

HEALTH AND RECREATION COMMITTEE

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



Wednesday, April 06, 2022 at 5:50 PM

AGENDA

In-Person and via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Request for amplified music and use of Hydro Park to Jason Lipsky, Electric City Experience on June 9, 10 and 11, 2022
 - [b.](#) Request for contribution of \$10,000 from Jason Lipsky, Electric City Experience towards expenses for the 2022 event.
 - [c.](#) Temporary Class B License to Oshkosh Area Community Pantry, Hydro Park and adjacent area surrounding 100 Crooks Ave. and Farmers Market Parking Lot and 1 block East of Second Street for Electric City Experience on June 9, 10 & 11, 2022.
 - [d.](#) Combination Class B Beer and Class C Wine License to Aguirre LLC, Maria Aguirre, Agent, La Patrona Family Restaurant, 215 W. Wisconsin Ave., Kaukauna.
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 Wednesday, April 6, 2022 at 5:50 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.

To Kaukauna Health And Recreation Committee:

Electric City Experience is requesting the use of Hydro Park and adjacent parking lot, the "Farm Market" parking lot, and one block of East 2nd Street to use for Electric City Experience on Thursday, Friday, Saturday June 9,10,11, 2022. The event will include amplified music and carnival rides and games. Times: Thursday 4pm-11pm, Friday 4pm-11pm, Saturday 2pm-11pm.

Thank you,

Jason Lipsky
Electric City Experience
920-968-9773
appletonrockschool@gmail.com



SPECIAL EVENT APPLICATION FORM

Event application must be submitted at least 30 days in advance of the event.

SECTION 1 – APPLICANT INFORMATION

Information about the person applying to have a special event or applying on behalf of an organization.

Name: Jason Lipsky	Date of Birth: Nov 5, 1977
Address: 2000 Ashland St. Oshkosh, WI 54901	
Phone Number: 920-968-9773	Email Address: appletonrockschool@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

Information about the organization having the special event, if applicable.

Organization's Name: Electric City Productions	
Organization's Address: 1487 Kenwood Dr. Menasha, WI 54952	
Organization's Phone Number: 920-968-9773	Organization's Email/Website: www.facebook.com/electriccityexperience.com
Applicant's Relationship to Organization: Owner	

SECTION 3 – EVENT INFORMATION

Information about the organization having the special event, if applicable.

Name of Event: Electric City Experience	
Event Location: Hydro Park and surrounding area	
Event Date (List Each Date if Multi-Day Event): June 9, 10, 11, 2022	
Event Start Time: written below	Event End Time:
Head of Security's Name and Phone Number: Jason Lipsky, 920-968-9773	
Total Anticipated Attendance (Participants/Attendees): June 9 - 5000	

June 9 4p-11p
 June 10 5p-11p
 June 11 2p-11p

June 10 - 5000
 June 11 - 15,000

Event Information (Purpose, Activity, Who Can Participate, Whether the Event has Occurred Before, Etc.):

same plan as prior years.

SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances.

General Information (920.766.6315)	Yes	No
• Will food be prepared and/or served?	X	
• Will there be a band or amplified music/noise?	X	
• Will there be portable restrooms?	X	
• Do you have proper insurance for your event and have you provided it to the City?	X	
Fire Department (920.766.6320)	Yes	No
• Will the event be held indoors?		X
• Will a tent or any other temporary structure be erected?	X	
• Will there be a tent larger than 200 square feet?	X	
• Will fireworks/pyrotechnics be used during the event?	X	
Street and Parks Department (920.766.6337)	Yes	No
• Are you requiring street closure? 2nd Street	X	
• Name of Company Supplying Barricades? City supplied	X	
• Did you include a detailed map/diagram of the event location and route (if applicable)?	X	
• If the event will be held in a park, have you reserved the park?	X	
• Will there be rides at the event?	X	
Police Department (920.766.6333)	Yes	No
• Do you have a plan for medical emergencies that may occur during your event?	X	
• Is security needed for the event?		X
• Will the event need any special parking restrictions?		X
• Are any special parking restrictions requested?		X
City Clerk's Office (920.766.6300)	Yes	No
• Will alcoholic beverages be served/sold at the event?	X	
• Do you owe money for past events?		X

SECTION 5 – INSURANCE REQUIREMENTS

Insurance coverage (a Certificate of Insurance or a Hold Harmless Agreement) will be required for every special event held in the City. A certificate of insurance must be provided if your event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage will include naming the City of Kaukauna as an additional insured. The amount and type of insurance coverage varies, although \$1 million to \$2 million is a typical level.

