AGENDA OF THE PROTECTION AND POLICY COMMITTEE

MONDAY, MARCH 10, 2025, 4:00 PM
In person at City Hall, Room 207.
Virtual attendance also available via Zoom.

A. Zoom Meeting Information.

1. Join Zoom Meeting Online:
   https://us02web.zoom.us/j/83659327036

   Or call in by phone: +1 312 626 6799
   Meeting ID: 836 5932 7036
   Passcode: 383540

   If you wish to speak at this public meeting or leave a comment, please fill out the online Comment Form prior to the meeting. More detailed Zoom Instructions can be found online.

B. Roll Call.

C. Approval of the Agenda.

D. Approval of Minutes.

E. Regular Business.

1. For consideration and possible action a revision to the city's process with handling sign permits to allow for one application and one point of contact to facilitate the approval of sign installations.

2. Consideration with possible action on an original application for Serrano Enterprises, LLC at 226 S. Broadway with a license premises description as "ALL BEER/WINE/LIQ WILL BE STORED BEHIND BAR AND BACK ROOM STORAGE," (Currently licensed as Pour Life Choices, LLC).

3. Consideration with possible action on a change of agent for Sam's East, Inc at 2470 W Mason St to Kai Bjerke

4. Consideration with possible action on a change of agent for Kwik Trip, Inc at 1712 E Mason St to William McAllister

F. Informational.

1. Green Bay Police Department Violation Report for liquor and massage establishments.

2. Clerk's Office Liquor Licensing Report.

G. Adjournment.

1) THIS MEETING IS RECORDED: THE VIDEO OF THIS MEETING AND MINUTES ARE AVAILABLE ONLINE AT www.greenbaywi.gov
2) ACCESSIBILITY: Any person wishing to attend who requires special accommodation because of a disability, should contact the City Safety Manager at 920-448-3125 at least 48 hours before the scheduled meeting time so that arrangements can be made.
3) QUORUM: Please take notice that a majority or quorum of the Common Council will attend this Protection and Policy committee meeting and will constitute a meeting of the Common Council for purposes of discussion and information gathering relative to this agenda.
4) REPRESENTATION: The party requesting the communication, or their representative, should be present at this meeting.
5) FOR ALL LICENSING ISSUES, the Committee may convene in closed session pursuant to §19.85 (1)(b) and/or §19.85 (1)(f) Wis. Stats., for the purpose of considering information with respect to licensing for a person, including financial, social, or personal information. The Committee will thereafter reconvene in open session pursuant to Section 19.85(2), Wis. Stats., to take action on items discussed in closed session, if appropriate, and to consider the remainder of the agenda.

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # E.1

For consideration and possible action a revision to the city's process with handling sign permits to allow for one application and one point of contact to facilitate the approval of sign installations.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. Memo re sign permit Jan 2025 mtg
2. Flow Process Sign Permits
3. Sign Permit Application updated 5.16.23_
4. Johnson-Communication

Community & Economic Development Department
100 North Jefferson Street • Room 608
Green Bay, Wisconsin 54301-5026
www.greenbaywi.gov

Phone 920.448.3300
Fax 920.448.3426

MEMORANDUM

TO: Protection and Policy Committee

FROM: Cheryl Renier-Wigg
Community & Economic Development Director

RE: Request by Alder Johnson
"For consideration and possible action a revision to the city's process with handling sign permits to allow for one application and one point of contact to facilitate the approval of sign installations.

DATE: January 23,2025

The Dept. of Community and Economic Development staff issue sign permits. Approximately 60 permanent commercial sign permits were issued in 2024.Attached is the flow chart that lays out the process for this approval. In efforts to streamline this process, this year changes have been enacted that include assigning a point of contact, (Short Term Rental/Sign Permit Compliance Inspector), as well as the application can be submitted via the website and are channeled to one mailbox address. In the past, applications would be sent to multiple staff members.

Assuming applications are correct and filled out properly, it generally takes 1-2 weeks to issue a simple sign permit. Staff in DCED and DPW unfortunately receive many incomplete applications. This adds time to the process in the back and forth of trying to get all the needed information. If the sign permit is in a historical district and requires Landmarks Commission approvals, this process could take up to a month, depending on Commission scheduled meetings. If the sign will be placed over the Right of Way, applicants are required to work with the Dept. of Public Works to obtain a hold harmless agreement and a revocable occupancy permit. This process takes from 3-4 weeks. This permit needs Improvement and Services and Council approvals.

