

# A CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description **COMMON COUNCIL MEETING**

Date: **MONDAY, JUNE 20, 2016**

Time: **7:00PM**

Location: **MUNICIPAL BUILDING**

**300 LA CROSSE STREET, WISCONSIN DELLS, WI**

MAYOR		COUNCIL MEMBERS		
BRIAN L. LANDERS		FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
		Jesse DeFosse	Mike Freel	Ed Fox
		Brian Holzem	Dar Mor	Ed Wojnicz
<b>OPENING</b>				
1	CALL TO ORDER & ROLL CALL			
2	PLEDGE OF ALLEGIANCE			
3	<b>APPROVAL OF CONSENT AGENDA ITEMS:</b> <ol style="list-style-type: none"> <li>a. Approval of the May 16, 2016 and May 26, 2016 Common Council Meeting Minutes</li> <li>b. Schedule of Bills Payable dated June 20, 2016</li> <li>c. Applications for Bartender Licenses</li> <li>d. Application for a Special Events Permit submitted by Kyler Royston/JAG for a 5K event Friday, June 24<sup>th</sup>.</li> <li>e. Application for a Special Events Permit submitted by Kyler Royston/BID for a 5K event Monday, July 4<sup>th</sup>.</li> <li>f. Application for a Temporary Class B Beer (Picnic) License submitted by Assist Wisconsin for July 4<sup>th</sup>.</li> <li>g. Application for a Temporary Class B Beer (Picnic) License submitted by American Legion Post 329 for September 15<sup>th</sup> – 18<sup>th</sup> (WoZhaWa festival)</li> </ol>			
4	<b>COMMITTEE UPDATES BY CHAIRPERSONS:</b> (BID, PARKS & REC, LIBRARY, LEGISLATIVE, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC WORKS, DESIGN REVIEW COMMITTEE & PUBLIC SAFETY)			
<b>PUBLIC HEARINGS</b>				
5	PUBLIC HEARING ON PROPOSED ORDINANCE TO UPDATE WATERWAY REGULATIONS TO INCLUDE KILBOURN DAM BOAT RESTRICTIONS			
<b>AGENDA ITEMS</b>				
6	PUBLIC COMMENT/ CITIZEN APPEARANCES FOR ANY NON-AGENDA ITEM			
7	APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2016 THROUGH JUNE 30, 2017: <ol style="list-style-type: none"> <li>A. CLASS A BEER LICENSE</li> <li>B. CLASS A BEER &amp; LIQUOR LICENSES</li> <li>C. CLASS B BEER LICENSES</li> <li>D. CLASS B BEER &amp; CLASS C WINE LICENSES</li> <li>E. CLASS B BEER &amp; CLASS B LIQUOR LICENSES</li> <li>F. CLASS B BEER &amp; CLASS B (QUOTA PLUS) LIQUOR LICENSES</li> </ol>			
8	APPLICATIONS FOR RENEWAL OF CIGARETTE & TOBACCO SALES LICENSES			
9	APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES			
<b>RESOLUTIONS</b>				
10	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO PORT HURON BREWING CO. LLC IN ORDER TO ALLOW LARGE-SCALE PRIVATE OUTDOOR COMMERCIAL FOOD & BEVERAGE SERVICE, COMMERCIAL ACTIVITY WITHOUT A PERMANENT STRUCTURE, OUTDOOR VENDOR, AND WALK-UP SERVICE WINDOW AT 805 BUSINESS PARK ROAD			



# City of Wisconsin Dells

# COPY

## Application for: SPECIAL EVENTS PERMIT

ITEM 3d

Application Date: 6/13/16 FEE \$160.00 Receipt No. 55955 J.M.  
6-14-16

Name of Applicant: Kyler Royston

Address of Applicant: 200 La Crosse St.

