

HEALTH AND RECREATION COMMITTEE

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



Monday, September 19, 2022 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Request for amplified music to Mary Petit, 157 Woodland Court, Kaukauna on November 12, 2022 for a wedding in the Community Room.
 - [b.](#) Change from a Combination Class B Reserve License to a Combination Class B Regular License to The X, 124 W. Third Street Kaukauna for the 2022-2023 license year.
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, September 19, 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.





REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Mary Petit Date of Birth: 01-01-60
Address: 157 Woodland Ct Kau. Phone number: 920 766-9688
Organization Name, if applicable: _____
Email address: petit2two@gmail.com

Event Information

Name of Event: Wedding (Cerimonia Dinner & Reception)
Event location (s): Community Room Date of Event: 11/12/22
Event Start time- End time: 10:00am
Number of people attending: 150-200

This application will be formally reviewed by the Health and Recreation Committee.
Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.

For questions: tvosters@kaukauna-wi.org

APPLICANT/AGENT: Craig J. Krueger
BUSINESS NAME: The X
BUSINESS ADDRESS: 142 W. 3rd St.

Item 2.b.

*They currently hold a Reserve license
and are applying to hold a Regular license.*

City Attorney/Paralegal Suggestions:

Ok as presented

Signed: KW/SL

Title: Attorney

Date: 9/15/2022

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of
☐ Village of } Kaukauna
☒ City ofCounty of Outagamie Aldermanic Dist. No. 3
(if required by ordinance)Check one: ☒ Individual ☐ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

| Applicant's Wisconsin Seller's Permit Number <u>456-1023170338-04</u> | |
|--|------------------|
| FEIN Number <u>26-4011032</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>75.00</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>262.00</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>362.00</u> |

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

KRUEGER CRAIG J

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>KRUEGER</u> | (First) <u>CRAIG</u> | (Middle Name) <u>JOHN</u> | Home Address (Street, City or Post Office, & Zip Code) <u>2433 LAURE ST KAUKAUNA WI 54130</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 THE X BAR Business Phone Number (420) 707-4256
 2. Address of Premises 142 W. 3RD ST Post Office & Zip Code KAUKAUNA 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 AREA BACK ROOM + BASEMENT

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? THE X BAR CRAIG J KRUEGER

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 _____ and date _____ 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, MI) | Title/Member | Date |
| KRUEGER CAROL J | OWNER | 9/12/02 |
| Signature | Phone Number | Email Address |
| CAROL KRUEGER | (920) 707-4256 | THEXBAR13@GMAIL.COM |

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 |
| 65367 9-12-02 | | | |
| Date license granted | Date license issued | License number issued | |
| | | | Sally Kenney |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|---------------------------|-------------------------------|--------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) KRUEGER | | (first name) CRANE | | (middle name) JON | |
| Home Address (street/route) 2433 LAKE ST | | Post Office | City KAUKAUNA | State WI | Zip Code 54130 |
| Home Phone Number (620) 707-4256 | | Age 41 | Date of Birth 3/5/1981 | Place of Birth APPLETON | |

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.
- ☐ _____ of _____
(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? 41 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.)
- 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)

6. Named individual must list in chronological order last two employers.

| | | | |
|--|--|----------------------------------|-----------------------|
| Employer's Name Tims Body Shop | Employer's Address 3300 E MAIN ST LITTLE CHUTE | Employed From 10/14/14 | To PRESENT |
| Employer's Name ULTIMATE AUTO BODY | Employer's Address 1466 STONEY BROOK APPLETON | Employed From 9/1/13 | To 10/10/14 |

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)