



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, March 24, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[21-0332](#) Safety & Licensing Minutes from March 10th, 2021

**Attachments:** [S & L Minutes 3-10-21.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[21-0336](#) Operator's License for Michael Alger

**Attachments:** [MichaelAlgerDenial.pdf](#)  
[Michael Alger Application.pdf](#)

[21-0289](#) Resolution #3-R-21 Prohibition on Large Scale Commercial Dog and Cat Breeding

**Attachments:** [#3-R-21 Large Scale Dog & Cat Breeding Ord.pdf](#)

**Legislative History**

3/10/21	Safety and Licensing Committee	held
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[21-0338](#) Request from the Appleton Fire Department to update Section 6-56(b) of the city ordinance.

**Attachments:** [Changes to Sec 6-56\(b\).pdf](#)  
[2018 IFC adoption memo.pdf](#)

[21-0305](#) Class "A" Beer and "Class A" Liquor License application for Appleton Liquor LLC d/b/a Appleton Liquor, Heidi Guta, Agent, located at 2727 N Meade St, contingent upon approval from all departments.

**Attachments:** [Appleton Liquor.pdf](#)

[21-0315](#) Class "B" Beer and "Class B" Liquor License application for C Solutions 200 LLC d/b/a Uptown Chicken and Waffles, Sarah P Powell, Agent, located at 823 W College Ave, contingent upon approval from all departments.

**Attachments:** [Uptown Chicken & Waffles.pdf](#)

[21-0331](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Old Bavarian Brau Haus Inc, d/b/a OB's Brau Haus, Christopher A Nelis, New Agent, located at 523 W College Ave, contingent upon approval from Appleton Police Department.

**Attachments:** [Christopher A Nelis S&L.pdf](#)

## 6. Information Items

[21-0339](#) Director's Reports

1. City Clerk
  - Spring Election Reminders
2. Police Chief
  - Retirement and Promotion Notice
3. Fire Chief
  - New Recruits
  - Lundgaard Park

[21-0337](#) Police Department Information on liquor law violations.

## 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

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Wednesday, March 10, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Roll call of membership

*Aldersperson Schultz arrived at 5:32 p.m.*

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

3. Approval of minutes from previous meeting

[21-0287](#)

Safety & Licensing Minutes from March 3rd, 2021

**Attachments:** [S & L Minutes 3-3-21.pdf](#)

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

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

**Absent:** 1 - Schultz

4. Public Hearings/Appearances

5. Action Items

[21-0289](#)

Resolution #3-R-21 Prohibition on Large Scale Commercial Dog and Cat Breeding

**Attachments:** [#3-R-21 Large Scale Dog & Cat Breeding Ord.pdf](#)

**Lobner moved, seconded by Schultz, that the Resolution be held until the next Safety & Licensing Committee meeting. Roll Call. Motion carried by the following vote:**

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

[21-0217](#)

Secondhand Mall/Flea Market License renewal application for Ye Old Goat, Meghan Keller, applicant, located at 1919 E Calumet St, contingent upon approval from all departments.

**Attachments:** [Ye Old Goat S&L.pdf](#)

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

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

## 6. Information Items

[21-0290](#)

Director's Reports

1. City Clerk
  2. Fire Chief
  3. Police Chief
- APD Year in Review

**Attachments:** [APD Year in Review.pdf](#)

[21-0288](#)

Police Department Information on liquor law violation convictions.

**The violations were presented**

## 7. Adjournment

**Reed moved, seconded by Lobner, that the meeting be adjourned at 5:47 p.m. Roll Call. Motion carried by the following vote:**

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



“...meeting community needs...enhancing quality of life.”

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TO: Safety and Licensing Committee

FROM: Lt. Adam Nagel

DATE: 03/10/2021

RE: Denial of Michael R. Alger

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Committee Members:

As designee for the police department, I am requesting that the Safety and Licensing Committee recommend to the Common Council to deny Michael R. Alger's application for an operator's license.

