

Village of Fox Crossing Board of Trustees Regular Meeting
Monday, October 12, 2026 - 6:00 p.m.
Municipal Complex - Arden Tews Assembly Room
2000 Municipal Drive, Neenah WI 54956
Agenda

- 1. Call to Order, Pledge of Allegiance and Roll Call**
- 2. Awards/Presentations**
- 3. Minutes to Approve/ Minutes and Correspondence to Receive**
Minutes to Approve
 - a) Regular Village Board Meeting – September 28, 2026**Minutes and Correspondence to Receive**
 - b) Water Main Breaks Report – July 2026
 - c) Water Pumpage Report – July 2026
 - d) Water Main Breaks Report – August 2026
 - e) Water Pumpage Report – August 2026
- 4. Public Comments Addressed to the Village Board.** Individuals properly signed in may speak directly to the Village Board on non-repetitive Village matters whether on, or not on the agenda. However, no announcements of candidacy for any elected position or “electioneering” will be permitted. Commenters must be orderly, wait to be called, speak from the podium, and direct their comments to the Board. A maximum of **2-minutes** per person is allowed and you must return to the audience when signaled to do so. The total time allocated for public comments shall not exceed 30 minutes. Public comment is not permitted outside of this public comment period. *Note:* The Board’s ability to act on or respond to public comments is limited by Chapter 19, WI Stats. **To address the Village Board, complete the Public Participation signup sheet.**
- 5. Discussion Items**
- 6. Unfinished Business**
- 7. New Business- Resolutions/Ordinances/Policies**
 - a) 261012-1 Issue Class “A”/“Class A” Beer and Liquor License Application & Appointment of Agent for Sarpanch American Dr INC d/b/a 2675 American Dr
 - b) 261012-2 Issue Cigarette, Electronic Vaping Device, and Tobacco License Application & Appointment of Agent for Sarpanch American Dr INC d/b/a 2675 American Dr
 - c) 261012-3 Operator License Applicants
 - d) 261012-4 Expenditures
- 8. Reports**
 - a) Village President Youngquist
 - Announcement of Budget Workshop Dates
 - 2027 Village of Fox Crossing Budget Public Hearing to be held Monday, November 23, 2026 at 5:00 p.m. in the Arden Tews Assembly Room of the Village Municipal Complex, 2000 Municipal Drive
 - b) Village Clerk Chantel Jaenke – In-person Absentee Voting for the November 3 Gubernatorial Election begins Tuesday, October 20 through Friday, October 30, 2026; Voting Hours are Monday through Friday from 8:00 a.m. to 4:30 p.m. from October 20 to October 29, and then from 8:00 a.m. to 5:00 p.m. on Friday, October 30, 2026
- 9. Closed Session**
- 10. Adjourn**

A quorum of Police & Fire, Planning, and Park Commissions may be present, although official action by those bodies will not be taken; the only business to be conducted is for Village Board action.

Those individuals requiring the assistance of a sign language interpreter to participate in this meeting may call 720.7101 a minimum of five business days prior to the meeting.



Village of Fox Crossing Board of Trustees
Regular Meeting Minutes
Monday, September 28, 2026 – 6:00 p.m.
Municipal Complex – Arden Tews Assembly Room
2000 Municipal Drive, Neenah WI 54956

1. Call to Order, Pledge of Allegiance, and Roll Call

The meeting of the Village Board of Trustees was called to order by President Youngquist at 6:00 p.m.

The Pledge of Allegiance was recited.

Village Clerk Chantel Jaenke conducted roll call and recorded the following Village Board members as present: President Dale Youngquist and Trustees Michael Van Dyke (via teleconference), Kris Koeppe, Tim Raddatz, and Kate McQuillan

Also Present: Village Manager Jeffrey Sturgell, Director of Finance Jeremy Searl, Director of Community Development George Dearborn, Fire Chief Todd Sweeney, Police Chief Tim Callan, Director of Parks & Recreation Amanda Geiser, Director of Public Works Joe Hoechst, Engineer Zach Laabs, Engineer Lee Reibold, and Attorney Andrew Rossmeissl.

Excused: Trustee Deb Swiertz and Trustee Barb Hanson

Public Attendance: Fourteen individuals were present.

2. Awards / Presentations

a) Introduction and Oath of Office of Fox Crossing Police Officer Brooke Allen – Police Chief Tim Callan

Police Chief Tim Callan introduced Officer Brooke Allen and highlighted her background and accomplishments. Clerk Jaenke administered the Oath of Office to Officer Allen.

3. Minutes to Approve / Minutes and Correspondence to Receive

Minutes to Approve

a) Special Village Board Workshop – September 14, 2026

b) Regular Village Board Meeting – September 14, 2026

Minutes and Correspondence to Receive

c) Planning Commission Meeting Minutes – August 19, 2026

Motion: Trustee Raddatz, seconded by Trustee Koeppe, to approve the meeting minutes and accept other departmental minutes and correspondence into the record, as presented.

Vote: Motion carried unanimously.

4. Public Comments Addressed to the Village Board

None.

5. Discussion Items

None.

6. Unfinished Business

None.

7. New Business-Resolutions/Ordinances/Policies

a) 260928-1 Change Order #1 & Final – Valley Road Water and Sanitary Sewer Main Replacement Project

Motion: Trustee McQuillan, seconded by Trustee Raddatz, to approve Change Order #1 and Final for the Valley Road Water and Sanitary Sewer Main Replacement Project, as presented.

Discussion: Director Hoechst provided an overview of the project and noted that the change order increases the overall contract amount; however, the project remains under budget.

Vote: Motion carried unanimously.

b) 260928-2 Special Event License – St. Joe’s Food Program 5K/10K Run/Walk 2026 Sponsored by Pacesetters Running Club Held October 3, 2026

Motion: Trustee Koeppe, seconded by Trustee McQuillan, to approve the Special Event License for the St. Joe’s Food Program 5K/10K Run/Walk 2026, sponsored by Pacesetters Running Club and held on October 3, 2026, as presented.

Vote: Motion carried unanimously.

c) 260928-3 Special Event License – Fox Valley Youth Hockey Fundraiser Held October 16 & 17, 2026

Motion: Trustee McQuillan, seconded by Trustee Koeppe, to approve the Special Event License for the Fox Valley Youth Hockey Fundraiser to be held October 16 and 17, 2026, as presented.

Discussion: Clerk Jaenke explained that the Drop the Puck event is a new fundraiser for Fox Valley Youth Hockey, supporting both the organization and planned rink upgrades. She noted that the organizers have obtained a temporary tent permit, and the Temporary Class B license was approved by the Board earlier this month. The event will be held on Friday, October 16 from 3:00 p.m. to 9:00 p.m. and on Saturday from 8:00 a.m. to 10:00 p.m., utilizing both the indoor facilities and the parking lot at the ice arena. No food trucks will be present; instead, volunteers will be grilling food, with approval from the Health Department.