Daytime Telephone Number: (608) 432-2082 Email Address: \_\_\_\_\_

Name & Address of Officers, if Corporation: SAG

### FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 6/24

Type of Event: 5K

Location of Event: MN Ave, Vine, Grand Cambrian

Number and Types of Participants: 30-60 Runners

Contact Person: Kyler Telephone No: \_\_\_\_\_

Fireworks: YES or  NO

Beer/Wine Served or Sold: YES or  NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

### FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: \_\_\_\_\_

Starting Time & Estimated Ending Time: 6:00 - 7:00

Starting Point: SAG

Parade/Run Route: \_\_\_\_\_

Estimated Number of Units/or Runners: \_\_\_\_\_

Kyler Royston Printed Name of Applicant

[Signature] Signature of Applicant

6/14/16 Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

Date Approved: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

OK per Perry

# City of Wisconsin Dells **COPY**

## Application for: SPECIAL EVENTS PERMIT

ITEM 3e

Application Date: 6/13/16 FEE \$160.00 Receipt No. N/C  
Name of Applicant: Kyler Rayston / BID  
Address of Applicant: 200 La Crosse St  
Daytime Telephone Number: (608) 432-2082 Email Address: \_\_\_\_\_  
Name & Address of Officers, if Corporation: SAG

### FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 7/4/16  
Type of Event: 5K  
Location of Event: Minn. Ave, Vine, Grand Cambrian

Number and Types of Participants: 50-100 Runners  
Contact Person: Kyler Telephone No: \_\_\_\_\_  
Fireworks: YES or NO  
Beer/Wine Served or Sold: YES or NO (If yes, Temporary Class B Beer/Wine License must be applied for.) Assist WI

### FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: Parking lot behind muni building  
Starting Time & Estimated Ending Time: 5:30 - 6:15 Race  
Starting Point: \_\_\_\_\_  
Parade/Run Route: See Above  
Estimated Number of Units/or Runners: \_\_\_\_\_

Kyler Rayston Printed Name of Applicant  
[Signature] Signature of Applicant  
Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24  
 Date Approved: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ OK per Perry  
 Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

# Application for Temporary Class "B" / "Class B" Retailer's

ITEM 3F

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Da

Town  Village  City of WISCONSIN DELLS

County of CO.

The named organization applies for: (check appropriate box(es))

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning \_\_\_\_\_ and ending \_\_\_\_\_ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club  Church  Lodge/Society
  - Chamber of Commerce or similar Civic or Trade Organization
  - Veteran's Organization  Fair Association

(a) Name Assist WI

(b) Address 704 Washington Ave  
(Street)  Town  Village  City

(c) Date organized 2/21/14

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Will Meissner - 704 Wash. Wis Dells

Vice President Holly Waterman - 5897 Chas Ave. Wis. Dells

Secretary Megan Makos - 1717 Jackson Street Stoughton, WI 53584

Treasurer Don Carlson -

(g) Name and address of manager or person in charge of affair: Will Meissner  
704 Wash.

**2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

(a) Street number July 4th Festival Area / Municipal Park

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event July 4th Fireworks

(b) Dates of event \_\_\_\_\_

**DECLARATION**

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer [Signature] 6/15/16 Officer Assist WI  
(Signature/date) (Signature/date)  
(Name of Organization)

Officer \_\_\_\_\_ Officer \_\_\_\_\_  
(Signature/date) (Signature/date)

Date Filed with Clerk 6-16-2016 Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_ License No. \_\_\_\_\_

Application for Temporary Class "B" / "Class B" Retailer's

ITEM 39

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Da

Town Village City of WISCONSIN DELLS

County of CO

The named organization applies for: (check appropriate box(es).)

- Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 15 Sept 16 and ending 18 Sept 16 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization (check appropriate box) -> Bona fide Club, Church, Lodge/Society, Chamber of Commerce or similar Civic or Trade Organization, Veteran's Organization, Fair Association

(a) Name Ann Legion Post 329

(b) Address W8539 STATED RD 23 BRIGGSVILLE WI 53920

(c) Date organized 1921

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: [X]

(f) Names and addresses of all officers: President MAURICE ZICK W8547 HWY 23 BRIGGSVILLE, WI 53920; Vice President TRACY MCGILL W393 N WABASKA ST BRIGGSVILLE WI 53920; Secretary CHERI SUMMERS W9774 ANCKER RD BRIGGSVILLE WI 53920; Treasurer WIM ESSARSON 248 GULLETTE OXFORD WI 53952

(g) Name and address of manager or person in charge of affair: BERNIE AGNEW PO BOX 161 W8645 GOLDEN LN BRIGGSVILLE WI 53920

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Cedar St at Broadway Wis Dell-

(b) Lot Block

(c) Do premises occupy all or part of building? 1 BLK of CEDAR ST

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event WO ZNE W

(b) Dates of event 15 Sept - 18 Sept 16

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer (Signature/date) Briggsville Ann Legion Post 329 (Name of Organization) Bernie Agnew 4-MAY-16 (Signature/date)

Officer (Signature/date) Officer (Signature/date)

Date Filed with Clerk Date Reported to Council or Board

Date Granted by Council License No.