It is not employment discrimination for a licensing agency to deny an applicant based on conviction record where the circumstances of the conviction substantially relate to the circumstances of the particular licensed activity.

No license or permit related to alcohol beverages may be issued to a habitual law offender where the circumstances of the offenses substantially relate to the circumstances of the particular licensed activity. A person is a habitual law offender if they have 1 felony conviction or repeat misdemeanor or ordinance violations.

Also, an applicant is allowed an opportunity to show evidence of rehabilitation and fitness to engage in the licensed activity, *unless the conviction(s) are for exempt offenses.*

Michael Alger's conviction record shows two prior sex assault convictions. One was for a violation of Wis. Stat. §940.225 (4<sup>th</sup> Degree Sexual Assault). The other was for a violation of Wis. Stat. §948.02 (2<sup>nd</sup> Degree Sexual Assault of a Child). Because violations of Wis. Stat. §940.225 and §948.02 are exempt offenses, Council need not allow Michael Alger an opportunity to show evidence of rehabilitation and fitness to engage in the sale of alcohol. I find both of these convictions to be substantially related to the sale of alcohol. When a person commits a sexual based crime or crime against a child it shows a lack of character and judgement and a tendency to target vulnerable people. Being a responsible seller of alcohol requires good character and judgment particularly around intoxicated and vulnerable people.

Additionally, because Michael Alger's multiple criminal convictions are substantially related to the ability to responsibly sell alcohol, I find Michael Alger to be a habitual law offender. Furthermore, Michael Alger's conduct continues to violate the law. On 01/23/21, Appleton Police officers conducted a licensed premises check at a Citgo gas station (1717 W. College Ave). During this check, Michael Alger was found to be working alone and had the ability to sell alcohol. Michael told the officer he was aware he needed a license to serve alcohol but had not

obtained a license yet. Michael was cited for not having an operator's license. Because Michael Alger already has multiple criminal convictions, including 1 felony, his conduct in selling alcohol without an operator's license further demonstrates that he is a habitual law offender.

Based on the foregoing reasons, the Appleton Police Department recommends that the Safety and Licensing Committee recommend to the Common Council to deny Michael Alger's application for an operator's license.

Respectfully:

Lt. Adam Nagel #9191  
Appleton Police Department



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

LICENSE APPLICATION for  
OPERATOR'S (BARTENDER'S) LICENSE

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

**FEES ARE NON-REFUNDABLE** Date Recv'd 2/11/21

Operator License \$67.00 Acct Code CLCOPS

Operator License \$82.00 Acct Code.CLCOPP  
plus a provisional

Total fee paid \$ 82- Receipt #: 1778-0003

Original Application

Renewal - License # \_\_\_\_\_

**SECTION 1 - APPLICANT INFORMATION**

Applicant Name (Last, First, MI) - FULL NAME - NOT NICK NAME OR SHORTENED VERSION OF NAME ALGER Michael R. Maiden or Previous \_\_\_\_\_

Street Address 2300 W. Charles St. City Appleton State WI Zip 54914

Driver's License Number/State Identification Number \_\_\_\_\_ State License Issued In: Wisconsin

Date of Birth \_\_\_\_\_ Sex M Home Phone Number \_\_\_\_\_ Cell phone Number \_\_\_\_\_

Name and Address of Establishment you will be selling alcohol Citgo Station 1717 W. College Ave Appleton, WI

**SECTION 2 - CONVICTION RECORD - NEW APPLICANT:** You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in a denial of your application.

Have you EVER had an Operator's (Bartender's) License? YES  NO

If Yes; where? \_\_\_\_\_

Have you EVER been convicted of a felony? YES  NO

If Yes; when, where and what type of violation? (Please be specific) 1998 2nd Deg sexual Assault 748.02(2) over 26 years ago.

Have you EVER been convicted of a misdemeanor or ordinance violation? YES  NO

If Yes; when, where and what type of violation? (Example: speeding, OWI) (2) 4th Deg sexual Asslt. (1993) over 31 years ago (2) DWI'S (2) Driving after Rev. 1992?