Vote: Motion carried unanimously.

d) 260928-4 Operator License Applicants

Motion: Trustee Raddatz, seconded by Trustee Koeppe, to approve the Operator License Applicant, as presented.

Discussion: Clerk Jaenke noted that there was an error on the resolution. The document had been copied forward from the last meeting, and a line referencing a denial was mistakenly not removed. The correction has been made internally and is reflected in the packet posted on the Village’s website.

Vote: Motion carried unanimously.

e) 260928-5 Expenditures

Motion: Trustee Koeppe, seconded by Trustee Raddatz to approve the expenditures, as presented, without exception.

Discussion: President Youngquist requested clarification regarding an expense for a title search. Director Hoechst explained that the advanced title work for the Irish Road project includes reviewing property records dating back approximately 60 years to identify any easements or other documentation affecting the properties. This information will assist in determining the future right-of-way plat for the road. Director Hoechst noted that the cost is higher than a typical title search due to the extent of the research, at approximately \$350 per property for the 20 properties along Jacobsen Road.

Vote: Motion carried unanimously.

8. Reports

a) Finance Director Jeremy Searl – Results of Village of Fox Crossing 2026 General Obligation Notes Sale

Director Searl provided an overview of the results of the Village’s 2026 General Obligation Notes sale. He noted that the Village’s financial advisor, Brad Viegut of Robert W. Baird & Co., initially estimated an interest rate of 4.08%; however, the notes were ultimately sold at an interest rate of 4.25%.

b) Village President Youngquist• Announcement of Budget Workshop Dates

President Youngquist announced the dates and times for the 2027 Budget Workshops:

Budget Workshop #1: Monday, October 5, 5:00–9:00 p.m.

Budget Workshop #2: Monday, October 12, 5:00–9:00 p.m.

Budget Workshop #3: Monday, October 19, 5:00–9:00 p.m.

Budget Workshop #4: Monday, October 26, 5:00–9:00 p.m.

He noted that the October 12 and October 26 workshops will be scheduled around the regular Village Board meetings, which begin at 6:00 p.m.

• 2027 Village of Fox Crossing Budget Public Hearing to be held Monday, November 23, 2026 at 5:00 p.m. in the Arden Tews Assembly Room of the Village Municipal Complex, 2000 Municipal Drive

President Youngquist announced that the 2027 Village of Fox Crossing Budget Public Hearing will be held on Monday, November 23, 2026, at 5:00 p.m. in the Arden Tews Assembly Room.

c) Trustee Kris Koeppe – Fall Electronic Recycling Event will be held on Saturday, October 10, 2026 from 8:00 a.m. to Noon at the Municipal Complex

Trustee Koeppe announced that the Fall Electronic Recycling Event will be held on Saturday, October 10, 2026, from 8:00 a.m. to noon at the Municipal Complex.

9. Closed Session

None.

10. Adjourn

Motion: Trustee Raddatz, seconded by Trustee McQuillan to adjourn at 6:22 p.m.

Vote: Motion carried unanimously.

Respectfully submitted,



Chantel M. Jaenke, CMC, WCMC
Village Clerk

Note: These minutes are not considered official until acted upon at an upcoming meeting; therefore, they are subject to revision.

FOX CROSSING UTILITIES

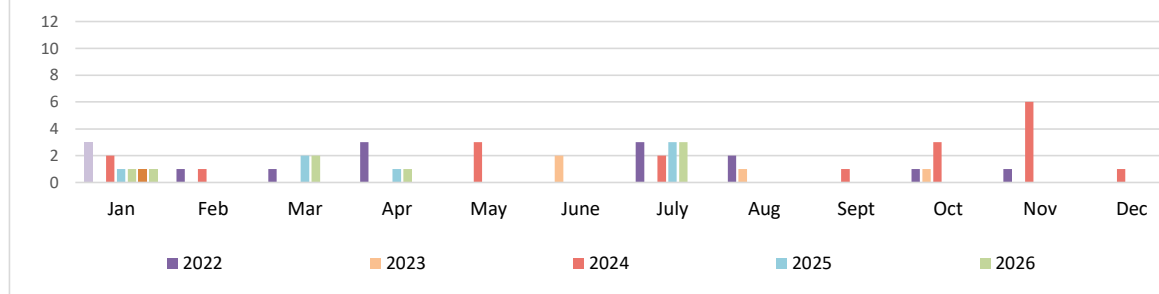
WATER MAIN BREAK/MISC WATER REPAIR REPORT JULY, 2026

Water Main Breaks

7/1/2026	1732 Agnes Ave	6" Main Break
7/4/2026	1715 Agnes Ave	6" Main Break
7/29/2026	Southwest Corner of Anton Ct	6" Main E

Total water main breaks year to date for 2026 = 7

Total water main breaks this time in 2025 = 17



YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2022	3	1	1	3	0	0	3	2	0	1	1	0	15
2023	0	0	0	0	0	2	0	1	0	1	0	0	4
2024	2	1	0	0	3	0	2	0	1	3	6	1	19
2025	4	1	1	4	3	1	1	1	0	1	0	0	17
2026	1	0	2	1	0	0	3						7

Utility Repairs

1 7/6/2026	676 Valley Rd	Lowered stop box
2 7/9/2026	644 Valley Rd	Replaced and lowered stop box
3 7/9/2026	632 Valley Rd	Replaced and lowered stop box
4 7/10/2026	1781 Butte Des Morts Beach Rd	Raised stop box
5 7/16/2026	2320 Stroebe Island Dr	Replaced stop box and rod
6 7/16/2026	1586 Maloa St	Repaired stop box top
7 7/20/2026	8342 Marlo Dr	Replaced valve box lid
8 7/21/2026	2602 American Dr	Repaired leaking hydrant
9 7/23/2026	2100 American Dr	Repaired leaking hydrant
10 7/27/2026	1300 Stead Dr	Repaired leaking hydrant
11 7/30/2026	1395 Prairie Lake Circle	Abandon 1" water service
12 7/30/2026	1373 Prairie Lake Circle	Abandon 1" water service

Utility Miscellaneous

- 1 CONTINUED VALVE EXERCISING ON WEST SIDE.
- 2 CONTINUED HYDRANT MAINTENANCE ON WEST SIDE.
- 3 CONTINUED WORKING ON EXCHANGING SMALL METERS
- 4 CONTINUED WITH LEAK DETECTION IN PROBLEM AREAS.