**NOTICE OF PUBLIC HEARING**

ITEM 5

NOTICE IS HEREBY GIVEN that the Wisconsin Dells Common Council will hold a Public Hearing on **Monday, June 20, 2016 at 7:00PM** in the Council Chambers of the Municipal Building at 300 La Crosse Street, Wisconsin Dells, Wisconsin 53965, to consider ORDINANCE NO. A-799 at the request of Alliant to update the city's waterway regulations to include Kilbourn Dam boat restrictions. The hearing is to meet Wis DNR protocol for the change. This ordinance is a non-substantive corrective recodification and was submitted and approved by DNR as required. A full copy of the proposed ordinance can be found on the city's website [www.citywd.org](http://www.citywd.org) or at the City Clerk's office, 300 La Crosse Street, Wisconsin Dells, WI 53965.

Nancy Holzem  
City Clerk/Coordinator  
Published May 21, 2016

## NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Wisconsin Dells Common Council will hold a Public Hearing on **Monday, June 20, 2016 at 7:00PM** in the Council Chambers of the Municipal Building at 300 La Crosse Street, Wisconsin Dells, Wisconsin 53965, to consider the following Ordinance:

### ORDINANCE NO. A-799

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

#### SECTION I: PURPOSE

At the request of Alliant the City recently updated its waterway regulations to include Kilbourn Dam boat restrictions. Wis DNR advised that Department language and protocols were not observed. This ordinance is a non-substantive corrective recodification. This ordinance was submitted and approved by DNR as required. A public hearing will be held on this ordinance at least thirty (30) days before it is enacted and notice of public hearing will be published at least thirty (30) days before the hearing date.

#### SECTION II: PROVISIONS AFFECTED

A. Wisconsin Dells Code sec. 8.04 is repealed and recreated.

#### SECTION III: PROVISIONS AS AFFECTED:

##### **8.04 Waterway Regulations**

- (1) Applicability and Enforcement. The provisions of this ordinance shall apply to the waters of the Wisconsin River. This ordinance shall be enforced by the officers of the City.
- (2) Intent. The intent of this ordinance is to provide safe and healthful conditions for the enjoyment of aquatic recreation consistent with public rights and interests and the capability of the water resources.
- (3) State Boating and Safety Laws Adopted. State boating laws as found in Wis. Stat. Secs. 30.50 to 30.71 are adopted by reference.
- (4) Speed Restrictions.
  - (a) Definitions. "Slow-no-wake" means that speed at which a boat moves as slowly as possible while still maintaining steering control.
  - (b) A "no wake" zone on the Wisconsin River is created and described as the area from the southernmost point on the bridge abutment on River Road at Michigan Avenue on the east side of the river, then on a line 300 degrees to a point on the west side of the river then south along the west side of the River to the Kilbourn Power Dam and then along the Dam to the east side of the River and then north along the east side to the aforementioned bridge abutment. This area shall be marked by five "no wake" buoys of the type authorized by the Department of Natural Resources.

- (c) A "no wake" zone is hereby created for all of Crandall Bay. This area shall be marked by three "no wake" buoys of the type authorized by the Department of Natural Resources.

(5) Boat Prohibition Area.

- (a) No person shall operate a motorboat, as defined in Wis. Stat. Sec. 30.50(6) or non-motorized boat as defined in Wis. Stat. Sec. 30.50(7) on the Wisconsin River from the Kilbourn Dam restricted buoy line, downstream to the Kilbourn Dam.
- (b) The owner/operator of Kilbourn Hydro Plant is authorized to restrict access in the vicinity of the facility and install and maintain waterway markers and buoys as permitted by law.