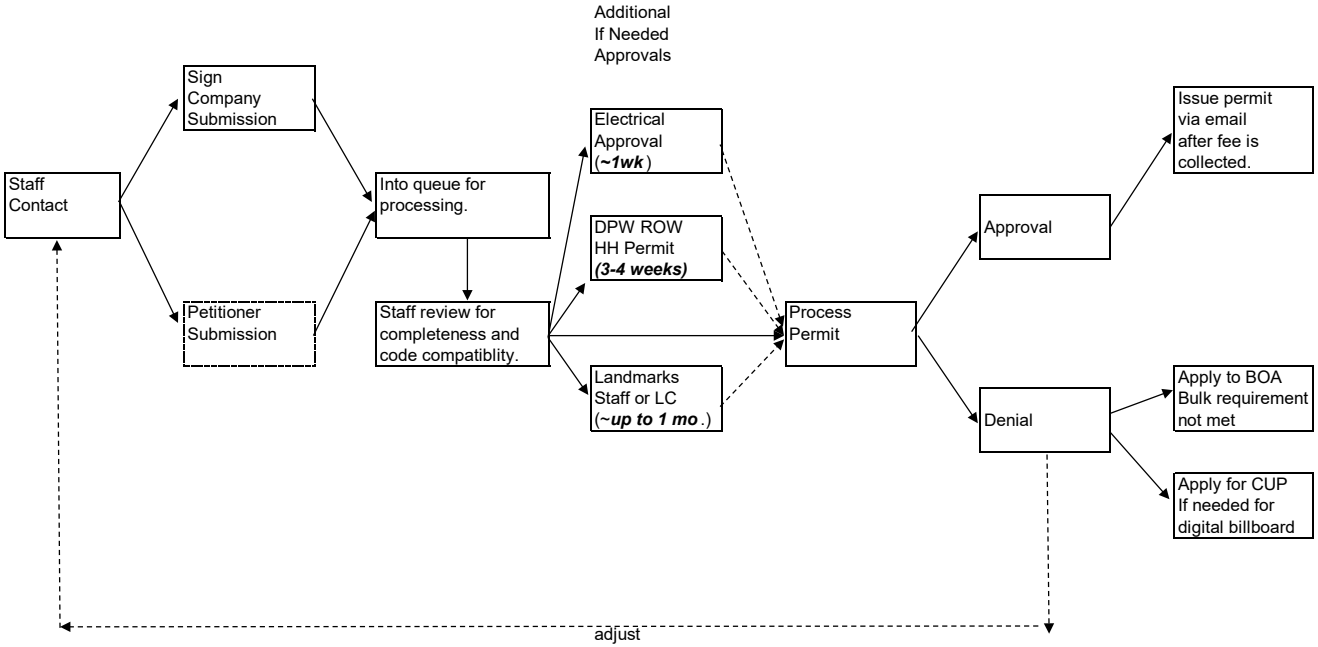
In order to save approval times for DPW staff, City Council could grant authority to DPW staff to issue these revocable occupancy permits and obtain signatures from the Mayor and the Clerk for recording at the Register of Deeds. Staff would save time not having to take it to I&S and Council.

We are always looking to streamline services. I'm hoping these changes and suggestion will help with that effort.

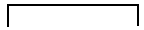
Enclosure: Sign Permit Application
Sign Permit Flow Chart

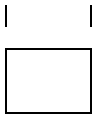
cc: Lacey Cochart
Deputy City Attorney

SIGN PERMIT PROCESS



One Point of Contact: (Jan 2025) Neighborhood Compliance Inspector.
Backup Point of Contact: Planning Staff, Specifically Zoning Administrator





SIGN PERMIT APPLICATION

Department of Community and Economic Development
100 N. Jefferson Street, Rm 608
Green Bay, WI 54301-5026
(920) 448-3300 - phone
(920) 448-3426 - fax
inspmail@greenbaywi.gov
www.greenbaywi.gov

General Information: Complete application and submit copy of plan and sign details with supporting documentation demonstrating compliance with Chapter 30, Regulation of Signs, Green Bay Municipal Ordinance, prior to commencing installation.