FOX CROSSING UTILITIES

JULY, 2026

Wastewater Miscellaneous

1	Lift Station #1 - Brighton Beach Rd	Monthly maintenance and checks.
2	Lift Station #2 - Lakeshore Dr & Frances St	Cleaned station control building and drywell. Checked floats and radar system.
3	Lift Station #3 - Lakeshore Dr	Monthly routine checks and maintenance.
4	Lift Station #4 - Memorial Dr/Foster St	Cleaned check valves. Replaced high level float.
5	Lift Station #5 - Green Patch	Monthly checks. Cleaned radar system.
6	Lift Station #6 - Calumet St	Cleaned check valves and pump valves. Cleaned station floor.
7	Lift Station #7 - Stroebe Rd & Harry's Gateway	Monthly maintenance checks.
8	Lift Station #9 - County Rd II (Winchester Rd)	Cleaned transducer. Cleaned station.
9	Miscellaneous:	Continued sewer cleaning. Tornado hit at the end of the month. Lift station #2, 3, 4 and 6 ran on generator after storm. Cleaned up sewer shop and grounds after tornado. Assisted Water Department with water breaks.

FOX CROSSING UTILITIES PUMPAGE REPORT

MONTH: JULY, 2026

Total water purchased & pumped from wells											
	EAST SIDE				WEST SIDE					TOTAL PUMPED X 1,000	Compare to same month in 2025
	DEEP WELL #5 X 1,000	DEEP WELL #7 X 1,000	PURCHASED CTY/MENASHA X 1,000	TOTAL EAST X 1,000	DEEP WELL #3 X 1000	DEEP WELL #4 X 1,000	DEEP WELL #6 X 1,000	DEEP WELL #8 X 1,000	TOTAL WEST X 1,000		
TOTAL	-	14,113	12,352	26,465	13,795	12,443	-	25,636	51,874	78,339	81,092
AVERAGE/DAY	-	455	398	853	445	401	-	827	1,673	2,526	2,615
MAXIMUM/DAY	-	575	749	991	1,246	743	-	1,124	2,200	3,191	3,063
MINIMUM/DAY	-	113	279	398	-	-	-	245	1,250	1,648	2,231

SERVICE PUMPAGE (Water pumped to distribution system)							
	EAST SIDE			WEST SIDE			TOTAL SERVICE PUMPAGE
	PLANT #2 X 1,000			PLANT #3 X 1,000	PLANT #4 X 1,000	TOTAL WEST SIDE X 1,000	TOTAL EAST & WEST X 1,000
TOTAL	27,604			23,123	24,958	48,081	75,685
AVERAGE/DAY	890			843	805	1,648	2,538
MAXIMUM/DAY	4,049			1,222	1,000	2,222	3,126
MINIMUM/DAY	382			336	431	767	1,544

WATER LEVEL READINGS						
	EAST SIDE DEEP WELLS		WEST SIDE DEEP WELLS			
	#5	#7	#3	#4	#6	#8
AVERAGE STATIC	-	154'	61'	61'	-	47'
AVERAGE PUMPING LEVEL	-	366'	157'	157'	-	213'

East Side System Purchased Water					
Month 2026		47%	Month 2025		49%
Year-to-Date		48%	Year-to-Date		44%
Month, 2024		47%	Year-to-Date		46%

FOX CROSSING UTILITIES

WATER MAIN BREAK/MISC WATER REPAIR REPORT AUGUST, 2026

Water Main Breaks

8/27/2026

Maloa St @ Midway Rd

6" Main Break

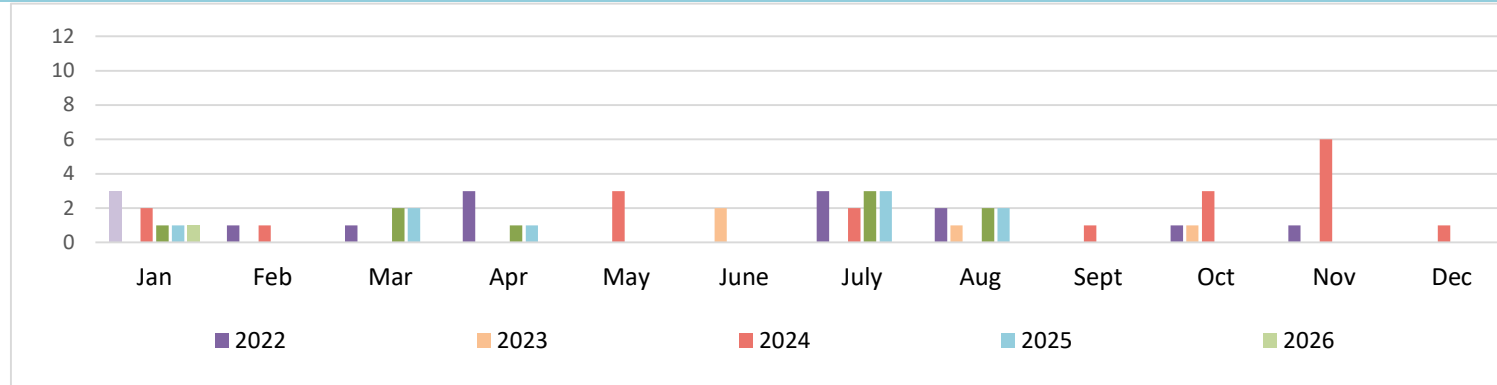
8/28/2026

Maloa St @ Midway Rd

6" Main Break

Total water main breaks year to date for 2026 = 9

Total water main breaks this time in 2025 = 17



YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2022	3	1	1	3	0	0	3	2	0	1	1	0	15
2023	0	0	0	0	0	2	0	1	0	1	0	0	4
2024	2	1	0	0	3	0	2	0	1	3	6	1	19
2025	4	1	1	4	3	1	1	1	0	1	0	0	17
2026	1	0	2	1	0	0	3	2					9

Utility Repairs

1 8/3/2026

Midway Rd @ Fatima St

Repaired leaking hydrant

2 8/5/2026

1540 Palisades Dr

Repair valve box

3 8/10/2026

831 Neff Ct

Replaced stop box and rod

4 8/11/2026

923 Valley Rd

Abandon 2" water service

5 8/11/2026

923 Valley Rd

Abandon 10" fire line

6 8/12/2026

Cold Spring Rd @ American Dr

Repaired leaking hydrant

7 8/17/2026

1825 Novak Rd

Abandon 2" water service

8 8/19/2026

1470 Stead Dr

Repaired stop box top

FOX CROSSING UTILITIES

9 8/20/2026	2602 American Dr	Replaced leaking fire hydrant
10 8/20/2026	10 Embrey Ct	Abandon 3/4" water service
11 8/25/2026	1812 Lakeshore Dr	Repaired stop box top
12 8/25/2026	Prospect Ave @ Northern Rd	Replace valve box lid
13 8/26/2026	1860 Novak Dr	Abandon 8" fire line
14 8/27/2026	603 Richard Dr	3/4" service leak

Utility Miscellaneous

- 1 CONTINUED VALVE EXERCISING ON WEST SIDE.
- 2 CONTINUED HYDRANT MAINTENANCE ON WEST SIDE.
- 3 CONTINUED WORKING ON EXCHANGING SMALL METERS
- 4 CONTINUED WITH LEAK DETECTION IN PROBLEM AREAS.