**SECTION 2 - CONVICTION RECORD - RENEWAL APPLICANT:** List any pending charges, citations, tickets and all convictions since last license application in or out of state. Failure to provide complete answers may result in a denial of your application.

Cor S



54914 CLK-AR-ALGER  
Signature Required

9489 0090 0027 6027 4263 93

Electronic Return Receipt  
First Class Letter

PBP Account #: 23057243  
Serial #: 0375776  
MAR 11 2021 12:06 PM

If Yes; when, where and what type of violation? (Example: speeding, ...)

**SECTION 3 - PENALTY NOTICE**

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: Michael R. Alger

**FOR OFFICE USE ONLY**

Department	Approve	Deny	By	Reason
POLICE		X	A. Nagel 3/11/21	(see letter)
Date sent to APD <u>2/19</u>	Class Completion Date <u>8-3-00</u>	Current other license: Muni _____ # _____		
Date Issued	Expiration Date	License Number		

## Resolution #3-R-21

### PROHIBITION ON LARGE SCALE COMMERCIAL DOG AND CAT BREEDING

March 3, 2020

Submitted By: Maiyoua Thao District 7, Denise Fenton District 6, Vered Meltzer District 2

Referred To: Safety & Licensing Committee

WHEREAS, most puppies and kittens sold in pet stores come from large-scale, commercial breeding facilities where the health and welfare of the animals is disregarded in order to maximize profits (“puppy mills” and “kitten mills”, respectively). According to The Humane Society of the United States an estimated 10,000 puppy mills produce more than 2 million puppies per year in the United States.

WHEREAS, according to the U.S. Centers for Disease Control and Prevention pet store puppies pose a health risk to consumers, as over one hundred Americans have contracted an antibiotic-resistant *Campylobacter* infection from contact with pet store puppies.

WHEREAS, current federal and state regulations do not adequately address the animal welfare and consumer protection problems that the sale of puppy and kitten mill dogs and cats in pet stores pose. Federal oversight of the commercial breeding industry is severely lacking.

WHEREAS, it is in the best interest of the City of Appleton, Wisconsin to adopt reasonable regulations to reduce costs to Appleton, Wisconsin and its residents, protect citizens who may purchase cats or dogs from a pet store, help prevent inhumane breeding conditions, promote community awareness of animal welfare, and foster a more humane environment in Appleton.

THEREFORE be it resolved that the City of Appleton create Section 3-25 of the Municipal Code to include the following:

Sec. 3-25. Prohibition on large scale commercial dog or cat breeding.

(a) Definitions. The following words, terms, and phrases, when used in this section, shall have the meanings ascribed to them in this paragraph:

"Animal care facility" means an animal control facility or animal shelter, maintained by or under contract with any state, county, or municipality, whose mission and practice is, in whole, or significant part, the rescue and placement of animals in permanent homes or rescue organizations.

"Animal rescue organization" means any not-for-profit organization that has tax-exempt status under Section 501(c)(3) of the United States Internal Revenue Code, whose mission and practice is, in whole or in significant part, the rescue and placement of animals in permanent homes. This term does not include an entity that is a breeder or broker or one that obtains animals from a breeder or broker for profit or compensation.

"Breeder" means a person that maintains a dog or cat for the purpose of breeding and selling their offspring.

"Broker" means a person that transfers a dog or cat from a breeder for resale by another person.

"Cat" means a member of the species of domestic cat, *Felis catus*.

"Dog" means a member of the species of domestic dog, *Canis familiaris*.

"Pet store" means a retail establishment where companion animals are sold, exchanged, bartered, or offered for sale to the general public. Such definition shall not include an animal care facility or animal rescue organization.

(b) Restrictions on the sale of animals. No pet store shall sell, deliver, offer for sale, barter, auction, give away, or otherwise transfer or dispose of cats or dogs. Nothing in this section shall prohibit pet stores from collaborating with animal care facilities or animal rescue organizations to offer space for such entities to showcase adoptable dogs or cats provided the pet store shall not have any ownership interest in the animals offered for adoption and shall not receive a fee for providing space for the adoption of any of these animals. Dogs may not be kept overnight.

