

HEALTH & RECREATION COMMITTEE

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



Tuesday, July 05, 2022 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Solicitor Licenses.
 - [b.](#) Combination "Class B" License to Craig Krueger, The X, 142 W. Third Street - Kaukauna for the 2022-2023 License year.
3. General Matters.
4. 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 Tuesday, July 5, 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.

WE ARE FOLLOWING CDC GUIDELINES REGARDING MASK-WEARING IN CITY FACILITIES.



July 5, 2022

The following applicants have applied for a solicitor's license for the license year 2022 and have been recommended for approval based on their record check by the police department:

Burns	Phillip	A.	635 W. Seneca Dr.	Appleton
Carrel	Angela		3298 Tranquil Way	Kaukauna
Johnson	Janet	L.	727 Lawe St.	Kaukauna
Nylund	Brian	J.	1224 Green Acres Ln.	Neenah
Santos Hernandez	Juan	F.	1316 Bismark Ave.	Oshkosh
Schuh	Karrie	D.	130 Woodhaven Ln.	Neenah



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. CC 507 3684

Sellers Permit No. _____

Date Paid 6-20-22

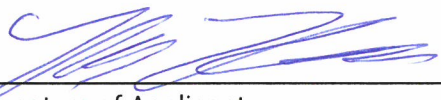
Name of Applicant: <u>Phillip Burns</u>	
Address: <u>635 W. Seneca Dr</u>	
City, State, Zip: <u>Appleton, WI 54911</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>22 Northbreeze Cir Appleton, WI 54911</u>	
Date of Birth (Month/Day/Year): <u>8-16-87</u>	Place of Birth: <u>Champaign, IL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>9205744777</u>
Driver's License Number: <u>B652 6618 7296 06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>TV, Internet, HomePhone</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>All of Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>WG174 Aerotech Dr Appleton, WI 54914</u>	
Officer or Director of Company: <u>Ben Halfen</u>	Principal Place of Business (State): <u>WI</u>

RECEIVED

CITY OF KAUKAUNA

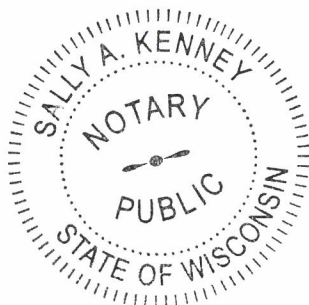
144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.comBY: TH

Reference	Name: <u>Teric Hines</u>
	Address: <u>W6174 Aero Tech Dr Appleton, WI 54914</u>
	Telephone Number: <u>309 643 2999</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Kimberly + Little Chute</u>	


Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Paul Sanford</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

Rec'd 6-29-22
Agenda 6-24
Council 7.5

Item 2.a.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. _____

Sellers Permit No. _____

Date Paid 6-29-22

Name of Applicant: <u>Angela Carrel</u>	
Address: <u>3298 Tranquil Way</u>	
City, State, Zip: <u>Kaukauna, WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>05/03/1982</u>	Place of Birth: <u>Norfolk, NE</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>(402) 416-6628</u>
Driver's License Number: <u>C640-0138-2663-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Trash can cleaning</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>all over</u>	
Home Company Name: <u>Fox Valley Bin Cleaning</u>	
Address: <u>3298 Tranquil Way, Kaukauna, WI 54130</u>	
Officer or Director of Company: <u>Jake & Angela Carrel and Nick & Michelle Vraney</u>	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

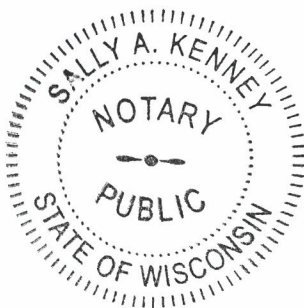
920.766.6300
www.cityofkaukauna.com

Reference	Name: <u>Michelle Vraney</u>
	Address: <u>W5038 Birchwood Dr., Sherwood, WI 54169</u>
	Telephone Number: <u>(715) 851-1319</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Angela Currel
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

29th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>Paul Smauga</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. CC 5073684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Janet Johnson</u>	
Address: <u>727 Lawe St</u>	
City, State, Zip: <u>Kaukauna WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/09/1961</u>	Place of Birth: <u>Madison, WI</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>608 206-7803</u>
Driver's License Number: <u>J525 4326 1949 05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecommunications</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W 6174 Aerotech Dr Appleton, WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA


144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.com

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JUN 27 2022

BY: TB

Reference	Name: <u>THERESA WIDDER</u>
	Address: <u>727 1/2 LAWE ST Kaukauna, WI 54130</u>
	Telephone Number: <u>920 450 4151</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	


