MEETING	DATE	TIME	LOCATION
Licensing Committee	Tuesday, October 6, 2026	3:30 p.m.	Board Room 1900 W. Grand Chute Blvd.

A. CALL TO ORDER/ROLL CALL

B. MINUTES
1. Approval of regular meeting minutes from September 15, 2026.

C. NEW BUSINESS
1. Discussion/possible action re: temporary extension of the licensed premises issued to Fox Valley Hospitality, dba Double Tree by Hilton, 150 S. Nicolet Road, Erin Tennessen, as Agent for Special Event on October 7th.

2. Change of Agent for Target Corporation, dba Target; 4301 W. Wisconsin Avenue, Elizabeth Tomassetti, as Agent.

D. ADJOURNMENT

Public Notice: Agendas are posted in the following locations: Town Hall bulletin boards & Town website www.grandchutewi.gov 2015 Wisconsin Act 79 allows the publication of certain legal notices on an Internet site maintained by a municipality. This law allows these types of legal notices to be posted in one physical location in the jurisdiction (instead of three) if also placed on an Internet site maintained by the local government.

Special Accommodations: Requests from persons with disabilities who need assistance to participate in this meeting should be made to the Clerk's Office at (920-832-5644) with at least 24-hour notice.

Notice of Possible Quorum: A quorum of the Sanitary Districts, Plan Commission, Board of Review, Licensing Committee, Parks Commission, Community Development Authority, Joint Review Board, Zoning Board of Appeals and/or Police and Fire Commission may be present at this meeting for the purpose of gathering information and possible discussion on items listed on this agenda. However, unless otherwise noted in this agenda, no official action by the Sanitary Districts, Plan Commission, Board of Review, Licensing Committee, Parks Commission, Joint Review Board, Zoning Board of Appeals and/or Police and Fire Commission will be taken at this meeting.

LICENSING COMMITTEE - REGULAR MEETING - TOWN OF GRAND CHUTE - 1900 GRAND CHUTE BLVD., GRAND CHUTE, WI - TUESDAY, SEPTEMBER 15, 2026

CALL TO ORDER/ROLL CALL
The meeting was called to order at 3:31 p.m. by Kayla Raatz

MEMBERS PRESENT: Kayla Raatz, Town Clerk; Mark Heling, Town Board Representative; Eric Thiel, Community Development Representative; and Kelly Hanink, Fire Department Representative

OTHERS: None

MINUTES
Approval of regular meeting minutes from August 18, 2026.
Motion (Heling/Thiel) to approve the minutes. Motion carried, with no negative votes and one abstention, Raatz.

NEW BUSINESS
Change of Agent for Ultimate Mart, LLC dba Pick 'n Save #118; 2400 W. Wisconsin Avenue, Daniel Ven Rooy, as Agent.
Motion (Heling/Hanink) to approve. Motion carried, with no negative votes.

ADJOURNMENT
Motion (Heling/Hanink) to adjourn. Motion carried, with no negative votes.

The meeting was adjourned at 3:32 p.m.

These minutes were taken at a regular meeting held on September 15, 2026

Kayla Raatz
Town Clerk
Draft

TEMPORARY EXTENSION OF LICENSED PREMISES APPLICATION

Town of Grand Chute, 1900 W. Grand Chute Blvd.
Grand Chute, WI 54913 (920) 832-5644
clerklicenses@grandchutewi.gov
www.grandchutewi.gov

For Office Use Only		
Cost: $10	Date filed:	Receipt No.

A map of the proposed premises extension must be included with the application. Application must be submitted no later than 25 days prior to the event.

Section 1: License Information

Licensee (Name of Sole Proprietor, Partner, or Agent of Corporation or LLC): Erin Tennessen

Contact Phone No. 920-735-9955

Corporation or LLC Name: (if applicable) Fox Valley Hospitality

Business/Trade Name: DoubleTree by Hilton

Business Address: 150 S. Nicolet Rd - Appleton, WI 54914

Section 2: Event Information

Name of Event: Pierce Appreciation

List Dates & Times (include a.m. or p.m.): *Dates **MUST** be consecutive. If not, separate applications must be filed.*

Oct. 7, 2026 3:00 pm to 10:00 pm

Section 3: Extension of Premises

Check all areas you wish to extend and indicate the relationship of each area to the licensed premises.
Example: Parking lot at north side of the premise. The area MUST be contiguous to the current licensed premise.