FOX CROSSING UTILITIES
WASTEWATER REPAIR/MISC REPORT
AUGUST, 2026

Wastewater Miscellaneous

1	Lift Station #1 - Brighton Beach Rd	<i>Pump 1 is still waiting on replacement VFD. Cleaned transducer and pipe that was plugged with grease.</i>
2	Lift Station #2 - Lakeshore Dr & Frances St	<i>Normal monthly checks.</i>
3	Lift Station #3 - Lakeshore Dr	<i>Routine monthly maintenance.</i>
4	Lift Station #4 - Memorial Dr/Foster St	<i>Cleaned drywell and control room. Monthly maintenance.</i>
5	Lift Station #5 - Green Patch	<i>Cleaned sewer line feeding station. Routine checks.</i>
6	Lift Station #6 - Calumet St	<i>Pulled pumps and check valves to clean. Cleaned transducer.</i>
7	Lift Station #7 - Stroebe Rd & Harry's Gateway	<i>Routine monthly maintenance.</i>
8	Lift Station #9 - County Rd II (Winchester Rd)	<i>Cleaned control room and routine monthly checks. Cleaned transducer and pipe. Had Pieper Power troubleshoot and repair exhaust fan electrical.</i>
9	Miscellaneous:	<i>Beginning of the month was all storm clean up. Assisted Water Department in replacing curb boxes to shut water off for damaged houses. Calumet Street sewer line collapsed last day of the month. Helped Fire Department with setting up temporary fire station at Sewer Shop. Inspected contractors capping water and sewer for damaged property.</i>

FOX CROSSING UTILITIES PUMPAGE REPORT

MONTH: AUGUST, 2026

	Total water purchased & pumped from wells										
	EAST SIDE				WEST SIDE					TOTAL PUMPED X 1,000	Compare to same month in 2025
	DEEP WELL #5 X 1,000	DEEP WELL #7 X 1,000	PURCHASED CTY/MENASHA X 1,000	TOTAL EAST X 1,000	DEEP WELL #3 X 1000	DEEP WELL #4 X 1,000	DEEP WELL #6 X 1,000	DEEP WELL #8 X 1,000	TOTAL WEST X 1,000		
TOTAL	-	9,130	16,496	25,626	12,656	13,597	6,051	20,183	52,487	78,113	81,487
AVERAGE/DAY	-	295	532	827	408	439	195	651	1,693	2,520	2,629
MAXIMUM/DAY	-	505	987	1,252	897	893	1,189	1,229	2,164	3,416	3,255
MINIMUM/DAY	-	-	355	682	-	-	-	-	1,336	2,018	2,446

	SERVICE PUMPAGE (Water pumped to distribution system)						
	EAST SIDE		WEST SIDE			TOTAL SERVICE PUMPAGE	Compare to same month in 2025
	PLANT #2	PLANT #3	PLANT #4	TOTAL WEST SIDE	TOTAL EAST & WEST		
	X 1,000	X 1,000	X 1,000	X 1,000	X 1,000		
TOTAL	23,962	26,137	25,385	51,522	75,484	85,412	
AVERAGE/DAY	773	843	819	1,662	2,435	2,755	
MAXIMUM/DAY	985	1,273	1,118	2,391	2,875	3,227	
MINIMUM/DAY	649	522	554	1,076	2,025	2,372	

WATER LEVEL READINGS						
EAST SIDE DEEP WELLS			WEST SIDE DEEP WELLS			
#5	#7		#3	#4	#6	#8
AVERAGE STATIC	-	145'	61'	62'	63'	48'
AVERAGE PUMPING LEVEL	-	363'	158'	152'	188'	213'

East Side System Purchased Water					
Month 2026		64%	Month 2025		46%
Year-to-Date		46%	Year-to-Date		44%
			Month, 2024		48%
			Year-to-Date		46%

RES #261012-1

**ISSUE CLASS “A”/”CLASS A” BEER AND LIQUOR LICENSE AND APPOINTMENT
OF AGENT FOR SARPANCH AMERICAN DR INC D/B/A 2675 AMERICAN DR**

WHEREAS, Sarpanch American Dr INC has made proper application with the Village Clerk’s office for a Class “A” / “Class A” Retail License and the applicant has paid the appropriate fees; and

WHEREAS, Sarpanch American Dr INC has submitted a *Schedule of Appointment of Agent* with the Village Clerk to appoint Gurpal Dhaliwal as Agent for Sarpanch American Dr INC d/b/a 2675 American Dr; and

WHEREAS, issuance is pending satisfactory inspections by the Fire, Building, Community Development, and Winnebago County Health Departments, background check by the Police Department, and a report from the Finance Department indicating real estate taxes, and all outstanding claims are paid in full; and

WHEREAS, the Police Chief has certified that upon checking municipal and state criminal records, to the best of his knowledge, said Agent was found satisfactory and he has no objection to the Agent appointment; and

WHEREAS, the Clerk’s office submits the following for Village Board approval:

Class “A” / “Class A” Fermented Malt & Intoxicating Liquors License
Sarpanch American Dr INC d/b/a 2675 American Dr
2675 American Drive, Neenah
Gurpal Dhaliwal (Agent)

NOW, THEREFORE, BE IT RESOLVED by the Village of Fox Crossing Board of Trustees that the Class “A” / “Class A” Retail License is hereby granted to Sarpanch American Dr INC d/b/a 2675 American Dr, pending the above conditions, for the licensing period of July 1, 2026 through June 30, 2027.

BE IT FURTHER RESOLVED by the Village Board of Trustees that the appointment of Gurpal Dhaliwal as Agent for Sarpanch American Dr INC d/b/a 2675 American Dr is hereby approved.

Adopted this 12th day of October, 2026.

