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>Lamichhane</u>	<u>Chiranjibi</u>	<u>-</u>	<u>381 - Boyd St. Fond du Lac WI 54935</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lamichhane</u>	<u>Chiranjibi</u>	<u>-</u>	<u>381 - Boyd St. Fond du Lac WI 54935</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Adhikari</u>	<u>Devi</u>	<u>-</u>	<u>3201 E parkside Blvd #57 Appleton WI 54915</u>

1. Trade Name _____ Business Phone Number _____
2. Address of Premises 105 W. Northland Ave Post Office & Zip Code Appleton WI 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.)

Total Building is 4250 Sq. Ft. Beer is stored on Beer cooler and front side of Beer cooler. on main floor.

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? Fox Convenience

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
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 _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) Iamichhane Chiranjibi	Title/Member member	Date 7/23/20
Signature <i>Chiranjibi</i>	Phone Number [REDACTED]	Email Address [REDACTED]

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: Chiranjibi Lamichhane (DEPU NC)

2. Name of Business: _____

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

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☒ Other (describe) C Store with bar

3. Address of Business: 105 W. Northland Ave Appleton WI 54911

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

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

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

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

Chiranjibi		Lamichhane	●/●/●●●●
First name	M.I.	Last name	Date of Birth
Devi		Adhikari	●/●●●●●●
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Fox Convenience

First name	Middle Initial	Last name
------------	----------------	-----------

Address: 105 W. Northland Ave Appleton WI 54911

City State ZIP

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

Name: Fox Convenience

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

☐

Restaurant

☐

Tavern/Night Club/Wine Bar

☐

Microbrewery/Brewpub

☐

Painting/Craft Studio

☒

Other (describe)

C Store with gas

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

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

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

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

Current months ago.

10. Seating capacity: Inside Outside

11. Operating hours (Inside the building): Temporarily - Same 11 PM will be
Operating hours (Outdoor seating areas): 24 hours

12. Employees/Staff

Number of floor personnel Number of door checkers

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

a. Gross floor building area of the premises to be licensed: 4250 square feet.

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

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

The building is 4250 Sq. Feet. It is a
Convenience Store with gas. It will be
opened for 24 hours.

Signature

Chloran

Date

7-29-20



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

REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE

Date Recv'd 8/4/2020

License Fee \$10.00/event

Acct: CLCAGP

Receipt 1176-0006

SECTION 1 – LICENSE INFORMATION

Name of Establishment

HANK & KAREN'S PUB & GRILL

Address of Establishment

1937 E John St

Name of Agent

Henry J. Grishaber

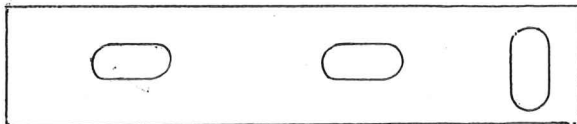
Phone Number

(715) 833-1111

SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:

A drawing/diagram of the proposed area must also be submitted with this application



Is this change Permanent?

☐
YES

☒
NO

If this is temporary please specify the reason for the amendment:

COVID 19

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:

Tue - Sat - 11AM - 9PM

through 12/1/2020

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant:

Henry J. Grishaber

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	<u>8-12-20</u>		Council <u>8-19-20</u>	Date Issued
				Exp. Date
				License Number





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

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE

Date Recv'd 7/24/2020

License Fee - Local \$207.00 Acct. CLSALV

License Fee - Out of City \$ 82.00 Acct. CLSALV

Receipt 1153-0002

License period July 1 to June 30

Please allow 4 weeks for processing

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

Business Name

Golper Supply Co., Inc.

Business Street Address

1810 W. Edgewood Drive

City

APPLETON

State

WI

Zip

54913

Business Telephone Number

920-731-3266

SECTION 2 - APPLICANT INFORMATION

Name

David Golper

Home Street Address

930 Pleasant Avenue

City

Highland Park

State

IL

Zip

60035

Date of Birth

██████████

Male

☒

Female

Telephone Number

██████████

SECTION 3 - CORPORATION INFORMATION - List names, addresses and dates of birth of all officers.