Project Address: **Parcel #:** **Zoning:** **Project #:**

Applicant Applicant is: ☐ Property Owner ☐ Sign Contractor	**Property Owner** (Required if other than Applicant)
Name	Name
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone # Fax #	Phone # Fax #
Email	Email

Site Plan: [30-5(1)] Provide a scaled site plan showing property lines, street(s), location of buildings, structures, drives, parking areas, and location of proposed sign and its supporting structure. Also, list all existing signs on the property below.

List and describe all existing signs on property (provide additional sheet if necessary) **Check if NON-CONFORMING** ☐

1. _____ ☐

2. _____ ☐

3. _____ ☐

Construction Specifications: [30-5(2)] Provide scaled drawings showing sign design, size, materials to be used, method of construction, lighting, and means of attachment to the building or the ground. Illuminated signs are required to have labels attached, one from a listed nationally recognized testing lab and separate label indicating the manufacturer's name, input amperes, and voltage. Both labels must be visible from the ground after installation and the sign must have an externally operable disconnect.

Sign Type: ☐ Awning ☐ Canopy ☐ Building ☐ Pole ☐ Monument ☐ Off-Premise Billboard ☐ Projecting ☐ Temporary - Display Period _____

Fixed Face: Width _____ X Height _____ Area _____SF Illuminated ☐ Internally ☐ Externally, # of Faces _____

Reader Bd: Width _____ X Height _____ Area _____SF Illuminated ☐ Internally ☐ Externally, # of Faces _____

Sign Construction _____ Estimated Sign Cost $_____

Sign Contractor	**Electrical Contractor (Required if sign is illuminated)**
Name	Name License # (8-403)
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone # Fax #	Phone # Fax #
Email	Email

_____ _____

Applicant Signature **Date**

1. If work herein authorized is suspended or abandoned for one year any time after commencing work, this permit shall become null and void.
2. All signs exceeding 150 sq. ft. in area per side shall be designed by, and within five days of installation, shall be certified by a professional engineer registered in the State of Wisconsin that such sign meets all state and local construction requirements.
3. Signs having an electrical permit require a final inspection by the electrical inspector.

Jaime Fuge

From: Brian Johnson
Sent: Thursday, January 16, 2025 6:57 PM
To: Craig Stevens; Lacey Cochart
Subject: FW: Online Form Submittal: Alders' Petitions and Communications

Alder Stevens and Attorney Cochart,

Please see below for a communication I submitted in May 2023. As I recall, this was referred to staff and has not returned to committee. I'd like to add this to the next P&P agenda for an update. Thanks.

Follow me on Facebook to receive regular updates on city issues. @BrianJohnsonGB

Brian H. Johnson
Alderman, District 9

City of Green Bay
100 N. Jefferson Street
Green Bay, Wisconsin 54301-5026

(e) Brian.Johnson@greenbaywi.gov
(p) 920.242.2206
(w) www.greenbaywi.gov

From: noreply@civicplus.com <noreply@civicplus.com>
Sent: Thursday, May 18, 2023 10:43 AM
To: District Nine <District.9@greenbaywi.gov>
Subject: Online Form Submittal: Alders' Petitions and Communications

Alders' Petitions and Communications

Name	Brian Johnson
Committee Name	Protection and Policy Committee
Text of Communication	For consideration and possible action a revision to the city's process with handling sign permits to allow for one application and one point of contact to facilitate the approval of sign installations.

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # E.2

Consideration with possible action on an original application for Serrano Enterprises, LLC at 226 S. Broadway with a license premises description as "ALL BEER/WINE/LIQ WILL BE STORED BEHIND BAR AND BACK ROOM STORAGE," (Currently licensed as Pour Life Choices, LLC).

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. surrender
2. 226 S Broadway org application

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # E.3

Consideration with possible action on a change of agent for Sam's East, Inc at 2470 W Mason St to Kai Bjerke

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. 3_10 Appt of Agent 2470 W Mason

2767051-0007

Form **AB-101**

Alcohol Beverage Appointment of Agent

Date 01/06/2025

Agent Type *(check one)*

☐ Original (no fee) ☑ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Sam's East, Inc.