Requested by: Chantel M. Jaenke, Village Clerk

Submitted by: Dale A. Youngquist, Village President

Dale A. Youngquist, Village President

Attest: Chantel M. Jaenke, Village Clerk

27-316

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Fox Crossing
License Period	7/1/2026 - 6/30/2027

Application Type (check one)

☐ Initial (New) ☐ Renewal

License(s) Requested: (up to two boxes may be checked)

☒ Class "A" Beer \$ 300 ☐ Class "B" Beer \$ 100
☒ "Class A" Liquor \$ 400 ☐ Regular "Class B" Liquor \$ 500
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$ 10,000
☐ "Class C" Liquor (wine only) \$ 100 ☐ Above-Quota "Class B"
Liquor \$

Fees

License Fee(s)	\$ 700-
Background Check Fee	\$ 0
Publication Fee	\$ 55
Total Fees	\$ 755-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
SARPANCH AMERICAN DR

2. Business Trade Name or DBA
2675 AMERICAN DR

3. FEIN [REDACTED] 4. Wisconsin Seller's Permit Number
✓ 456-1032662080-02

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☐ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization 8-05-2026 9. Wisconsin DFI Registration Number
✓ 5170464

10. Premises Address
2675 AMERICAN DR

11. City APPLETON 12. State WI 13. Zip Code 54914

14. County Brown Winnebago 15. Governing Municipality: ☒ City ☐ Town ☒ Village
of: APPLETON Fox Crossing

16. Aldermanic District

17. Premises Phone 920-489-4802 18. Premises Email dallas.sarpanch@gmail.com 19. Website

20. Premises Description

Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Beer & Liquor stored on shelves and in coolers, small bottles kept behind cash counter.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

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 pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- ☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name SINGH		First Name DAVINDER		M.I.
Title OWNER	Email dallas.singh@gmail.com	Phone 920-489-4802		
Signature 		Date 9/15/2026		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 9/15/2026	License Number 27-316	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Receipt- 31411

AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)☐ Initial (New)☒ Renewal

License Period	
----------------	--

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

1. Legal Business Name (individual name if sole proprietorship)

al Business Name (individual name if sole proprietorship)
SARAYAN AMERICAN DR INC

2. Business Trade Name or DBA

2675 AMERICAN DR

3. FEIN

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

Listing of Persons Involved in Applicant Business

[illegible]

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SARPANCH AMERICAN DR INC			
2. Business Trade Name or DBA JG75 AMERICAN DR			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☐ Limited Liability Company	☒ Corporation
☐ Nonprofit Organization			

Part B: Individual Information					
1. Last Name DHALIWAL		2. First Name GURPAL		3. M.I. S	
4. Relationship to Business (Title) AGENT		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City [REDACTED]		9. State WI		10. Zip Code [REDACTED]	
11. Date of Birth [REDACTED]		12. Driver's License/State ID Number [REDACTED]			
13. Driver's License/State ID State of Issuance 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)							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
[REDACTED]		[REDACTED]		WI		[REDACTED]	
Previous Address 2		City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Previous Address 3		City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Previous Address 4		City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Previous Address 5		City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
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
State	County	State	County	State	County	State	County

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

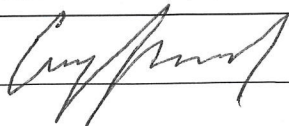
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

9/15/86

Alcohol Beverage
Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) SARPANCH AMERICAN DR INC			
2. Business Trade Name or DBA 2675 AMERICAN DR			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☐ Limited Liability Company	☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information					
1. Last Name SINGH		2. First Name DAVINDER		3. M.I.	
4. Relationship to Business (Title) OWNER		5. Email dallarsarpanch@gmail.com		6. Phone 920-489-4802	
7. Home Address [REDACTED]					
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]	
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance NY		

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) 8/2020
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
[REDACTED]		[REDACTED]		WI		[REDACTED]	
Previous Address 2		City		State		Zip Code	
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
State	County	State	County	State	County	State	County

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 there 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

Duane Smith

Date

9/15/2026

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)

SARLANCH AMERICAN DR INC

2. Business Trade Name or DBA

2675 AMERICAN DR

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.

Part B: Agent Information

1. Last Name

DHALIWAL

2. First Name

GURPAL

3. M.I.

S

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

[REDACTED]

8. State

WI

9. Zip Code

[REDACTED]

10. Date of Birth

[REDACTED]

11. Driver's License/State ID Number

[REDACTED]

12. Driver's License/State ID State of Issuance

WI

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* (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? ☒ 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	SINGH	First Name	DAVINDER	M.I.	
Title	OWNER	Email	dullarsarpanch@gmail.com	Phone	920-489-4802
Signature	Davinder Singh			Date	

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	DHALIWAL	First Name	GURPAL	M.I.	S
Signature	Gurpal Dhalival			Date	9/15/2026

Serving Alcohol

is proud to present this certificate to

Gurpal Dhaliwal

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
2vNYhoIH5x

Date Issued
Sep 29th, 2026

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Gurpal Dhaliwal

Certification Date: Sep 29th, 2026

Certificate Code: 2vNYhoIH5x

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

All new applicants for an alcohol license under Chapter 146 of the Village of Fox Crossing Municipal Code must submit the following information with their original application. Any false or misleading statement will result in the automatic nullification of any license issued. Applications will not be accepted until all required information is complete and all necessary documents have been provided.

Applicant Information

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership):		Trade Name or DBA:	
SARPANCH AMERICAN DR INC		2675 AMERICAN DR	
Premise Address:	Street	City	State Zip Code
2675 AMERICAN DR		APPLETON	WI 54914
Tax Parcel Number:	Phone Number:	Email:	
	920-489-4802	dullarsarpanch@gmail.com	
Agents Name:	Phone Number:	Email:	
DAVINDER SINGH	920-489-4802	dullarsarpanch@gmail.com	

Business Information

Type of Alcohol License Applying for: ☐ Reserve Class "B" / "Class B" ☐ Class "B" Beer Only
☐ Class "A" Beer ☒ Class "A" / "Class A" ☐ "Class C" Wine

NOTE: No more than one alcohol beverage license shall be issued for any single tax parcel within the Village unless approved by the Village Board (see Municipal Code §146-5(H)); the license period runs from July 1 through June 30 each year, and applications must be filed with the Clerk's Office at least 15 days prior to the next Village Board meeting.

Primary Business Activity:

☐ Restaurant ☐ Tavern/Night Club/Wine Bar ☒ Convenience Store ☐ Liquor Store
☐ Grocery Store ☐ Other (describe) _____

Other business to be conducted on premise:

Anticipated Date of Opening: 9/21/2026

Do you have a business plan developed? ☐ Yes ☒ No (if yes, attach to this questionnaire)

Hours of Operation: 5am - Midnight

NOTE: Hours of operation shall comply with the requirements set forth in Wis. Stat. 125.32(3).

Date the LLC/corporation/partnership/sole proprietorship commenced: Corporation

NOTE: You will be required to provide proof of a Wisconsin sellers permit issued to the applicant.

Will your business sell or serve food? ☐ Yes ☒ No

If yes, describe or attach food menu: _____

NOTE: Mobile food vendors must be licensed by the Village Clerk and inspected by the Fire Department. For all other food-related licenses and inspections, contact the Winnebago County Health Department at (920) 232-3000.