- (6) Penalties. Wisconsin state boating penalties as found in Wis. Stat. Sec. 30.80 and deposits established in the Uniform Deposit and Bail Schedule established by the Wisconsin Judicial Conferences, are hereby adopted by reference and all references to fines amended to forfeitures and all references to imprisonment deleted.

- (7) Posting Requirements. The City shall place and maintain a synopsis of this ordinance at all public access points within the jurisdiction of the City pursuant to the requirements of Wis. Adm. Code NR 5.15.

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 8.

Nancy Holzem  
City Clerk/Coordinator  
Published May 21, 2016

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's VIN Seller: <u>456-00005</u>	
LICENSE #	
TYP	
<input checked="" type="checkbox"/> Class A beer	
<input type="checkbox"/> Class B beer	
<input type="checkbox"/> Class C wine	
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (elder only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	\$

ITEM 1a

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) MARTIN RANDY LEE Home Address WISCONSIN DELLS RD WI Post Office & Zip Code 53960

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			

 Directors/Managers

C. 1. Trade Name ▶ LOON LAKE CIGAR CO Business Phone Number 608 254 8598  
 2. Address of Premises ▶ 721 SUPERIOR ST Post Office & Zip Code ▶ WI DELLS WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 721 SUPERIOR ST WI DELLS
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2778)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 29<sup>th</sup> day of April  
Jammy L Miller  
(Notary Public)  
 My commission expires 4-14-18

**NOTARY PUBLIC**  
 STATE OF WISCONSIN  
Randy L Mat  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partnership)  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partnership)  
(Additional Partners/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 5  
ITEM 7b

Applicant's WI Sell# 456000057	
LICENSE# T)	
<input checked="" type="checkbox"/> Class A beer	
<input type="checkbox"/> Class B beer	
<input type="checkbox"/> Class C wine	
<input checked="" type="checkbox"/> Class A liquor	
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIT CR	MADISON, WI 53719
Vice President/Member	DAVID GUSSEL	N897 1ST RD	BRIGGSVILLE, WI 53920
Secretary/Member	JOSEPH GUSSEL	421 CHURCH ST	WISCONSIN DELLS, WI 53965
Treasurer/Member	BERNARD E. GUSSEL JR.	505 CEDAR ST	WISCONSIN DELLS, WI 53965
Agent	BEVERLY MEIER	383 FOX LANE	OXFORD, WI 53952

 Directors/Managers \_\_\_\_\_

C. 1. Trade Name BROADWAY TRAVEL MART Business Phone Number 608-253-2091  
 2. Address of Premises 802 BROADWAY Post Office & Zip Code WIS DELLS WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. MARGARET CZUPRYNKO  Yes  No

**Notary Public**  
 READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies (if any).

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 25<sup>th</sup> day of April, 2016  
Margaret Czuprynko  
(Clerk/Notary Public)  
 My commission expires 9-7-18

Joseph B Gussel  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))  
Joseph B Gussel  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner))  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-25-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Stout Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 54923

Applicant's WI Seller's Permit No.		FEIN Number	
45600057815604		391546227	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	100
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input checked="" type="checkbox"/>	Class A liquor	\$	500
<input type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
	Publication fee	\$	14
<b>TOTAL FEE</b>		<b>\$</b>	<b>614</b>

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GARY GUSSEL</u>	<u>25 SISKIWIIT CR</u>	<u>MADISON, WI 53719</u>
Vice President/Member	<u>DAVID GUSSEL</u>	<u>N897 1ST RD</u>	<u>BRIGGSVILLE, WI 53920</u>
Secretary/Member	<u>JOSEPH GUSSEL</u>	<u>421 CHURCH ST</u>	<u>WISCONSIN DELLS, WI 53965</u>
Treasurer/Member	<u>BERNARD E. GUSSEL JR.</u>	<u>505 CEDAR ST</u>	<u>WISCONSIN DELLS, WI 53965</u>
Agent ▶	<u>DARCY COOPER</u>	<u>W1526 TROUT RD</u>	<u>WISCONSIN DELLS, WI 53965</u>