President

Last

Golper

First

David

Middle Initial

B

Date of Birth

██████████

Male

☒

Female

Address

930 Pleasant Avenue

City

Highland Park

State

IL

Zip

60035

Vice President

Last

First

Middle Initial

Date of Birth

Male

Female

Address

City

State

Zip

Secretary

Last

First

Middle Initial

Date of Birth

Male

Female

Address

City

State

Zip

Treasurer

Last

First

Middle Initial

Date of Birth

Male

Female

Address

City

State

Zip

SECTION 4 - PENALTY NOTICE

I certify that I am familiar with Section 9.386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: David P Golper

FOR OFFICE USE ONLY

Dept.

Approve

Deny

By

Reason

Police

Fire

City Sealer

Inspection

S&L

Council

Date Issued

Exp. Date

License Number

9-24-19

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



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

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE

Date Recv'd 7/27/20

License Fee - Local \$207.00 Acct. CLSALV

License Fee - Out of City \$ 82.00 Acct. CLSALV

Receipt 1153-0003

License period July 1 to June 30

Please allow 4 weeks for processing

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

Business Name	<u>Appleton Aluminum Recycling Inc.</u>		
Business Street Address	City	State	Zip
<u>500 N. Kensington Dr.</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>
Business Telephone Number	<u>920-133 6999</u>		

SECTION 2 - APPLICANT INFORMATION

Name	<u>Delores B. Desten</u>		
Home Street Address	City	State	Zip
<u>1102 N. Harriman St.</u>	<u>Appleton</u>	<u>WI</u>	<u>54911</u>
Date of Birth	Male	Female	
<u>01/01/1950</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION 3 - CORPORATION INFORMATION - List names, addresses and dates of birth of all officers.

President	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Desten</u>	<u>Delores</u>	<u>B</u>	<u>01/01/1950</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address	City	State	Zip			
<u>1102 N. Harriman St.</u>	<u>Appleton</u>	<u>WI</u>	<u>54911</u>			
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Hischendorf</u>	<u>Lori</u>	<u>L</u>	<u>01/01/1950</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address	City	State	Zip			
<u>11021 HWY 45S</u>	<u>Antigo</u>	<u>WI</u>	<u>54409</u>			
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>LaBorde</u>	<u>Tammy</u>	<u>M</u>	<u>01/01/1950</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address	City	State	Zip			
<u>1409 S. Weimar St.</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>			
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Same</u>					
Address	City	State	Zip			

SECTION 4 - PENALTY NOTICE

I certify that I am familiar with Section 9.386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Delores B. Desten

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Rec'd 8/4/2020

<input type="checkbox"/> Pawnbroker	\$217.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$97.00 / \$82.00	orig/rnw (see below)
<input checked="" type="checkbox"/> Secondhand Jewelry	\$97.00 / \$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$172.00	Acct. CLLSMF

Receipt # 1176-0007

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

Please allow 4 weeks for processing

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

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

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
PARISH, JAY, J		M	W	●●●●●●	APPLETON, WI
Street Address	City	State	Zip	Home Telephone Number	
205 W. FLORIDA AVE.	APPLETON	WI	54911	●●●●●●	

SECTION 2 – CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years? ☐ 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	Street Address	City	State	Zip	Telephone Number
APPLETON TROPHY & ENGRAVING, INC.	2401 N. RICHMOND ST.	APPLETON	WI	54911	●●●●●●
Owner's Name	Street Address	City	State	Zip	Telephone Number
JAY J. PARISH	205 W. FLORIDA AVE.	APPLETON	WI	54911	●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
JAY J. PARISH	205 W. FLORIDA AVE.	APPLETON	WI	54911	●●●●●●

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

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

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

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

State of Incorp.