Hours of the kitchen:

Property Information

Is the premises location within 300 feet of any church, school, daycare center, or hospital? ☐ Yes ☒ No
Do you own or lease the building? ☐ Own ☒ Lease

If owned: attach proof of ownership (Deed/Land Contract/Purchase Agreement)

Date Purchased: _____

If leased: provide the lease and a letter from the property owner authorizing alcohol sales and consumption.

Date Lease Starts: 7/26/2026 Expiration Date: 10 yrs.

Do you have an option to renew this lease? ☒ Yes ☐ No

Select the type of business premises: ☒ Existing Building ☐ New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location: GAS STATION & Convenience Store

Will there be construction or renovations? ☐ Yes ☒ No

If yes, explain: _____

What is the timeframe for rehabilitation/construction: _____

NOTE: Contact the Inspections department (920-720-7104) for information on building codes and permits.

Seating Capacity (Class B and Class C licenses only):

Inside: _____

Outside: _____

Number of Employees/Staff (per shift/day): _____

Approximate indoor area of the premises to be licensed: _____ sq. ft.

Approximate outdoor area of the premises to be licensed: _____ sq. ft.

Please attach a copy of the floor plan and site plan to this questionnaire.

Business Compliance

Does the premises meet a statutory exception (Wis. Stat. 125.32(3m)) allowing for the presence of underage persons upon the premises? ☒ Yes ☐ No

If yes, describe: _____

Is there adequate separation of facilities and a plan to prevent underage persons from entering and consuming alcohol? ☐ Yes ☐ No

NOTE: Operators licensed by the Village of Fox Crossing must always be present on the premises and are the only individuals permitted to serve alcohol. Class A

Describe plan to adequately address any neighborhood issues (street parking, noise, litter, etc.):

Beer Garden (if applicable)

Do you intend to have a Beer Garden (outdoor seating) where alcohol may be served/consumed? ☐ Yes ☒ No

If yes, please complete and submit the Village of Fox Crossing's Beer Garden Application.

Mechanical Amusement Devices (if applicable)

Do you anticipate installing or operating any gambling machines or video gambling devices, as defined or referenced in Wis. Stat. Ch. 945, at any time during the licensing term? ☐ Yes ☒ No

Do you intend to have any mechanical amusement devices (such as pool tables, claw machines, arcade games, etc.) on the premises? ☐ Yes ☒ No

If yes, please complete and submit the Village of Fox Crossing's Mechanical Amusement Device Application. The application will require you to list all devices you intend to have on the premises. Please note that video gambling machines are illegal in the State of Wisconsin and will not be licensed (Wis. Stat. 945.03).

Cigarette, Tobacco, and Electronic Vaping (if applicable)

Do you intend to sell cigarette, tobacco, or electronic vape products? ☒ Yes ☐ No

If yes, please complete and submit the Wisconsin Department of Revenue forms: CVT-100, CVT-101, and CVT-102

Floor Plan Requirement:

Please read all instructions before preparing the floor plan:

- A detailed floor plan must be submitted with this application
- A new floor plan is required even if the premises was previously licensed and a plan was submitted
- Submit a separate sheet for each floor
- The plan may be hand-drawn, provided it is legible, and must depict:
 - The **current** layout of the premises
 - Any **proposed** modifications during the licensing term

The floor plan must include all the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label all restrooms
4. Label alcohol record storage
5. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
6. Label and provide dimensions (length x width) of all alcohol display areas (behind the bar, shelves, display cases, etc.)
7. Clearly identify areas designated for the sale and consumption of alcohol (bars, dining rooms, party rooms, etc.)
8. Class B & C Applicants only:
 - a. Clearly identify areas designated for the sale and consumption of alcohol (bars, dining rooms, party rooms, etc.)
 - b. Label all seating arrangements, bars, and food preparation areas (kitchen)
9. Label and provide dimensions (length & width) of all areas that will contain amusement devices
10. Each page must be labeled with the date the floor plan was made, the business name & address

Site Plan Requirement:

Please read all instructions before preparing the site plan:

- A detailed site plan must be submitted with this application
- A new site plan is required even if the premises was previously licensed and a plan was submitted
- The plan may be hand-drawn, provided it is legible, and must depict:
 - The **current** layout of the premises
 - Any **proposed** modifications during the licensing term

The site plan must include all the following items:

1. Label building location on the property/parcel
2. Label and provide dimensions (length & width) of outdoor areas designated for alcohol service or consumption (outdoor bars, beer gardens, patios, sidewalk cafes, entertainment areas)
3. Label and provide dimensions (length & width) of outdoor seating areas including access points to the outdoor areas (dining areas, lounge areas, fire pits, etc.)
4. Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
5. Label all entrances and exits
6. Label any existing or proposed screening (fencing, landscaping, barriers, etc.)
7. Each page must be labeled with the date the site plan was made, the business name & address

Certification and Acknowledgment:

By signing below, you certify that all information provided is true, complete, and accurate to the best of your knowledge. You understand that providing false or misleading statements, information or affidavits may result in the denial or revocation of your license.