 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ LOWER DELLS TRAVEL MART Business Phone Number 608-254-7097  
 2. Address of Premises ▶ 710 TROUT RD Post Office & Zip Code ▶ WIS DELLS WI 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant a wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**MARGARET CZUBRYNKO**  
 Notary Public  
 State of Wisconsin  
 READ CAREFULLY: SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 25<sup>th</sup> day of April, 2016  
Margaret Czubyrnko  
(Clerk/Notary Public)  
 My commission expires 9-7-18

Joseph B. Gusel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Joseph B. Gusel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk	Date reported to Council/Board	Date license granted
<u>4-25-2016</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Sauk, Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIIT CR	MADISON, WI 53719
Vice President/Member	DAVID GUSSEL	N897 1ST RD	BRIGGSVILLE, WI 53920
Secretary/Member	JOSEPH GUSSEL	421 CHURCH ST	WISCONSIN DELLS, WI 53965
Treasurer/Member	BERNARD E. GUSSEL JR.	505 CEDAR ST	WISCONSIN DELLS, WI 53965
Agent	JOSHUA STEVENS	W10445 STH16 #33	PORTAGE, WI 53901

 Directors/Managers \_\_\_\_\_

C. 1. Trade Name R&G TRAVEL MART Business Phone Number 608-254-5077  
 2. Address of Premises 611 N FRONTAGE RD #2 Post Office & Zip Code WIS DELLS WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**MARGARET CZUPRYNKO**  
 Notary Public  
 State of Wisconsin

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signer(s) agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 25<sup>th</sup> day of April, 2016  
Margaret Czuprynko  
 (Clerk/Notary Public)  
 My commission expires 9-7-18

Joseph B Gussel  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Joseph B Gussel  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-25-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signatures of Clerk / Deputy Clerk

P# 54922

Applicant's WI Seller's Permit No. 456000057815604	FEIN Number. 391546227
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC

Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIW CR	MADISON, WI 53719
Vice President/Member	DAVID GUSSEL	N897 1ST RD	BRIGGSVILLE, WI 53920
Secretary/Member	JOSEPH GUSSEL	421 CHURCH ST	WISCONSIN DELLS, WI 53965
Treasurer/Member	BERNARD E. GUSSEL JR.	505 CEDAR ST	WISCONSIN DELLS, WI 53965
Agent	DARCY COOPER	W1526 TROUT RD	WISCONSIN DELLS, WI 53965

Directors/Managers

C. 1. Trade Name TRAVEL MART SHELL

Business Phone Number 608-254-4488

2. Address of Premises 2415 WIS DELLS PARKWAY

Post Office & Zip Code WIS DELLS WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant's indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25<sup>th</sup> day of April, 2016

Margaret Czuprynski  
(Clerk/Notary Public)

My commission expires 9-7-18

Gary B. Gussel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Gary B. Gussel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

Gary B. Gussel  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-25-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

LT# 54920

Applicant's WI Seller's Permit No. <u>456000057815604</u>	FEIN Number. <u>391546227</u>
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 1.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 5.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (If required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Walgreen Co.

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 901, Deerfield, IL 60015

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member Amelia Legutki 130 Homewood Ave. Libertyville, IL 60048  
 Treasurer/Member \_\_\_\_\_  
 Agent Dana Weiland Store Manager  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Walgreens #06885 Business Phone Number 608-254-5760

2. Address of Premises 300 Hwy 13 Post Office & Zip Code Wisconsin Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) drug store with sundries in a one-story building of

5. Legal description (omit if street address is given above): 15,120 sq ft

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  Yes  No  
 (Phone (608) 266-2776)

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**BE CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s) granted will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

Amelia Legutki  
 Assistant Secretary

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 1 day of April, 20 16  
 \_\_\_\_\_  
 (Clerk/Notary Public)

My Commission Expires \_\_\_\_\_

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-2016</u>	Date reported to council/board <u>6-20-2016</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 54749