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

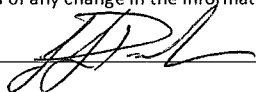
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

SECTION 6 – PENALTY NOTICE

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

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

Signature of Applicant:

Date 7/31/20**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
<u>8/12/2020</u>	<u>8/19/2020</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	



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

FEES ARE NON-REFUNDABLEDate Rec'd 7/23/20

Acct Code: CLCAMS License Fee:

\$15.00 per machine (5) X \$15.00 = 75.00
15 machines and over \$250.00

Acct Code: CLCPIF

Investigation Fee

+ \$7.00

TOTAL AMOUNT PAID \$ 75Receipt No. 11068-0001

License period – July 1 and ending June 30 of the following year

APPLICATION for MECHANICAL AMUSEMENT DEVICE LICENSE

DEFINITION – A mechanical amusement device is a machine which upon the insertion of a coin or slug operates a game, contest or amusement, *except music*. A billiard table or pool table is a mechanical device when operated commercially, whether is it coin operated or not.

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

Name of Corporation/ Individual <u>BSS Corporation</u>		Date of Birth	
Corporation/ Individual Address <u>3045 Winnieper St</u>	City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>
Corporation/ Individual Telephone Number <u>██████████</u>			

SECTION 2 – LOCATION INFORMATION

Trade Name of Establishment <u>Richmond mobil</u>		Telephone Number <u>██████████</u>	
Street address where devices will be operated: <u>3401 N. Richmond St.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>

SECTION 3 – AMUSEMENT DEVICES

Number of Devices: <u>5</u>	NOTE: IF YOU ARE LICENSING 15 OR MORE AMUSEMENT DEVICES, A SPECIAL USE PERMIT MAY BE REQUIRED. PLEASE CONTACT THE DEPARTMENT OF COMMUNITY DEVELOPMENT FOR DETAILS. (920.832.6468)
Description of Devices: <u>Big Daddy game</u>	

SECTION 4 – PENALTY NOTICE

The undersigned request that a license be granted in accordance with Sections 9-126 to 9-129 of the Municipal Code of the City of Appleton.

Signature of Applicant: [Signature]**FOR OFFICE USE ONLY**

DEPARTMENT	APPROVE	DENY	BY	REASON
POLICE				
FIRE				
INSPECTION				
COMMUNITY DEVEL				

Date Issued:

License No:



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

FEES ARE NON-REFUNDABLEDate Rec'd 7/24/20

Acct Code: CLCAMS License Fee:

\$15.00 per machine (5) X \$15.00 = 75
15 machines and over \$250.00

Acct Code: CLCPIF Investigation Fee + \$7.00

TOTAL AMOUNT PAID \$ 75Receipt No. 1153-0001

License period – July 1 and ending June 30 of the following year

APPLICATION for MECHANICAL AMUSEMENT DEVICE LICENSE

DEFINITION – A mechanical amusement device is a machine which upon the insertion of a coin or slug operates a game, contest or amusement, *except music*. A billiard table or pool table is a mechanical device when operated commercially, whether is it coin operated or not.

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

Name of Corporation/ Individual <u>DEPU LLC</u>		Date of Birth	
Corporation/ Individual Address <u>1726 North St.</u>	City <u>Neehah</u>	State <u>WI</u>	Zip <u>54956</u>
Corporation/ Individual Telephone Number			

SECTION 2 – LOCATION INFORMATION

Trade Name of Establishment <u>—</u>		Telephone Number	
Street address where devices will be operated: <u>105 W. Northland Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>

SECTION 3 – AMUSEMENT DEVICES

Number of Devices: <u>5</u>	NOTE: IF YOU ARE LICENSING 15 OR MORE AMUSEMENT DEVICES, A SPECIAL USE PERMIT MAY BE REQUIRED. PLEASE CONTACT THE DEPARTMENT OF COMMUNITY DEVELOPMENT FOR DETAILS. (920.832.6468)
Description of Devices: <u>Big dady games</u>	

SECTION 4 – PENALTY NOTICE

The undersigned request that a license be granted in accordance with Sections 9-126 to 9-129 of the Municipal Code of the City of Appleton.

