CITY OF NEENAH SPECIAL PUBLIC SERVICES AND SAFETY COMMITTEE MEETING Wednesday, March 18, 2020 - 6:30 PM Hauser Room - City Administration Building

NOTICE IS HEREBY GIVEN, pursuant to the requirements of Wis. Stats. Sec. 19.84, that a majority of the Neenah Common Council may be present at this meeting. Common Council members may be present to gather information about a subject over which they have decision-making responsibility. This may constitute a meeting of the Neenah Common Council and must be noticed as such. The Council will not take any formal action at this meeting.

AGENDA

- 1. Public Appearances
- 2. Licenses
 - a. Beverage Operator License (Attachment)
 - b. Temporary Class "B" (Art After Dark) Fermented Malt Liquor License Application-Bergstrom Mahler Museum (Attachment)
 - c. Temporary Class "B" (Arts Festival-Songs on the Lawn) Fermented Malt Liquor License Application-Bergstrom Mahler Museum (Attachment)
 - d. Change of Agent/Trade Name, Ultra Food Market/Kroeger-Pick 'n Save #412
- 3. Adjournment

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Neenah will not discriminated against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance, or reasonable accommodation in participating in this meeting or event due to a disability as defined under the ADA, please call the **Public Works Administrative Assistant at (920)886-6240** or the **City's ADA Coordinator at (920)886-6106 or e-mail <u>attorney@ci.Neenah.wi.us</u> at least 48 hours prior to the scheduled meeting or event to request an accommodation.**

	Public Servic	es & Safety Cor	nmittee March 1	8 2020				
Beverage Operato	or License Applciations							
New/Renewal	Last Name, First Name, MI	Municipality	Place of Employment					
New	Almendarez, Thomas M	Menasha	Paper City Pub					
New	Duncan, Sean D.	Appleton	Lions Tail Brewing					
New	Garcia, Ann M	Oshkosh	Short Branch					
New	Leak, Nicholas T	Hortonville	Lions Tail Brewing					
New	Mattfeld, Josh A.	Neenah	Cranky Pat's					
New	Smith, Ginger A.	Neenah	Gord's					
New	Vue, Pheng	Appleton	Little Siam					
Temporary Class '	Temporary Class "B" (Picnic) License Application							
Applicant	Name of Event	Beer/Beer&Wine	Location	Date(s) of Event				
Bergstrom Mahler								
Museum	Art After Dark-Name That Art	Beer	165 N Park Street	4/30/2020				
Bergstrom Mahler								
Museum	Arts Festival-Songs on the Lawn	Beer & Wine	165 N Park Street	7/19/2020				
Change of Agent/	Trade Name							
Applicant	Trade Name	Address of Business	Agent	Type of License	BB/BLB/AB/ABC/AL			
Ultra Food Mart/Kroge	r Pick 'n Save #412	828 Fox Point Plaza	Meghan Turner		ALB			

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-	Application Date: 02/24/2020
Town Village City of Neurah	County of Ninebago
The named organization applies for: <i>(check appropriate box(es).)</i> A Temporary Class "B" license to sell fermented malt beverages A Temporary "Class B" license to sell wine at picnics or similar g	
at the premises described below during a special event beginning <u>(</u> to comply with all laws, resolutions, ordinances and regulations (stat and/or wine if the license is granted.	
1. Organization (check appropriate box) \rightarrow \Box Bona fide Club	Church Lodge/Society
Uteran's Organ	ization Arian Association or Agricultural Society
ch. 181, Wis. Sta	
(a) Name <u>Bergstrom-Manler Museum</u>	<u></u>
(b) Address <u>165 N. Park Ave.</u> Nenan WI	<u> 5495し</u>
(c) Date organized () 4 //5/ 1959	
(d) If corporation, give date of incorporation ()9/22/1954	ł
(e) If the named organization is not required to hold a Wisconsir box: I Jan Smith, Executive Director, 925	seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this
President Michael Meilahn N921/8 Cty Ro	M. Dickett, WII 54964
Vice President	Non No Flord Julia WET 54027
	sian Dr. Fund du lac, WI 54937
Treasurer <u>Walter Kiskinen 1135 Flennyre</u> (g) Name and address of manager or person in charge of affair:	Dr. Neenah, WI 54956
John Timmer (Assistant Director) 1883	Amy Jo Dr. Oshkosh, WI 54904
2. Location of Premises Where Beer and/or Wine Will Be Solo	
a) Street number <u>165 N. Park</u> Ave. <u>Menah</u> ,	WI 54956
(a) Street number $103 \text{ N}. 7016 \text{ AVE. } 10001001,$ (b) Lot $8 \neq 51/2 \text{ of } 9$	Block A
(c) Do premises occupy all or part of building? $(\lambda \lambda)$	
 (d) If part of building, describe fully all premises covered under t to cover: 	his application, which floor or floors, or room or rooms, license is
 3. Name of Event (a) List name of the event <u>Art After Dary - Name</u> (b) Dates of event 4/20/2020 	That Art
- 4.24 ~ · · · · · · · · · · · · · · · · · ·	
DECLAR	ATION
An officer of the organization, declares under penalties of law that th best of his/her knowledge and belief. Any person who knowingly pr may be required to forfeit not more than \$1,000.	e information provided in this application is true and correct to the ovides materially false information in an application for a license
Officer (Signature / Date) 2/24/2020	Bugeton Malle Marsen in Olars
Date Filed with Clerk	Date Reported to Council or Board 3/10/2020
Date Granted by Council 3 18 2020	License No. 33688