General Liability Coverage

- Commercial General Liability
 - \$1,000,000 general aggregate – per project
 - \$1,000,000 products – completed operations aggregate
 - \$1,000,000 personal injury and advertising injury
 - \$1,000,000 each occurrence limit
- Claims made form of coverage is not acceptable.
- Insurance must include:
 - Premises and Operations Liability
 - Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, council members, agents, employees, authorized volunteers and the named insured.
 - Personal injury
 - Explosion, collapse, and underground coverage
 - Products/Completed Operations
 - The general aggregate must apply separately to this project/location.

Additional Provisions

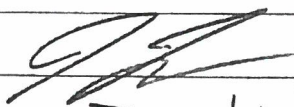
- Additional Insured – on the General Liability Coverage, Business Automobile Coverage, Aircraft Liability and Liquor Liability. City of Kaukauna, and its officers, council members, agents, employees, and authorized volunteers shall be Additional Insureds.
- Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City Clerk.
- Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material change in the insurance coverage.
- Carriers - The insurance coverage required must be provided by an insurance carrier with the "Best" rating of "A-VII" or better. All carriers shall be admitted carriers in the State of Wisconsin.

SECTION 5 – INDEMNIFICATION AND DISCLAIMER

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event License. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization holding the event (if applicable), and that the information contained in the Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CITY OF KAUKAUNA AND ITS OFFICERS, OFFICIALS, EMPLOYEES, AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND COSTS, INCLUDING ATTORNEY FEES, ARISING OUT OF THE ACTIVITIES PERFORMED AS DESCRIBED HEREIN, CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE APPLICANT/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant:



Date: 2/20/22

Printed Name of Applicant:

Jason Lipsky

To Kaukauna Health & Recreation Committee:

Electric City Experience is asking City of Kaukauna for a \$10,000.00 contribution towards expenses for the 2022 event.

We ask this to be paid directly to event vendors. 2021 city contribution paid to the following three vendors and we would like to use the same three again this year.

Fox Cities Party Rental	\$5000
Ray's Sanitation	\$4000
Elite Tent Rental	\$1000

Thank you,

Jason Lipsky
Electric City Experience
920-968-9773

2022 Electric City Experience Covid-19 Response

Below is list of changes and adaptations in place for Covid-19 safety protocols.

- VIP/Artist/Sponsor hospitality area will again be in an open air tented area on the Hydro Park Island. This will avoid the use of any indoor space during the event, as well as also eliminate the potential for overcrowding.
- Handwashing sinks will be available throughout the grounds along with hand-sanitizer stations. Hand sanitizer is also available in each of the individual porta-pot units. All units and equipment are provided by Ray's Sanitation. Ray's will also be providing daily cleaning and restocking of the units.
- Social Distancing will be encouraged and masks will be available.
- The beverage serving area will be designed to minimize people congregating around the bar. The design will be more of a booth-type format where people would get their drinks and immediately move out of the serving area.
- Event food truck operators are independent professional operations and already follow safety guidelines and health department regulations. We will also be increasing the spacing between food trucks, along with increasing the spacing between tables in the food court sitting area.
- Carnival operators, S&J Enterprizes, will be following current industry guidelines for ride capacity and cleaning frequency.

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

Application Date: 3/29/22

☐ 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 6/9/22 and ending 6/11/22 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 Oshkosh Area Community Pantry

(b) Address 2551 Jackson St Oshkosh WI 54901
(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 11/17/2008

(d) If corporation, give date of incorporation 9/30/2009

(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 Mike Lueder 5104 Tumblebrook Dr. Oshkosh WI 54904

Vice President Jennifer Heim 3387 Rosewood Lane Oshkosh WI 54904

Secretary Tracy Frost 1675 Brentwood Dr. Oshkosh WI 54904

Treasurer Bill Albrecht 1543 Hidden Acres Lane Neenah WI 54956

(g) Name and address of manager or person in charge of affair: Executive Director, Ryan Rasmussen 2630 Templeton Pl. Oshkosh WI 54904

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 Hydro Park and adjacent area surrounding 100 Crooks Ave. and Farm Market Parking Lot

(b) Lot Block and 1 block of E. 2nd St.

(c) Do premises occupy all or part of building?