Signature of Applicant: **FOR OFFICE USE ONLY**

DEPARTMENT	APPROVE	DENY	BY	REASON
POLICE				
FIRE				
INSPECTION				
COMMUNITY DEVEL				

Date Issued:

License No:

Rec'd 1108-6001
\$100

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

BSS Corporation

Federal Employer Identification No. (FEIN)

Trade or Business Name (if different than Legal Name)

Richmond Mobil

Telephone Number

(920) 000-0000

Business Address (License Location)

3401 N. Richmond St.

Business Located In

☒ City ☐ Village ☐ Town

Business Telephone

(920) 000-0000

Municipality

State

Zip Code

of: Appleton

County

Outagamie

Mailing Address (if different than Business Address)

3045 Winnipeg St Menasha, WI 54952

Municipality

State

WI

Zip Code

54952

Organization (check one)

☐ Sole Proprietor

☒ Wisconsin Corporation – Enter date incorporated: 7/14/2020

☐ Partnership

☐ Out-of-State Corporation – Are you registered to do business in Wisconsin?

☐ Yes

☐ No

☐ Other (describe)

☒ Yes ☐ No

1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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/dor/forms/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 that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

BSS Corporation
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

rec 1153-0001
#100-

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
[Redacted]

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

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Depu LLC			Federal Employer Identification No. (FEIN) [Redacted]		
Trade or Business Name (if different than Legal Name) 105 W. Northland Ave.			Telephone Number (920) [Redacted]		
Business Address (License Location) 105. W. Northland Ave			Business Telephone (920) [Redacted]		
Municipality Wauwatosa	State WI	Zip Code 54911	County outagamie		
Mailing Address (if different than Business Address)			Municipality Appleton		
			State WI		
			Zip Code 54911		

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____
- ☒ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☐ Other (describe) _____

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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/dor/forms/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 that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



Mission, Vision

Mission

With our partners, the Appleton Fire Department protects the community with exceptional service.

Defines the fundamental purpose of an organization, succinctly describing why it exists

Vision

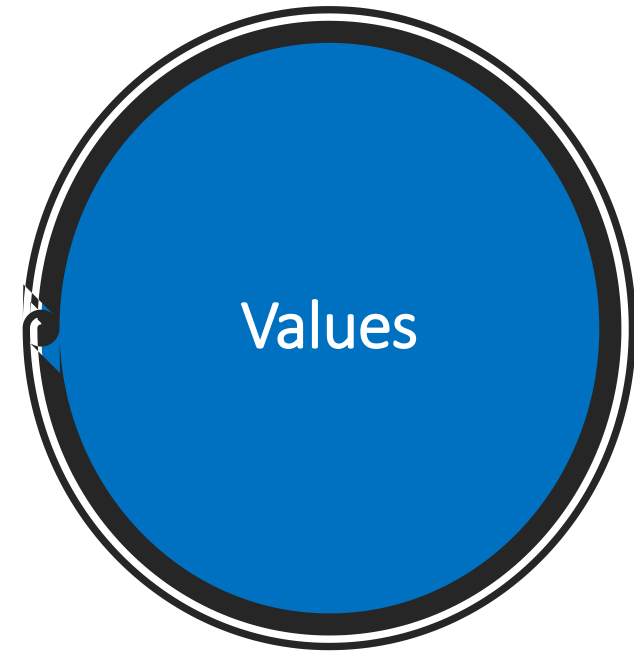
Pursuing excellence and enhancing the quality of life in Appleton and our regional community.

Outlines what the organization wants to be in 3 to 5 years? A well-written vision statement should describe a future state of what an organization wants to achieve over time. It should excite and motivate your employees about your organization and the progress to be made in the near future.



Values

P.R.I.D.E.