State of Wisconsin

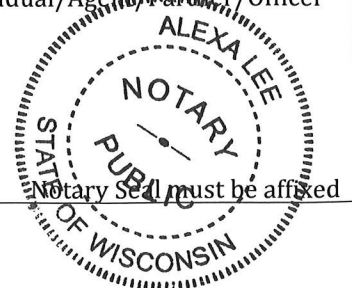
County of Winnebago

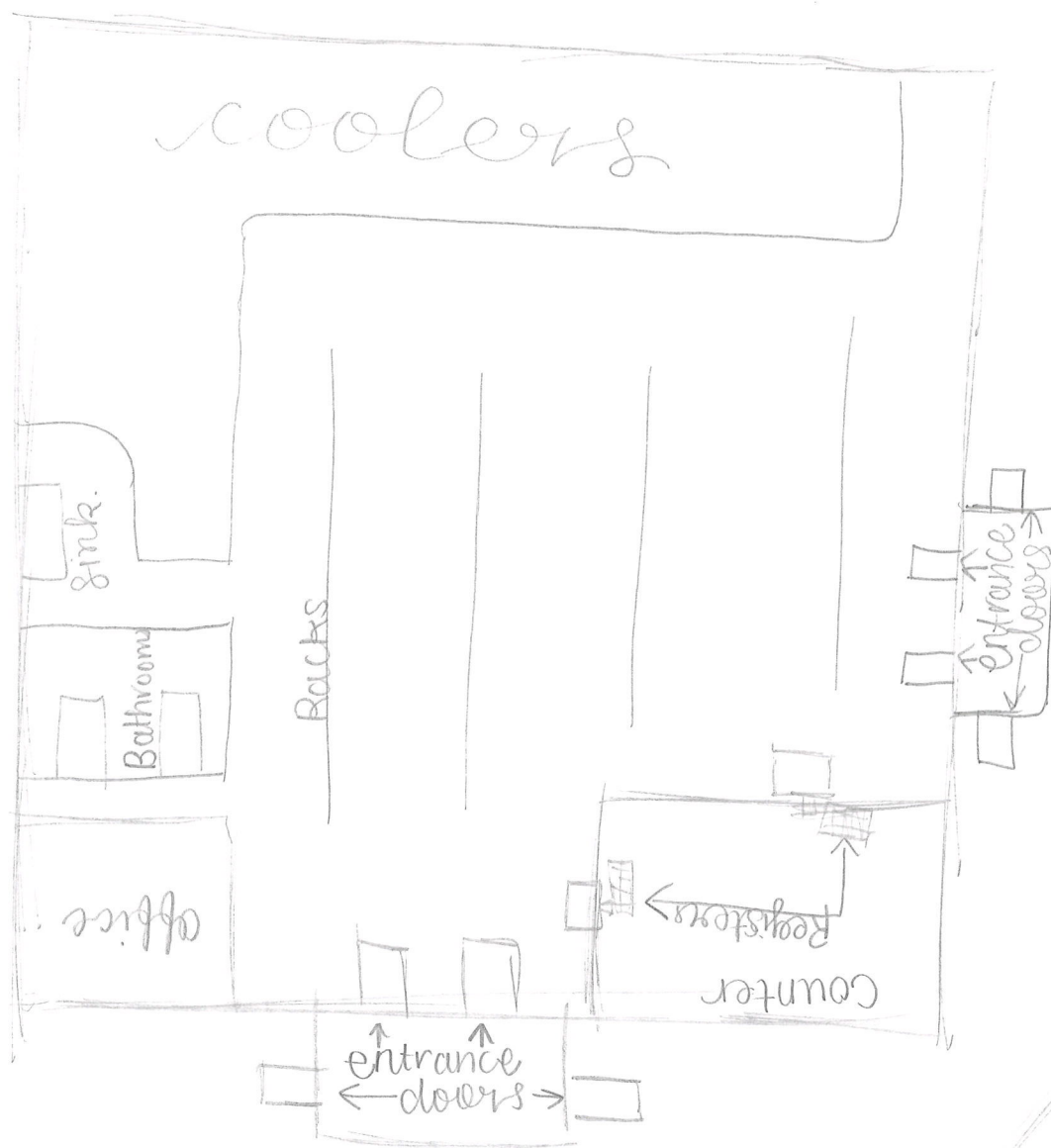
Subscribed and sworn before me on this 18th day of September, 2020

Notary Public, signature: Alexa Lee

My Commission expires: 10/21/2029

Alexa Lee
Signature of Individual/Agent/Partner/Officer





schumch



A Dhaliwal Enterprises Company

Jaspal S. Dhaliwal
9653 Granville Rd
Mequon, WI 53097
262-404-1123

STATEMENT OF LEASE

jdhaliwal@jtpetro.com

September 14, 2026

Sent via Email

Village of Fox Crossing

Property: 2675 American Dr., Fox Crossing, WI

Nature: Statement of Lease

Dear sir or madam,

This Statement of Lease confirms that Sarpanch American Dr, Inc. is leasing the above property from AKD Petroleum, LLC under a triple net lease that gives them rights to operate the property and obtain permits and licenses. Sarpanch American Dr, Inc. has the right to operate the convenience store, hold licenses, and permits. Any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Dhaliwal', followed by a long horizontal line.

Jaspal S. Dhaliwal
Manager AKD Petroleum, LLC



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000050

Letter ID L1296048240

DAVINDER SINGH
SARPANCH AMERICAN DR INC
1440 CRYSTAL LAKE CIR APT 6
GREEN BAY WI 54311-4275

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SARPANCH AMERICAN DR INC

Business name:
2675 AMERICAN DR
APPLETON WI 54914-9009

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032662080-02

RES #261012-2

**ISSUE CIGARETTE, ELECTRONIC VAPING DEVICE, AND TOBACCO LICENSE
AND APPOINTMENT OF AGENT FOR SARPANCH AMERICAN DR INC D/B/A 2675
AMERICAN DR**

WHEREAS, Sarpanch American Dr INC has made proper application with the Village Clerk's office for a Cigarette, Electronic Vaping Device, and Tobacco License and the applicant has paid the appropriate fees; and

WHEREAS, Sarpanch American Dr INC has submitted a *Schedule of Appointment of Agent* with the Village Clerk to appoint Gurpal Dhaliwal as Agent for Sarpanch American Dr INC d/b/a 2675 American Dr; and

WHEREAS, issuance is pending satisfactory inspections by the Fire, Building, Community Development, and Winnebago County Health Departments, background check by the Police Department, and a report from the Finance Department indicating real estate taxes, and all outstanding claims are paid in full; and

WHEREAS, the Police Chief has certified that upon checking municipal and state criminal records, to the best of his knowledge, said Agent was found satisfactory and he has no objection to the Agent appointment; and

WHEREAS, the Clerk's office submits the following for Village Board approval:

Cigarette, Electronic Vaping Device, and Tobacco License
Sarpanch American Dr INC d/b/a 2675 American Dr
2675 American Drive, Neenah
Gurpal Dhaliwal (Agent)

NOW, THEREFORE, BE IT RESOLVED by the Village of Fox Crossing Board of Trustees that the Cigarette, Electronic Vaping Device, and Tobacco License is hereby granted to Sarpanch American Dr INC d/b/a 2675 American Dr, pending the above conditions, for the licensing period of July 1, 2026 through June 30, 2027.

BE IT FURTHER RESOLVED by the Village Board of Trustees that the appointment of Gurpal Dhaliwal as Agent for Sarpanch American Dr INC d/b/a 2675 American Dr is hereby approved.

Adopted this 12th day of October, 2026.