(c) Penalty. A violation of this section shall be subject to a penalty as provided in §1-16, and each dog or cat in violation of this section shall constitute a separate violation.

(d) Effective date. This section shall become effective July 1, 2021.

**ADOPTED:**  
**PUBLISHED:**  
Office of the City Clerk

**XX-20**

**AN ORDINANCE AMENDING SECTION 6-56(b) OF CHAPTER 6 OF THE MUNICIPAL CODE OF THE CITY OF APPLETON, RELATING TO ADOPTION OF CODES AND STANDARDS.**

(Safety and Licensing Committee – / /2020)

The Common Council of the City of Appleton does ordain as follows:

**Section 1:** That Section 6-56(b) of Chapter 6 of the Municipal Code of the City of Appleton, relating to adoption of codes and standards, is hereby amended to read as follows:

**Sec. 6-56. Adoption of codes and standards.**

(b) The International Fire Code ~~2015-2018~~ Edition, hereinafter “IFC” is hereby adopted as though fully set forth herein, with the following exceptions:

- (1) Chapter 1 and Chapter 57 are not included in the adoption of the ~~2015-2018~~ edition of the IFC.
- (2) Appendices A, J, K, L, and M are not included as part of the adoption of the ~~2015-2018~~ IFC.

**Section 2:** This ordinance shall be in full force and effect from and after its passage and publication.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Jacob A. Woodford, Mayor

\_\_\_\_\_  
Kami Lynch, City Clerk



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

**APPLETON FIRE DEPARTMENT  
700 N. DREW STREET  
APPLETON, WI 54911**

## MEMORANDUM

To: Safety and Licensing Committee

From: Jeremy J, Hansen, Fire Chief

Date : March 9, 2021

Re: Proposed Modifications to Chapter 6 of the Appleton Municipal Code

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The fire service has the daunting task of keeping up with changes in technology and fire safety through every industry. This is eased by adopting a current code. Newer codes set minimum standards of safety for new technology and are better address unsafe conditions that were not a concern in previous editions. Adopting a more current edition of the code removes the requirement for an inspector to use alternative means in a code determination regarding new technology or situations.

The Appleton Fire Department recommends adoption of the 2018 International Fire Code (IFC) through the proposed modifications to Chapter 6 of the Appleton Municipal Code. The reasons for this are many; however the most impactful of these reasons are outlined below.

One of the biggest challenges to arise in recent years is school intruder safety. The current edition of the code strictly prohibits any locking mechanisms that are not easily defeatable by an intruder. The 2018 IFC allows more robust locking arrangements while maintaining fire safety. Further, technology that allows remote locking and unlocking of classroom doors is now more commonplace. This is also now allowed through the 2018 IFC. This change affects every educational use building in the city.

Another area of the 2015 IFC that is lacking in clarity is the requirements for idle pallet storage. The idle storage of pallets creates a hazardous fire safety condition as shown in pallet storage fires in Modesto, CA and Detroit, MI. A small fire quickly becomes a large fire, and without the presence of fire breaks, eventually consumes the entire pile. The height of the piles in these cases also aggravated the issue. Idle pallets pose a collapse hazard and firefighters were not able to get close enough to provide effective suppression efforts due to the height of the pallets. The 2018 IFC addresses these hazards by requiring fire breaks and maximum heights for piles of pallets. There are several businesses that will benefit from the increased fire safety this change brings.