2. Business Trade Name or DBA
Sam's Club #8149

3. Entity Type *(check one)*
☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number
216956

6. Describe the reason for appointing a successor agent, if successor is checked above.
Current Agent, April Fowles will be leaving the company

2470 W. Mason St

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Bjerke	Kai	J

4. Email	5. Phone
k0b0go8.s08149.us@samsclub.com	(507) 450-8416

6. Home Address
2260 Eastman Ave

7. City	8. State	9. Zip Code	10. Age
Green Bay	WI	54302	24

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
E855000229418	MN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☑ No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* ☑ Yes ☐ No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ☑ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Little	Sarah	C

Title	Email	Phone
Assistant Secretary	complic@wal-mart.com	

Signature	Date
Sarah	JAN 0 7 2025

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bjerke	Kai	J

Signature	Date
	01/06/20

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 01/06/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Sam's East, Inc.

2. Business Trade Name or DBA: Sam's Club #8149

3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Bjerke	Kai	J

4. Relationship to Business (Title)	5. Email	6. Phone
Assistant Manager	k0b0go8.s08149.us@samsclub.com	(507) 450-8416

7. Home Address: 2260 Eastman Ave

8. City	9. State	10. Zip Code	11. Date of Birth
Green Bay	WI	54302	06/12/00

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
E855000229418	MN

Part C: Address History

1. Do you currently reside in Wisconsin? ☑ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
0	3

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 401 3rd Ave SE	Spring Grove	MN	55974
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
MN	Houston	WI	Brown				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

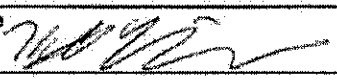
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	01/06/2025

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # E.4

Consideration with possible action on a change of agent for Kwik Trip, Inc at 1712 E Mason St to William McAllister

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. 3_10 Appt of Agent 1712 E Mason

2760003-0004

RECEIVED
MAR 04 2025
BY:

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☐ Original (no fee) ☒ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 420

3. Entity Type *(check one)* ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)* ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
New manager assigned to oversee the store.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
McAllister	William	J.

4. Email	5. Phone
LicensingDept@kwiktrip.com	920-562-0516

6. Home Address
1682 Velp Ave., Apt. 2

7. City	8. State	9. Zip Code	10. Date of Birth
Green Bay	WI	54303	3/10/1970

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
N242-9307-0090-02	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Zietlow	Scott	P.

Title	Email	Phone
President	LicensingDept@kwiktrip.com	608-793-4741

Signature	Date
Scott P. Zietlow	2/26/25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
McAllister	William	J.

Signature	Date
WJ McA	2-26-25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 420

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
McAllister	William	J.

4. Relationship to Business (Title)	5. Email	6. Phone
Agent	LicensingDept@kwiktrip.com	920-562-0516

7. Home Address
1682 Velp Ave., Apt. 2

8. City	9. State	10. Zip Code	11. Date of Birth
Green Bay	WI	54303	3/10/1970

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
M242-9307-0090-02	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 05/2006

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 1682 Velp Ave., Apt. 2	Green Bay	WI	54303
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Brown	TX	Harris				
FL	Putnam						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