Requested by: Chantel M. Jaenke, Village Clerk

Submitted by: Dale A. Youngquist, Village President

Dale A. Youngquist, Village President

Attest: Chantel M. Jaenke, Village Clerk

27-322

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	Village of Fox Crossing
License Period	7/1/2026 - 6/30/2027

Fee: \$100 acct. 101-5100-440.01-03

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) SARPANCH AMERICAN DR INC			
2. Business Trade Name or DBA 2675 AMERICAN DR			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-1632662080-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation			
6. State of Organization WI		7. Date of Organization 8-05-2026	
8. Wisconsin DFI Registration Number 5170464			
9. Premises Address (do not use PO Box) 2675 AMERICAN DR			
10. City APPLETON		11. State WI	12. Zip Code 54914
13. County BROWN	14. Governing Municipality: ☒ City ☐ Town ☒ Village Winnebago of: APPLETON FOX CROSSING		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone 920-489-4802		21. Premises Email dullarsarparch@gmail.com	
22. Website			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. * GAS STATION / Convenience store * Beer and Liquor stored on shelves & coolers * Mini Liquor Bottles behind Counter. * Cigarette & vape products Behind Counter.			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) ☒ Cigarettes ☒ Tobacco Products ☒ Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) ☒ Over the counter ☐ Vending machine	
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____	

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
SINGH	DAVINDER	PRES.	920-489-4802
CUPP AL SINGH	CUPP AL SINGH	AT	
DR ALI WAH			

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Daivinder Singh</i>	Date 9/15/2026
Name (Last, First, M.I.) SINGH, DAVINDER	
Title PRESIDENT	Email dallarspandh@gmail.com
	Phone 920-489-4802

Part E: For Clerk Use Only

Date application was filed with clerk 9/15/2026	Date license issued	Date license expires	License number 27-322
License fees \$100 -	Signature of Clerk/Deputy Clerk		

Receipt - 31411

Form
CTV-101

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

SARANCH AMERICAN DR INC

2. Business Trade Name or DBA

2675 AMERICAN DR

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)

SINGH

2. Name (First)

DAVINDER

3. Name (M.I.)

4. Relationship to Business (Title)

OWNER

5. Email

dullarsaranch@gmail.com

6. Phone

920-481-4802

7. Home Address

[REDACTED]

8. City

[REDACTED]

9. State

WI

10. Zip Code

[REDACTED]

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

NY

Part C: Individual's Address History

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

Previous Address 1

[REDACTED]

City

[REDACTED]

State

WI

Zip Code

[REDACTED]

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

County

State

County

State

County

State

County

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:

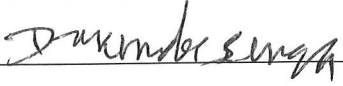
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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 9/15/2026
--	-------------------

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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official Tim Callahan	Title POLICE CHIEF
Signature of Local Official 	Date 9/25/26

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

SARPANCH AMERICAN DR INC

2. Business Trade Name or DBA

2675 AMERICAN DR

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

DHALLIWAL

2. Name (First)

GURPAL

3. Name (M.I.)

S

4. Relationship to Business (Title)

AGENT

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

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.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

County

State

County

State

County

State

County

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:

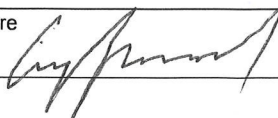
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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 9/15/26
---	--------------

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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official 	Title POLICE CHIEF
Signature of Local Official 	Date 9/25/26

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☒ Original☐ Change

Part A: Agent Information

1. Last Name DHALLIWAL	2. First Name GURPAL	3. M.I. S
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City [REDACTED]	8. State WI	9. Zip Code [REDACTED]
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - 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.

No

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) SARLACH AMERICAN DR INC		
2. Business Trade Name or DBA 2675 AMERICAN DR		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 2675 AMERICAN DR		
5. City APPLETON	6. State WI	7. Zip Code 54914

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, 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 or Permittee (officer, member, or authorized signatory) Dhinder Singh	Date 9/15/2026
Name of Person Signing DAVINDER SINGH	Title OWNER

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 [Signature]	Date 9/15/2026
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RES #261012-3

OPERATOR LICENSE APPLICANTS

WHEREAS, the operator license applicants for the upcoming two-year term, listed below, have made proper application with the Village Clerk's Office; and

WHEREAS, all applicants either currently hold a valid two-year server license, or have successfully completed the mandatory alcohol awareness training program; and

WHEREAS, background checks have been conducted by the Police Department; and

WHEREAS, the Police Chief submits the applicant with a recommendation of approval as follows:

Angela Cook – Approved

Alexandra Schultz – Approved

NOW, THEREFORE, BE IT RESOLVED that the Village of Fox Crossing Board of Trustees recommends the above applicant recommended for approval be approved, pending payment, successful background checks, and completion of a state-approved alcohol awareness training program, for the licensing period beginning July 1, 2026 - June 30, 2028.

Adopted this 12th day of October, 2026

Requested by: Tim Callan, Police Chief & Chantel M. Jaenke, Village Clerk

Submitted by: Dale A. Youngquist, Village President

Dale A. Youngquist, Village President

Attest: Chantel M. Jaenke, Village Clerk

RES #261012-4

EXPENDITURES

WHEREAS, the Village of Fox Crossing has outstanding invoices totaling: \$1,485,890.28

WHEREAS, the disbursements are categorized below & the detail is attached:

Pending:	
General Fund	\$ 148,726.73
Special Revenue Fund	\$ 69,109.45
Debt Fund	\$ -
Capital Projects Fund	\$ 14,518.26
Water Fund	\$ 454,607.67
Sewer Fund	\$ 312,449.82
Stormwater Fund	\$ 14,608.77
Trust & Agency Fund	\$ -
Special Processed Payments	\$ 471,869.58
Total:	<u><u>\$ 1,485,890.28</u></u>

NOW, THEREFORE BE IT RESOLVED, the Village of Fox Crossing Board of Trustees hereby authorizes the above expenditures to be paid by the Finance Department with the exception of none.

Adopted this 12th day of October, 2026.

Requested by: *Jeremy Searl, Finance Director*
Submitted by: *Dale A. Youngquist, Village President*

Dale A. Youngquist, Village President

Attest: Chantel M. Jaenke, Village Clerk

VILLAGE OF FOX CROSSING
2000 Municipal Drive
Neenah, WI 54956

EXPENDITURE SUMMARY

For Accounts Payable Period Ending: October 6, 2026
For Village Board Meeting of: October 12, 2026

REGULAR PROCESSED CHECKS		AMOUNT
General Fund		\$148,726.73
Special Revenue Funds		\$69,109.45
Debt Fund		\$0.00
Capital Projects Fund		\$14,518.26
Water Fund		\$454,607.67
Sewer Fund		\$312,449.82
Stormwater Fund		\$14,608.77
Trust & Agency Fund		\$0.00
Total Bills for		<u>\$1,014,020.70</u>

SPECIAL PROCESSED PAYMENTS

CHECK #	PAYEE		DEPT. /PURPOSE	AMOUNT
	Village Specials	9/23-10/06/2026	**See Attached Listing**	\$92,395.32
ACH	Employee Benefits Corp	9/24-10/05/2026	Flex Spending Claims	\$651.12
ACH	North Shore	9/24/2026	Deferred Comp	\$1,250.00
ACH	WDC	9/24/2026	Deferred Comp	\$11,039.26
58121-58122	Payroll	9/27/2026	Payroll	\$124.92
ACH	Payroll	9/24/2026	Payroll	\$253,337.51
ACH	Payroll	9/24/2026	Taxes	\$113,071.45
Total Special Processed Payments				<u><u>\$471,869.58</u></u>
GRAND TOTAL				<u><u>\$1,485,890.28</u></u>