The 2018 IFC addresses another serious fire safety concern: existing Group A-2 occupancies that serve alcohol with an occupant load over 300 people. As was seen with the Station Nightclub in West Warwick, RI, in 2003, these occupancies present a unique hazard. In the Station Nightclub, 100 people died and over 100 more were treated for severe burn injuries. The total number of people in the nightclub exceeded 450 the night of the fire. The 2018 IFC serves to address the hazard in these occupancies by requiring retroactively the installation of sprinklers in A-2 occupancies that serve alcohol and have an occupant load over 300 people. For new construction, the occupant load

*"Appleton Fire Department....serving with P.R.I.D.E."*

threshold for sprinklers in an A-2 occupancy is 100 people. Many of these types of businesses have installed sprinklers as part of past remodeling projects, while others have chosen to lower their occupant load to avoid the sprinkler requirement. This change is expected to impact fewer than 10 businesses and the Prevention Division will work with those businesses on a mutually agreeable timeline for completion.

Technology is not the only reason for adopting a newer version of a fire code. The Insurance Services Office (ISO) uses the Fire Service Rating Schedule (FSRS) to grade fire departments, called the Public Protection Classification (PPC). One of the criteria in the FSRS is that the adopted model fire code edition is no older than five years. To continue to achieve full credit in this category, the adoption of the 2018 IFC is recommended.

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } APPLETON  
 Village of }  
 City of }

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 	
PERM Number 	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Appleton Liquor 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>Guta</u>	<u>Herdi</u>		<u>1325 E overland Rd Appleton WI 54911</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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Appleton Liquor LLC Business Phone Number 818 290 1933  
 2. Address of Premises 2727 N. Meade St Post Office & Zip Code Appleton 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.)  
Between Meade & Northland Ave, located next to Papa Murphy, Meade St Bistro, and Bethesda Thrift. Retail of 2200 square feet approx (10 x 10) Storage room, 2727 will have a storage room in back and office. Gondola shelves for liquor and coolers for beer to purchase wine.

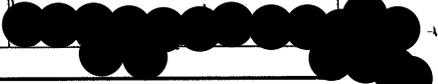
4. Legal description (omit if street address is given above): 2727 N. Meade St

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? \_\_\_\_\_

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  
Will take RBS course
7. Is the applicant an employe 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 2/24/21 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.) <u>Guta Hepdi</u>	Title/Member <u>owner</u>	Date <u>3-16/21</u>
Signature <u>Hepdi Gupta</u>	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: Heidi Guta

2. Name of Business: Appleton Liquor LLC

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) retail liquor sales

3. Address of Business: 2727 N. Meade Appleton

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

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>Heidi</u>		<u>Guta</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: \_\_\_\_\_

City State ZIP

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

Name: \_\_\_\_\_

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Retail liquor sales

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?

n/a months ago.

10. Seating capacity: Inside n/a Outside 0

11. Operating hours (Inside the building): 9 Am - 9 Pm  
Operating hours (Outdoor seating areas): n/a

12. Employees/Staff

Number of floor personnel 2 Number of door checkers 0

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

a. Gross floor building area of the premises to be licensed: 2300 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:

convenient selling of liquor,  
been next to Papa Murphy  
to take home + drink responsibly  
on Meade x Northland.

[Signature]  
Signature

3-16/21  
Date

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/25/2021 ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Appleton  
 Village of }  
 City of }

County of Winnebago 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 ██	
FEIN Number ██	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
C Solutions 200 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 <u>Towell</u>	(First) <u>Sarah</u>	(Middle Name) <u>Paige</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1548 Hidden Acres Lane, Neenah, WI 54956</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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Uptown Chicken & Waffles Business Phone Number 850-288-9200  
 2. Address of Premises 823W College Ave, Appleton Post Office & Zip Code 54914

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.)  
Retail space below an apartment complex. There will be storage space, an office, and kitchen area.

Bar area, kitchen storage is where alcohol will be stored. The sale of the alcohol will take place at the bar. The enjoyment/consumption will take place within the square footage of the location, approx 2000 sq ft.