License No. 3368B

Wisconsin Department of Revenue

pd SC 2/240 #11803

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 \$	Application Date: ()2/2/0/2020
Town Village X City of <u>Neenan</u>	County of Winnebago
The named organization applies for: <i>(check appropriate box(es).)</i> \square A Temporary Class "B" license to sell fermented malt beverages at picnics or s \square A Temporary "Class B" license to sell wine at picnics or similar gatherings und at the premises described below during a special event beginning() $\frac{7}{19}$ $\frac{2020}{20}$ to comply with all laws, resolutions, ordinances and regulations (state, federal or low and/or wine if the license is granted.	er s. 125.51(10), Wis. Stats.
Veteran's Organization	Church Lodge/Society Fair Association or Agricultural Society nilar Civic or Trade Organization organized under
(Street) □ Town □ (c) Date organized <u>()4/15/1959</u>] Village 🔀 City
(d) If corporation, give date of incorporation <u>09/22/1954</u>	
(e) If the named organization is not required to hold a Wisconsin seller's perm box: I Jan Smith, EXECUTIVE Director, 9251 Bomar Ave	it pursuant to s. 77.54 (7m), Wis. Stats., check this · NWAh, WI 54956
(f) Names and addresses of all officers: President <u>Michael Meilahn N9268 Cty P.d.M. Picke</u> Vice President	The Timmer Assistant
	Fond du lac, WI 54937 OSNERSH, WI Nah, WI 54956
(g) Name and address of manager or person in charge of affair: Jennifer.	
 Location of Premises Where Beer and/or Wine Will Be Sold, Served, Co Beverage Records Will be Stored: 	
(a) Street number 165 N. Park Ave. Nelhah, MI 54951	le la
(b) Lot 8 19 1/2 of 9 Block A	
(c) Do premises occupy all or part of building? <u>All</u>	
(d) If part of building, describe fully all premises covered under this application to cover:), which floor or floors, or room or rooms, license is
3. Name of Event (a) List name of the event Arts Festival - Songs on the Lai (b) Dates of event 7/19/2020	μn
DECLARATION	
An officer of the organization, declares under penalties of law that the information p best of his/her knowledge and belief. Any person who knowingly provides materia may be required to forfeit not more than \$1,000.	
Officer (Signeture / Date)	(Name of Organization)
Date Filed with Clerk 2220 Date Reporte	d to Council or Board 3102020
Date Granted by Council 3/18/2020 License No.	337 BLB

Wisconsin Department of Revenue

pd SC ine

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Auxiliary Questionnaire Alcohol Beverage License Application

		Submit	to munic	ipal clork.				
Inc	dividual's Full Name (please print) (last name)		(first nam	e)		(middle na	ame)	
Т	URNER	M	EGHAN	T		Mar	-	
Ho	me Address (street/mute)	Post Office		City		State	Zip Code	
a	47 Sheboygan street			Ford du la	C	w	64929	5
	me Phone Number		Age	Date of Birth		Place of B		
	120 539 6178					Ĺ		
Th	e above named individual provides the f	ollowing information	as a por	son who is (check o	ne):			
	Applying for an alcohol beverage licen	ise as an <mark>individual</mark>	•					
	A member of a partnership which is n	naking application fo	r an alco	hol beverage licen:	se.			
7		of ULI	'RA MI	RT FOODS, L	гс			
	(Officer / Director / Member / Usnager / Ay	ier.t)	(N	amo of Corporation, Limite	d Liability Company	or Nonprofi	I Organization)	
	which is making application for an alco	phol beverage licens	e.					
Th	e above named individual provides the f	allowing information	to the lie	ansing outbority:				
	How long have you continuously reside							
	Have you ever been convicted of any o							
<i>2.</i>	violation of any federal laws, any Wisco					country		
}	or municipality?						🗍 Yes	1 No
	If yes, give law or ordinance violated, tr							
1	status of charges pending. (If more room				unit, accorpt			
		,		,				
3.	Are charges for any offenses presently	pending against you	ı (other ti	an traffic unrelated	to alcohol be	veragos)	
	for violation of any federal laws, any W							
	municipality?						[] Yes	PNO
	If yes, describe status of charges pend							
4.	Do you hold, are you making applicatio	•	•	•	•	•		
	organization or member/manager/agen							(77) vi
	beverage license or permit?	•••••	•••••	• • • • • • • • • • • • • • • •	•••••	•••••	🗌 Yes	V No
	If yes, identify.		toratio	n and Type of License Perr				
5	Do you hold and/or are you an officer of					ration o	,	
0.		ou hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or ber/manager/agent of a limited liability company holding or applying for a wholesale beer permit.						
	brewery/winery permit or wholesale liqu						🗍 Yes	V No
	If yes, identify,							11.J
	(Namo of Wholosale Licensee or Permittee) (Address Dy City and Gounty)							
6.	Named individual must list in chronolog	gical order last two e	mployers		-			
		Inployers Addross			Employed From		To	
	ROUNDYS SUPERMARKETS	75 E WISCON	ISIN 1	VE MKE WI	loslar	17	Curre	nt
Y I	and the second se	implayer's Address			Employed From	<u> </u>	10	
Λ								
	· · · · · · · · · · · · · · · · · · ·							

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.

