

HEALTH & RECREATION COMMITTEE

City of Kaukauna
Council Chambers
Municipal Services Building
144 W. Second Street, Kaukauna



Monday, October 03, 2022 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Temporary Class B License to Holy Cross, 309 Desnoyer Street, Kaukauna for Oktoberfest on October 9, 2022.
 - [b.](#) Combination Class B License to Sturber's Bar & Grill, LLC, Amy B. Steier, Agent, 220 Dodge Street, Kaukauna.
3. Adjourn.

NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, October 3, 2022 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.



Rec'd 9-20-22 H+Rec 10-03-22 Council 10-04-22

9-20-22 Original -> Sally
Copy -> PD

Item 2.a.

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 Pd. Receipt # 65460

Application Date: 9-20-22

☐ Town ☐ Village ☒ City of Kaukauna

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) ->

- ☐ Bona fide Club ☒ Church ☐ Lodge/Society
☐ Chamber of Commerce or similar Civic or Trade Organization
☐ Veteran's Organization ☐ Fair Association

(a) Name Holy Cross

(b) Address 309 Desnoyer St. Kaukauna, WI
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized Jan 2022

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President _____
Vice President _____
Secretary _____
Treasurer _____

(g) Name and address of manager or person in charge of affair: Lawrence Oitner, Manager

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 309 Desnoyer St. Kaukauna, WI 54130

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? gym + cafeteria area below gym

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event Oktoberfest

(b) Dates of event Oct 9-11 2022

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer _____
(Signature/date)

(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Je Lamers 920-858-2894

* Agenda 9-30-22 *

* Published 9-28-22

Item 2.b.

9-22-22

9-22-22

* To All Departments 9-22-22

APPLICANT/AGENT: Sturber's Bar & Grill, LLC/Amy B. Steier, Agent
BUSINESS NAME: Sturber's Bar & Grill (Formerly K-Town Sports Bar + Grill)
BUSINESS ADDRESS: 220 Dodge St.

Same owner under a new LLC.

Same premises.

New trade name.

City Attorney/Paralegal Suggestions:

Okay as presented

Signed: KW/JS/

Title: Attorney

Date: 9/22/2022

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Steier	Amy	B	711 E. Tallgrass Dr Appleton WI 54913
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thurber	Mario	J	711 E. Tallgrass Dr Appleton WI 54913
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 Sturber's Bar + grill Business Phone Number 920-766-0178
2. Address of Premises 220 Dodge St Kaukauna Post Office & Zip Code 54130

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.)

Storage in basement, coolers, main floor +
stock room

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? K-Town Sports Bar + grill