

HEALTH & RECREATION COMMITTEE

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



Monday, August 15, 2022 at 6:25 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - a. Amplified music request to Jason Lipsky, Electric City Productions for West 3rd Street and two adjacent parking lots and one block of Main Ave., on Thursday, September 22, 2022 from 4-10 pm.
 - b. Combination Class B License to Shaila Lopez Martinez, Mena's Place, 215 W. Wisconsin Ave., Kaukauna for the 2022-2023 license year.
 - c. Change from a Combination Class B Reserve License to a Combination Class B Regular License to Dodge 313 LLC, 313 Dodge 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 Monday, August 15, 2022 at 6:25 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.

To Kaukauna Health And Recreation Committee:

Electric City Productions is requesting the use of one block of West 3rd St. and the two adjacent parking lots, and one block of Main Ave. to use for Electric City Night Market on Thursday September 22, 2022. The event will include amplified music. Times: Thursday 4pm-10pm.

Thank you,

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 08/01/2022 ending: 06/01/2023
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of } KAUKAUNA
☐ 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 456103109873304 | |
|--|------------------|
| FEIN Number 38-4227484 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>91.50</u> |
| <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 | \$ <u>321.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>50.00</u> |
| TOTAL FEE | \$ <u>462.50</u> |

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

MENA'S PLACE 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) |
| LOPEZ MARTINEZ | SHAILA | | 128 LAMP LIGHTER DR APT 7, KAUKAUNA WI 54130 |
| 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 MENA'S PLACE Business Phone Number 920-759-5003
 2. Address of Premises 215 W WISCONSIN AVE 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.)

BEVERAGES WILL BE STORED IN THE COOLER IN THE BACK AREA OF THE KITCHEN AND
IN THE COOLERS UNDER THE NEW BAR AREA.

BEVERAGES WILL BE CONSUMED INSIDE THE DINING AREA AND BAR AREA.

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

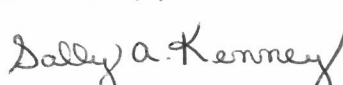
(b) If yes, under what name was license issued? AGUIRRE LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 05/22/22 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.) SHAILA LOPEZ MARTINEZ | Title/Member OWNER | Date 07/20/22 |
| Signature  | Phone Number 715-460+5114 | Email Address SHAILOPEX95@GMAIL.COM |

TO BE COMPLETED BY CLERK

| | | | |
|--|---|---------------------------------|--|
| Date received and filed with municipal clerk 8/8/22 #65070 | Date reported to council / board 08-15-2022 | Date provisional license issued | Signature of Clerk / Deputy Clerk  |
| Date license granted | Date license issued | License number issued | |

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 08/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of } Kaukauna
☐ 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 <u>456-1030363038-02</u> | |
|--|-------------------------|
| FEIN Number <u>83-1731546</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>91.67</u> |
| <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 | \$ <u>320.87</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>25.00</u> |
| TOTAL FEE | \$ <u>437.54</u> |

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

Dodge 313 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>Megna</u> | <u>Kyle</u> | <u>B</u> | <u>227 John St, Kaukauna, WI 54130</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Abel</u> | <u>Janel</u> | <u>C</u> | <u>227 John St, Kaukauna, WI 54130</u> |
| 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 313 Dodge Business Phone Number 920-716-6830
 2. Address of Premises 313 Dodge St Post Office & Zip Code Kaukauna, WI 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.)

Bar Room, Store Room, Kitchen, Refrigerator/Freezer

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? Dodge 313 LLC

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
yes and it has been completed
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 8/20/18 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>Abel, Janel C</u> | Title/Member <u>Member</u> | Date <u>7/26/2022</u> |
| Signature <u>Janel Abel</u> | Phone Number <u>920-740-7363</u> | Email Address <u>313dodge@gmail.com</u> |

TO BE COMPLETED BY CLERK

| | | | |
|--|---|---------------------------------|--|
| Date received and filed with municipal clerk <u>64960 7/26/22</u> | Date reported to council / board <u>08-15-2022</u> | Date provisional license issued | Signature of Clerk / Deputy Clerk <u>Sally Kenney</u> |
| Date license granted | Date license issued | License number issued | |