(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 Electric City Experience

(b) Dates of event Thursday, Friday, Saturday June 9, 10, 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 Ryan Rasmussen 3/29/22
(Signature/date)

Oshkosh Area Community Pantry
(Name of Organization)

Officer
(Signature/date)

Officer
(Signature/date)

Officer
(Signature/date)

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

3-21-22

APPLICANT/AGENT:

Aguirre LLC/Maria Aguirre

BUSINESS NAME:

La Patrona Family Restaurant

3-25-22

BUSINESS ADDRESS:

215 W. Wisconsin Ave.

Item 2.d.

Building Inspector approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed:

Brett Jensen

Denied

Title:

Senior Building Inspector

Date:

3/25/2022

If denied, please specify why _____

3-21-22

3-29-22

APPLICANT/AGENT:

Aguirre LLC/Maria Aguirre

DATE OF BIRTH:

07/01/1983

ADDRESS:

1641 W Homestead Dr. Appleton WI 54914

BUSINESS NAME:

La Patrona Family Restaurant

BUSINESS ADDRESS:

215 W. Wisconsin Ave.

Aguirre

A260-5508-3741-15

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

Approved

Signed:

Bred Sandfort

Denied

Title:

Assistant Chief

If denied, please specify why _____

3-15-22

3-21-22

APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W Wisconsin Ave.

Item 2.d.

City Attorney/Paralegal Suggestions:

Approved as presented.

Signed: _____

Title: _____

Date: _____

3-21-22

3-25-22

APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W. Wisconsin Ave.

Planning and Community Development approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Denied

Signed: _____

Title: _____

Date: _____

If denied, please specify why _____

6-21-22
3-22-22
APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W. Wisconsin Ave.
FILE NO.:

Item 2.d.

Fire Department approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to fire and safety issues. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Denied

Signed:

Cody Joss

Title:

Assistant Chief Joss

Date:

3-22-22

If denied, please specify why _____

COPY

Item 2.d.

Renewal Alcohol Beverage License Application

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

For the license period beginning: 04/01/2022 ending: 06/30/2022
(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)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</u>
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)
<u>Aguirre llc</u>	<u>1641 W Homestead Dr Appleton WI 54914</u>

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)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</u>

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)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</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)
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 La Patrona Family Restaurant Business Phone Number 920-759-5003
2. Address of Premises 215 W Wisconsin Avenue 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.) In a cooler behind counter

Alcohol will be stored in a cooler behind the counter and behind the bar area. It will be sold, served and consumed in the main dining area and at the counter/bar.

AT-115 (R. 5-19)

Updated premise as directed by Maria, agent.

Wisconsin Department of Revenue

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.) Aguirre Maria	Title / Member Owner	Date 03/08/2022
Signature <i>Maria Aguirre</i>	Phone Number 920-574-8475	Email Address maguirrecs@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
AGUIRRE		MARIA			
Home Address (street/route)		Post Office		City	State Zip Code
1641 W HOMESTEAD DR		APPLETON		APPLETON	WI 54914
Home Phone Number		Age	Date of Birth		Place of Birth
920-574-8475		38	07/01/1983		

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ **AGENT** of **AGUIRRE LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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.) _____
- 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 employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NIEBLER PROPERTIES	12545 W BURLEIGH RD #6	07/26/2012	12/05/2021
Employer's Name	Employer's Address	Employed From	To
	BROOKFIELD WI 53005		

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.

Maria Aguirre

(Signature of Named Individual)

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by 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 KAUKAUNA County of OUTAGAMIE
☒ City

The undersigned duly authorized officer/member/manager of AGUIRRE LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
LA PATRONA FAMILY RESTAURANT

(Trade Name)

located at 215 W WISCONSIN AVENUE KAUKAUNA WI 54130

appoints MARIA AGUIRRE

(Name of Appointed Agent)

1641 W HOMESTEAD DR APPLETON WI 54914

(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? 25 YEARS

Place of residence last year 1641 W HOMESTEAD DRIVE APPLETON WI 54914

For: AGUIRRE LLC

(Name of Corporation / Organization / Limited Liability Company)

By: _____

(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, MARIA AGUIRRE, 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.

Maria Aguirre
(Signature of Agent)

3/8/22
(Date)

Agent's age 38

1641 W HOMESTEAD DRIVE APPLETON WI 54914

(Home Address of Agent)

Date of birth 07/01/1983

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)