Partnership

We are partners in a changing, regional community



Respect

We respect ourselves, each other, the department, the community, the fire service, our traditions, and our vision



Integrity

We are true to our values at all times



Diversity

We embrace diversity in thought, strategy and staff.



Excellence

We strive for excellence in everything we do

- As a Fire Department, what do we value?
- What do we look for from leadership and staff?
- What are the top characteristics of the “ideal staff and leader?”



2021-2025 Strategic Plan

Mission

With our partners, the Appleton Fire Department protects the community with exceptional service.

Vision:

Pursuing excellence and enhancing the quality of life in Appleton and our regional community.

Core Values

P.R.I.D.E.

Partnership: We are partners in a changing, regional community

Respect: We respect ourselves, each other, the department, the community, the fire service, our traditions and our vision.

Integrity: We are true to our values at all times.

Diversity: We embrace diversity in thought and strategy and staff.

Excellence: We strive for excellence in everything we do.

I. IMPROVE OUTCOMES TO OUR CITIZENS & CUSTOMERS

I.A. IMPROVE RESPONSE TIMES

Lead: Ryan Weyers and Derek Henson

Future State: We are able to respond to 90% of emergency calls within 4 minutes.

1. Determine Standard of Cover
2. Evaluate and Plan for Station Relocation

3. Evaluate Staffing Levels

I.B. PROVIDE THE COMMUNITY WITH AN EXCEPTIONAL PRE-HOSPITAL EXPERIENCE

Lead: Jeremy Hansen and Jeff Felauer

Future State: The Appleton Fire Department has the training, staffing, and resources to provide the highest level of pre-hospital medical care to the community.

1. Recruit and Develop Experienced Emergency Medical Staff
2. Analyze & Measure Medical Services Hotspots and Response Times

3. Develop Regional Partnerships and Plan for the Pre-Hospital Experience

I.C. STRENGTHEN OUR PUBLIC EDUCATION AND COMMUNITY OUTREACH

Lead: Derek Henson

Future State: The Appleton Fire Department provides a formal, comprehensive, and age-appropriate curriculum for public education and community outreach.

1. Develop Age-Appropriate Public Education Curriculum

2. Strengthen Prevention / Inspections Commercial Efforts

I.D. ENCOURAGE AND EVALUATE REGIONAL PARTNERSHIPS

Lead: BC of Resource Development and Special Ops

Future State: Training and services are provided on a common-sense regional basis

1. AFD Takes the Lead in Regional Training Partnerships – Train Together
2. Evaluate Standards of Cover/Accreditation on a Regional Basis

II. IMPROVE OUR TECHNOLOGY CAPABILITIES

PROVIDE TECHNOLOGY AND RESPONSIVE SUPPORT THAT MEETS THE NEEDS OF THE ORGANIZATION

Lead: Sharon Brochtrup and Shannon Young Future State: The technology at the fire department is reliable and fosters an efficient, effective work environment

- A. Acquire, Replace, and Maintain Our Existing Technology

- B. Create Efficiencies Through Technology

III. MAINTAIN THE CITY OF APPLETON FIRE DEPARTMENT AS A PREFERRED WORKPLACE

Lead: Ryan Weyers, Shannon Young and Jeff Felauer

Future State: We continue to have an organizational culture that attracts high quality, diverse employees and allows them to reach their full potential

- A. Remain Competitive in Attraction, Recruitment, and Retention
- B. Improve Our Diversity and Inclusion

- C. Improve Staff Rewards and Recognition

IV. DEVELOP OUR STAFF AND LEADERS

Lead: Ethan Kroll and BC of Resource development and Special Ops Future State: We have an organizational culture that attracts high quality employees and allows employees to reach their full potential

- A. Enhance Opportunities for Professional Growth and Development
- B. Develop Our Future Leaders

- C. Foster Professionalism, Strengthen Accountability and Ownership
- D. Strengthen Our Resilience and Adaptability