- ☐ Sidewalk at the _____ of premises
- ☐ Street of the _____ of premises
- ☐ Other: _____
- ☒ Parking lot at the South of premises.
- ☐ Parking lot at the _____ of premises.

Check all that apply for the area(s) on the premise where the event will take place.

- ☒ I own
- ☐ I lease
- ☐ I will obtain a special event permit.
- ☐ I have permission from a special event organization.

Section 4: Description and Map

Describe proposed change(s): ***Include a map.*** Beer will be served in our parking lot area which will be contained by snow fencing.

Section 5: Acknowledgement and Signature

APPLICANTS FILING AFTER THE DEADLINE:
I am filing this application after the filing deadline established for the date(s) of the event for which the permit is being sought, and therefore:

- ☐ I affirm my understanding that any decision made by the Town Board is final and not subject to appeal; and
- ☐ I understand that there is a possibility that my permit may not be approved due to the untimely filing of my application.

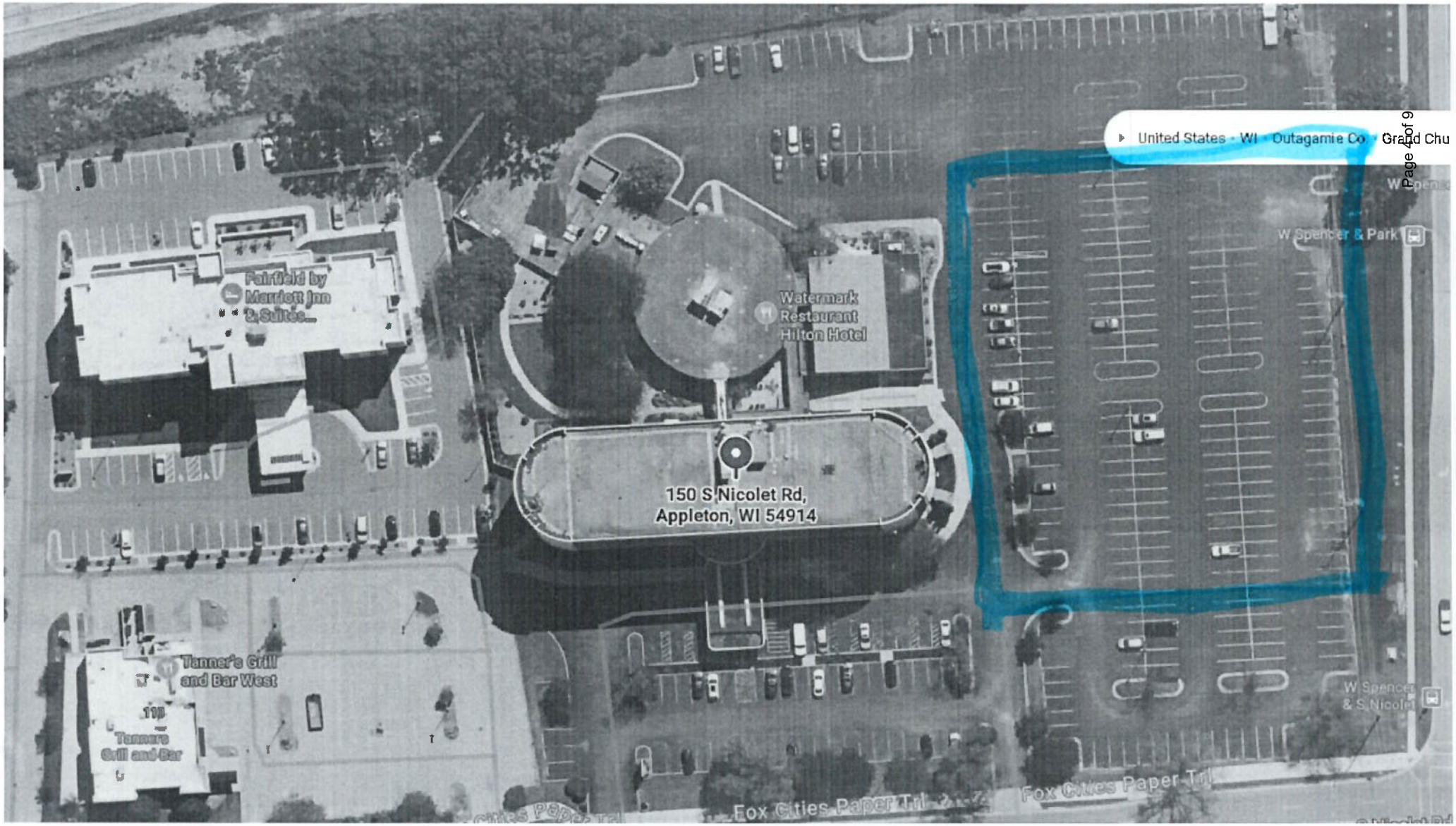
ALL APPLICANTS:

- ☒ I understand that the temporary extension must be surrounded by a fence at all times that intoxicating beverages are sold and/or consumed in the temporary extension.
- ☒ I understand that a licensed operator shall be present in the temporary extension of premises at all times that it is operational.
- ☒ I understand that the filing of an application does not constitute authorization to hold any event, the event for which the permit is sought cannot be held unless a valid Temporary Extension of Licensed Premise Permit has been issued, and that the permit cannot be issued unless the fee has been paid and the application approved.
- ☒ I understand the permit must be posted in a conspicuous place next to the retail license for the duration of the event.

Erin Tennessen
Signature of Applicant

9/11/26
Date

For Office Use Only: Licensing Committee: ____/____/____ ☐Approval ☐Denial Town Board: ____/____/____ ☐Approval ☐Denial



fenced area for Oct. 7th event

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 9/10/26

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)
Target Corporation

2. Business Trade Name or DBA
Target Store T-0238

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
ALB-08

6. Describe the reason for appointing a successor agent, if successor is checked above.
Previous agent moved to a different store and I am new store direter.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Tomassetti	Elizabeth	A

4. Email	5. Phone
elizabeth.hulett@target.com	630-901-9602

6. Home Address
2923 Brookview Ct

7. City	8. State	9. Zip Code	10. Date of Birth
Green Bay	WI	54313	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	Wisconsin

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.
Guiney	Aileen	M

Title	Email	Phone
Vice President	liquor.licensing@target.com	612-696-9530

Signature	Date
	09/23/2026

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.
Tomassetti	Elizabeth	A

Signature	Date
	9/10/26

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 9/10/26

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Target Corporation
2. Business Trade Name or DBA: Target Store T-0238
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.
Tomassetti	Elizabeth	A

4. Relationship to Business (Title)	5. Email	6. Phone
Store Director	elizabeth.hulett@target.com	630-901-9602

7. Home Address: 2923 Brookview Ct

8. City	9. State	10. Zip Code	11. Date of Birth
Green Bay	WI	54313	[redacted]

[redacted]

13. Driver's License/State ID: WISCONSIN

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): 05/2019

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

Previous Address 1: 2923 Brookview Ct	City: Green Bay	State: WI	Zip Code: 54313
Previous Address 2: 225 Lebrun St	City: Green Bay	State: WI	Zip Code: 54301
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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	WI	Portage				
WI	Outagamie	IL	DuPage				

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
Elizabeth Tomasetti	9/10/26

Rserving®
PROFESSIONAL
Server Certification
CORPORATION

Responsible Serving of Food and Alcohol

Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Elizabeth Tomassetti

has successfully passed the Rserving Responsible Serving of Alcohol course of study. This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AUTHENTIC

Certificate #: PSCC10000775109
Award Date: 01-23-2025
Expiration Date: 01-22-2027

To verify this certificate, go to Rserving.com.

Robert V Graham

Robert Graham, President/CEO