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? \_\_\_\_\_

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 employe 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 3-5-21 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.) <u>Lowell, Sarah P.</u>	Title/Member <u>CEO</u>	Date <u>3-11-21</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: Sarah P. Lowell

2. Name of Business: C Solutions 200 LLC, DBA "Uptown Chicken & Waffles"

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) \_\_\_\_\_

3. Address of Business: 823W College Ave, Appleton, WI 54914

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

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>Sarah</u>	<u>P.</u>	<u>Lowell</u>	<u>●</u>	<u>/</u>	<u>●</u>	<u>/</u>	<u>●</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: NAI Pfefferle / Elizabeth Ringgold

First name                      Middle Initial                      Last name

Address: 200 E. Washington St.                      Appleton                      WI                      54911

City                      State                      ZIP

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

Name: N/A

(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?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 60 - 70 Outside 10

11. Operating hours (Inside the building): 12pm - 9pm / 5pm - 1am  
Operating hours (Outdoor seating areas): occasional

12. Employees/Staff

Number of floor personnel 1 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: 2000 square feet.

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

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

Alcohol will be stored in the bar area, and the kitchen storage area. The sale of the alcohol will take place at the bar, and consumption will take place within the 2000 sq ft of the premises. Occasional consumption at bistro outdoor tables.

[Signature]  
Signature

3-11-21  
Date

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>NEUS</b> , (first name) <b>CHRISTOPHER</b> , (middle name) <b>ALAN</b>				
Home Address (street/route) <b>1315 1/2 S JEFFERSON ST</b>	Post Office 	City <b>APPLETON</b>	State <b>WI</b>	Zip Code <b>54915</b>
Home Phone Number [REDACTED]	Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth <b>APPLETON</b>	

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.

X  
K

**CHRISTOPHER NEUS, AGENT** of **OLD BAVARIAN BRAUHAUS INC.**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

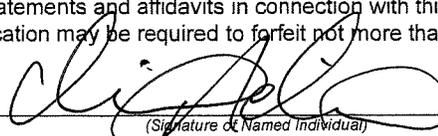
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? **4 YEARS**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
**ON BACK**
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe 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)
- Named individual must list in chronological order last two employers.

Employer's Name <b>OB'S BRAU HAUS</b>	Employer's Address <b>523 W COLLEGE AVE, APPLETON</b>	Employed From <b>12/2010</b>	To <b>PRESENT 2021</b>
Employer's Name <b>SIANGRITS</b>	Employer's Address <b>215 S MEMORIAL DR, APPLETON</b>	Employed From <b>10/2017</b>	To <b>10/2018</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

- 5/16/2019 FILED  
DISORDERLY CONDUCT STATUTE 947.01(1) 35 DAYS  
PLEA NO CONTEST 2/12/2020 ELECTRONIC MONITORING  
OUTSTANDING

- 5/3/2017 FILED  
OPERATING W PAK (2ND) STATUTE 346.63(1)(b)  
PLEA NO CONTEST 9/25/2017  
60 DAYS  
ELECTRONIC MONITORING  
1ST TWO DAYS IN LOCKUP

- 9/24/2012 FILED  
DISORDERLY CONDUCT STATUTE 947.01(1)  
PLEA NO CONTEST 1/23/2013  
FINE PAID IN FULL

~~5/12/2009~~  
~~OPERATING~~

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of APPLETON County of OUTAUGAMIE  
 City

The undersigned duly authorized officer/member/manager of OLD BAVARIAN BRAU HAUS 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  
OB'S BRAU HAUS  
(Trade Name)

located at 523 W COLLEGE AVE, APPLETON, WI, 54911

appoints CHRISTOPHER ALAN NELS  
(Name of Appointed Agent)  
1315 1/2 S JEFFERSON ST, APPLETON, WI, 54915  
(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? 4 YEARS

X Place of residence last year 1515 LREBUDALE ST NEWMARK, WI 54952

For: OLD BAVARIAN BRAU HAUS INC.  
(Name of Corporation / Organization / Limited Liability Company)

By: FRAUZ SCHAIT  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, CHRISTOPHER ALAN NELS, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

[Signature] 3/16/2021 Agent's age       
(Signature of Agent) (Date)  
1315 1/2 S JEFFERSON ST, APPLETON, WI, 54915 Date of birth       
(Home Address of Agent)

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

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

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