Signature of Applicant


STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

20 day of June, 2022


City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. CC5073684

Sellers Permit No. _____

Date Paid 6-30-22

Name of Applicant: <u>BRENN NYLAND</u>	
Address: <u>1224 GREEN ACRES LN</u>	
City, State, Zip: <u>NEENAH WI 54956</u>	County of Residence: <u>WINNEBAGO</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>09-05-65</u>	Place of Birth: <u>HERBING MN</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-313-6468</u>
Driver's License Number: <u>N453-0706-5325-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>CABLE INTERNET, PHONE</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 AEROTECH DR Appleton WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State):

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

RECEIVED
920.766.6300
www.cityofkaukauna.com

JUN 27 2022

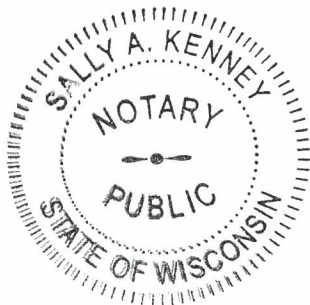
BY: TB

Reference	Name: <u>TEREC HENES</u>
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Applicant</u>	
If yes, please state where. <u>WI</u>	

B- [Signature]
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20th day of June, 2022.

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>[Signature]</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. CL5073684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Juan Santos Hernandez</u>	
Address: <u>1316 Bismarck Ave</u>	
City, State, Zip: <u>Oshkosh, WI, 54902</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>144 N. Western Ave, Neenah, WI</u>	
Date of Birth (Month/Day/Year): <u>05/21/1985</u>	Place of Birth: <u>Honduras (US citizen)</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-637-8696</u>
Driver's License Number: <u>5532-4268-5181-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet, T.V. and phone.</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna City of Kaukauna</u>	
Home Company Name: <u>T.D.S. Telecom</u>	
Address: <u>W6174 Aerotech Dr.</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

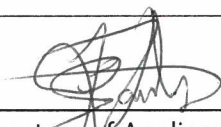
CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.com

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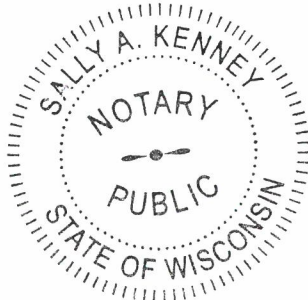
BY: TB

Reference	Name: <u>Teric Hines</u>
	Address:
	Telephone Number: <u>309-643-2999</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	


Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/>	Recommend Denial <input type="checkbox"/>	
Signature: <u>Brian Scharf</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. CC 5073684

Sellers Permit No. _____

Date Paid 6-20-22

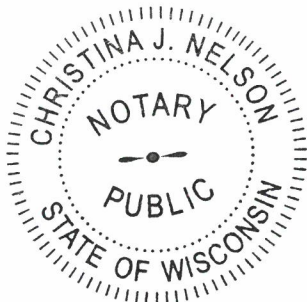
Name of Applicant: <u>Harrie Schuh</u>	
Home address Address: <u>130 Woodhaven Ln / W1474 Aerotech Dr</u>	Work address <u>Appleton WI 54914</u>
City, State, Zip: <u>Deenah WI 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>07/03/1989</u>	Place of Birth:
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920-585-3327</u>
Driver's License Number: <u>5000-5048-9743-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom TV, Internet + Home phone.</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W1474 Aerotech Dr Appleton WI</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Harvie D. Schuh</u>
<u>Teric</u>	Address: <u>130 Woodhaven Ln Neenah WI 54956</u>
	Telephone Number: <u>920-585-3327</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Little Chute</u>	

Harvie D. Schuh
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20 day of June, 2022

Christina J. Nelson
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>[Signature]</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Kaukauna

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Krueger	Craig	J	2433 Lawe Street, Kaukauna, WI 54130
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
-----------------	---------	---------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers 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)

C. Business Information

1. Trade Name The X Business Phone Number 920-949-4197

2. Address of Premises 142 W. Third Street Post Office & Zip Code Kaukauna, WI 54130

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

4. 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.)

Barroom, Storage Area and Basement

Applicant's Wisconsin Seller's Permit Number 456102317033804		Item 2.b.
FEIN Number 26-4011032		
TYPE OF LICENSE REQUESTED	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$	100
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A
<input checked="" type="checkbox"/> Class B liquor	\$	350
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$	25
TOTAL FEE	\$	<u>475</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) KRUEGER CRAIG J	Title / Member OWNER	Date 6/3/22
Signature Craig J Krueger	Phone Number (920) 707-4256	Email Address THEXBAR12@GMAIL.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-24-22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk Dalley Kenney