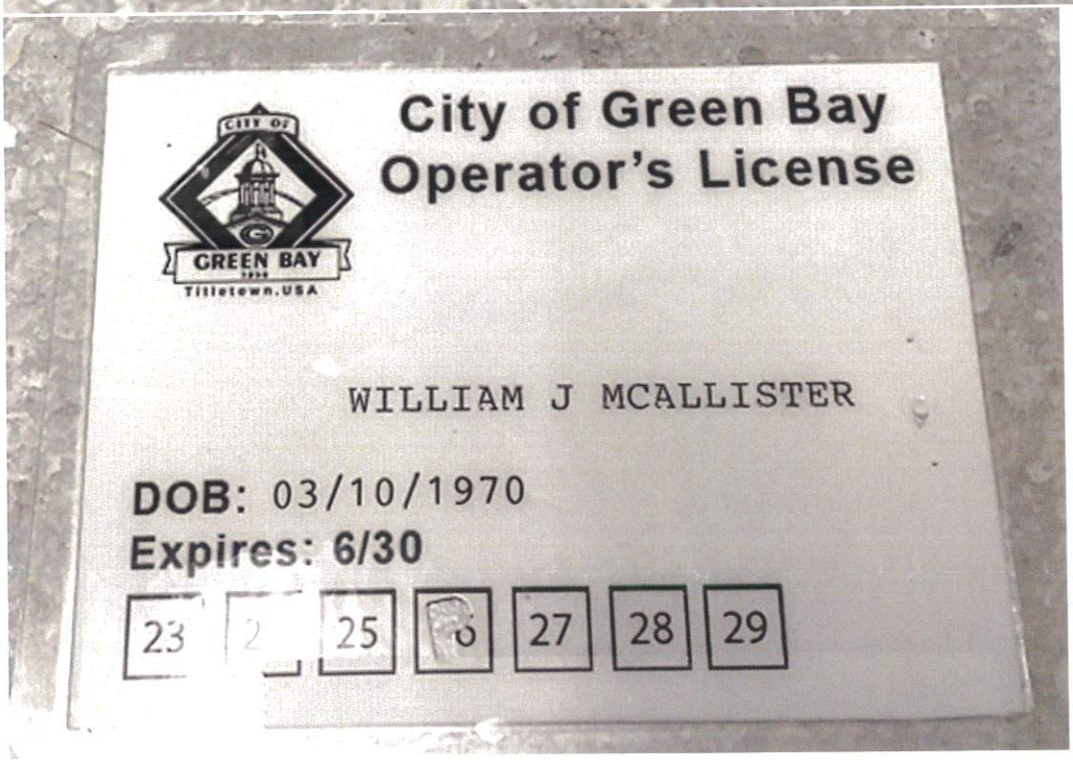
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
WSMA	2-26-25


DRIVER LICENSE
REGULAR
WISCONSIN
USA
M242-9307-0090-02
MC ALLISTER
WILLIAM JOSEPH
1682 VELP AVE #2
GREEN BAY, WI 54303
CLASS D
SEX M
HGT 6'-00"
WGT 230 lb
EYES HAZ
HAIR BRO
ISS 02/08/2018
DOB 03/10/1970
EXP 03/10/2026
END NONE
DD
MAR 70


City of Green Bay
Operator's License
GREEN BAY
Titletown.USA
WILLIAM J MCALLISTER
DOB: 03/10/1970
Expires: 6/30
23
25
27
28
29

WISCONSIN
SELLER / SERVER CERTIFICATION

Trainee Name: William McAllister

School Name: 360training.com, Inc.

Date of Completion: 09/05/2019

Certification #: WI-187069

I, _____

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

learn2 serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): ☑ Original ☒ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
McAllister	William	J.

4. Email	5. Phone
LicensingDept@kwiktrip.com	(920) 562-0516

6. Home Address: 1682 Velp Ave, Apt. 2

7. City	8. State	9. Zip Code
Green Bay	WI	54303

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
03/10/1970	M242-9307-0090-02	WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☑ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

New manager assigned to oversee the store.

Part C: Business Information

1. Legal Business Name (Individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 420

3. Entity Type (check one) ☐ Limited Liability Company ☑ Corporation

4. Premises Address: 1712 E. Mason St.

5. City	6. State	7. Zip Code
Green Bay	WI	54302

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory)	Date
Scott P. Zietlow	02/26/2025
Name of Person Signing for Licensee	**Title**
Scott P. Zietlow	President

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

→ Signature of Agent	→ Date
WD McA	2-26-25

Date

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 420

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
McAllister	William	J

4. Relationship to Business (Title)	5. Email	6. Phone
Agent	LicensingDept@kwiktrip.com	(920) 562-0516

7. Home Address
1682 Velp Ave., Apt. 2

8. City	9. State	10. Zip Code	11. Date of Birth
Green Bay	WI	54303	03/10/70

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
N242-9307-0090-02	WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 1682 Velp Ave., Apt. 2	Green Bay	WI	54303
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Brown	TX	Harris				
FL	Putnam						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
WS MAS	2-26-25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # F.1

Green Bay Police Department Violation Report for liquor and massage establishments.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. 24-25LiqVio 03.06.25
2. 24-25MassVio 03.06.25