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Vfaconsili Department of Revenue

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

Submit to municipal clerk.

	All corporations/organizations or limit must appoint an agent. The followin corporation/organization or one mem	g questions must be answered	by the agent. The appointment m	ust be signed by an officer of the		
	To the governing body of: Vill	age of NEENAH	County of _ fi	INNEBAGO		
	The undersigned duly authorized of	ficer/member/manager of UL	TRA MART FOODS, LLC (Registered Name of Corporation / Org	anization or Limited Liability Company}		
	a corporation/organization or limited PICK 'N SAVE #412	liabilily company making applic	ation for an alcohol beverage licen	se for a premises known as		
		(Trade	Name)	<u></u>		
	located at 828 FOX POINT	PLAZA NEENAH, WI 5	4956			
Г	annoints MEGHAN TURNER					
X	appoints <u>MEGHAN TURNER</u> <u>J47 Sheboyga</u>	u street. Ford d	pointed Agent) UCL WI SC I Appointed Agent)	1935		
ι	to act for the corporation/organization to alcohol beverages conducted the organization/limited liability company Yes Y No If so, indica	rein. Is applicant agent present y having or applying for a beer a	ly acting in that capacity or reques	tling approval for any corporation/ ocation in Wisconsin?		
	un an					
_	Is applicant agent subject to comple	tion of the responsible beverage	e server training course? 🛛 🔲 Ye	s 🔽 No		
Γ	How long immediately prior to makir	ng this application has the applic	cant agent resided continuously in	Wisconsin? <u>3years</u>		
X	Place of residence last year	nd du lac, WI	54935	1		
_	For: ULT	RA MART FOODS, LLC				
	Ву:	11NHOMIX &	ryforation / Organization / Limker Etyblitity C Signature of Officery Mamber / Manager)	ompany)		
	Any person who knowingly provides \$1,000.		U	required to forfeit not more than		
-		ACCEPTANO	E BY AGENT			
	MEGHAN TURNER			this service and service the		
		nt / Type Agent's Name)	, hereby accep	t this appointment as agent for the		
	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.					
11	fee to turne	- Agént)	January 21 20 20 (Date)	Agent's age		
				Date of birth		
L		(Home Address of Ageni)		•		
-	APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)					
	I hereby certify that I have checked the character, record and reputation					
	Approved on by		Title			
	(Ceto)	(Signature of Proper	Local Official) (1	own Chair, Village President, Police Chief)		

Wisconsin Department of Revenue

AT-104 (R. 4-18)

X

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to soc. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

	NEENAH	Wisconsin	512	20 20			
	(Municipalky)		(Date)				
1. Name of agent MEGHAN TURNER							
Yes No							
2. Are you of legal drinking age?							
3. 3. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointme							
4. Have you ever been convicted							
5. Have you ever been convicted	of a state law violation?						
6. Have you ever been convicted	l of a local ordinance violation?						
7. 7. Have you completed the requi	red responsible beverage server program per	r sec. 125.04(5)(a)5, Wis. State	.?			
UNDER PENALTY OF LAW, I declare that a	III of the above information is true and correc	t to the best of m	y knowledge	and belief.			
Any person who knowingly provides materially	false information in an application for a licens	se may be required	to forfeit not	more than			
\$1,000.		\sim	7				
	X Goof	(Signature of Age	ent)				
	i ()	our street	•	la III			
	part Sned	(Address)	, [010-00	5493			
	SUCCESSOR AGENT						
The undersigned appoints MEGHAN TURNER	2			as agent			
in accordance with sec. 125.04(6), Wis. Stats.							
	Name of Permittee ULTRA MART	The A	9				
Date March 2 2020	BY, MAY	Hout	and	\$ <i>\$ </i>			
		(Signature of Officer /	Member)	<u> </u>			
		<u></u>					
I hereby accept appointment as agent for ULT	TRA MART FOODS, LLC DBA PICK 'N	SAVE #412	an	d assume			
full responsibility of the conduct of the busines	ss relative to fermented malt beverages and in	ntoxicating liquors	•				
W nu la mai Ol ma 20	× A X						
X Date January 21 20 20	<u>n Lope</u>	(Signature of Ag	ient)				
		-					
THE AGENT APPOINTED ABOVE MUS (See sec. 125.04(6), Wis. Stats.)	ST BE APPROVED BY THE LICENSIN	G AUTHORITY	TO BE EF	FECTIVE.			
				20			
	(Municip	pallty) Wi	(Date)	20			
		(Signature of Of	(ictal)				

VALCONSER Department of Revenue