2024/2025 LIQUOR VIOLATIONS

Subject's Name	Tavern Name And Address	Date/Type Violation	Status of Case
Julio S. Govea-Cisernos 24-234142 2423414255701	Fiesta Latina 1911 University Ave	Violation of Stipulation/Agreement	Court Date: 7/25/24
Jason E. Charles 24-223494 2422349450301	The Getaway Bar 631 Bellevue St	Failure to Appear for Correction Meeting	Court Date: 7/31/24
Molly C Charles 24-257058 2425705855701	The Getaway Bar 631 Bellevue St	UAL-On LIC Premise>=17 YOA 1st Offense	Court Date: 1/15/25
Jason E Charles 24-257058 Warnings	The Getaway Bar 631 Bellevue St	Violation of Stipulation/Agreement Serving an Underage Person on Licensed Premises	N/A
Alexander W Engebose 24-257058 2425705855702	The Getaway Bar 631 Bellevue St	Serving an Underage Person on Licensed Premises	Court Date: 1/21/25
Alexander W Engebose 24-257035 2425703555701 2425703555702	The Getaway Bar 631 Bellevue St	After Hours Sale of Closed Container Bartending Without An Operators License	Court Date: 1/21/25
Bryana N Wilson 24-257035 2425703555703	The Getaway Bar 631 Bellevue St	Bartending Without an Operators License	Court Date: App Warrant
Michael R Joyce 25-204136 W2025-780-003	Player 2 Arcade	Violation of Stipulation / Agreement	N/A
Michael R Joyce 25-204511 W2025-780-004	Player 2 Arcade	Violation of Stipulation / Agreement	N/A
Sergio Plascencia-Agredano 25-205732 2520573255701	Cuquio Town 500 N Baird	Violation of Stipulation / Agreement	Court Date: 03/10/25

2024/2025 MASSAGE VIOLATIONS

Subject's Name	Spa Name And Address	Date/Type Violation	Status of Case
Yan (NMI) Zhang 24-246892 2424689247901	Gonh Spa 1306 Velp Ave	09/05/2024 Violation of Massage Therapy/Bodywork Therapy Licensing	Court Date: 11/07/2024
Aihua (NMI) Chen 24-246892 2424689253401	Gonh Spa 1306 Velp Ave	09/05/2024 Violation of Massage Therapy/Bodywork Therapy Licensing	Court Date: 11/11/2024
Fengxia C. Schrader 24-246879 2424687955801	Star Massage 1136 W Mason St	09/05/2024 Violation of Massage Therapy/Bodywork Therapy Licensing	Court Date: 11/07/2024
Shixiang (NMI) Hu 24-246879 2424687955802	Star Massage 1136 W Mason St	09/05/2024 Violation of Massage Therapy/Bodywork Therapy Licensing	Court Date: 11/07/2024
Xi W. Filion 24-256685 2425668543901	Star Massage 1136 W Mason St	10/24/2024 General Massage Parlor Violations	Court Date: 12/19/2024
Aijua (NMI) Chen 24-258825 2425882543901	Gonh Spa 1306 Velp Ave	11/04/2024 Violation of Massage Regulations	Court Date: 01/06/2025
Liping S. Yang 24-267494	Q&Q Massage 1315 W Mason St	12/26/2024	Property Referral – See details
Weiwen (NMI) Zhu 25-202530 2520253046401	Tulip Spa 989 W Mason St	01/16/2025 Violation of Massage Regulations	Court Date: 03/19/2025
Weiwen (NMI) Zhu 25-202776 2520277646401	Tulip Spa 989 W Mason St	01/18/2025 Violation of Massage Regulations	Court Date: 03/20/2025
Yanhong (NMI) Kuang 25-202776 2520277646402	Tulip Spa 989 W Mason St	01/18/2025 Violation of Massage Therapy/Bodywork Therapy Licensing	Court Date: 03/20/2025
YanYan (NMI) Li 25-204191 W2025-557-008	900 Cedar St	01/28/2025 Violation of Massage Therapy/Bodywork Therapy Licensing	N/A – Warning issued.

Report to the
Protection and Policy Committee of the City of Green Bay

MEETING DATE	PREPARED BY
March 10, 2025	

AGENDA ITEM # F.2

Clerk's Office Liquor Licensing Report.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

None