Applicant's WI Seller's Permit No.	FEIN Number:
456-0000455404-05	36-1924025
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14.00
<b>TOTAL FEE</b>	<b>\$ 614.00</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ZINKE'S MARKET INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DANIEL G. ZINKE</u>	<u>1105 ARROWHEAD CT</u>	<u>WIS DELLS 53765</u>
Vice President/Member	<u>CHARLA E. ZINKE</u>		
Secretary/Member	<u>CHARLA E. ZINKE</u>		
Treasurer/Member	<u>DANIEL G. ZINKE</u>		
Agent	<u>DANIEL G. ZINKE</u>	<u>1105 ARROWHEAD CT</u>	<u>WIS DELLS 53765</u>

C. 1. Trade Name ZINKE'S VILLAGE MARKET Business Phone Number 608-254-8313

2. Address of Premises 216 WASHINGTON AVE Post Office & Zip Code WIS DELLS 53765

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SALES FLOOR & BASEMENT OF GROCERY STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection upon enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

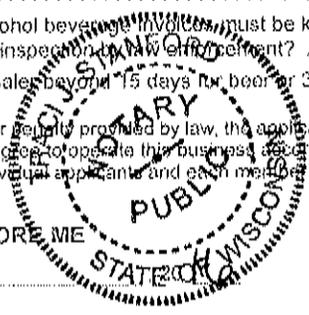
**R# 54862**

Applicant's WI Seller's Permit No. <u>456-220228465 03</u>	FEIN Number <u>39-1148621</u>
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ <u>N/A</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>1.4</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April  
 \_\_\_\_\_  
(Clerk/Notary Public)  
 My commission expires 10/26/2019



Daniel G. Zinke  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))  
Charla E. Zinke  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner))  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-26-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

ITEM 7c

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's License # <u>456-000-016</u>	
LICENSE #	
TYP	
<input type="checkbox"/> Class A beer	
<input checked="" type="checkbox"/> Class B beer	
<input type="checkbox"/> Class C wine	
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	\$ <u>114</u>

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Bridgeway Corporation  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 513 Wisconsin Dells, WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mr Andrew W Waterman</u>	<u>441 Alcan Dr</u>	<u>Baraboo, WI 53913</u>
Vice President/Member	<u>Mr Andrew J Waterman</u>	<u>411 Alcan Dr</u>	<u>Baraboo, WI 53913</u>
Secretary/Member	<u>Mr John D Waterman</u>	<u>1011 Weber Dr</u>	<u>WI Dells, WI 53965</u>
Treasurer/Member			
Agent	<u>Mr Andrew W Waterman</u>	<u>441 Alcan Dr</u>	<u>Baraboo, WI 53913</u>
Directors/Managers			

C. 1. Trade Name Timber Falls Adventure Park Business Phone Number 608-963-1441  
 2. Address of Premises 1000 Stand Rock Rd Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Shack Bar
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2771)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**MARCUS CONRAD KEMBCOWSKI**  
 Notary Public  
 State of Wisconsin

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 6th day of April, 2016  
 \_\_\_\_\_  
(Clerk/Notary Public)  
 My commission expires 5/18

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-25-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 55057

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Mueller, Rick, J. Home Address 213 Windy Hill Rd Wisc Delles, WI 53965 Post Office & Zip Code 53965

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises) Cheesy Tomato LLC

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member Owner Mueller, Ricky J. 213 Windy Hill Rd Wisc Delles, WI 53965

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Rick Mueller

Directors/Managers \_\_\_\_\_

C. 1. Trade Name The Cheesy Tomato Business Phone Number 608 433 3305

2. Address of Premises 27 Broadway Wisc Delles, WI 53965 Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, Outdoor deck

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 268-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

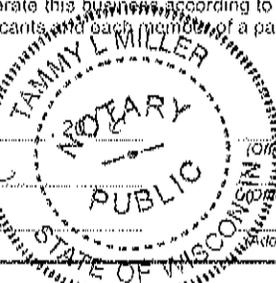
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April

Tammy L Miller  
(Clerk/Notary Public)

My commission expires 4-14-18



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 54992

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456-1027243276-03</u>		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	<u>100</u>	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$		<u>14</u>
<b>TOTAL FEE</b>	<b>\$</b>	<b><u>114</u></b>	

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
_____	_____	_____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ETK LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1113 Broadway, Wis Dells  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Tanya Krause</u>	<u>1113 Broadway</u>	<u>Wis Dells, WI 53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Tanya M. Krause</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Ambers Hideaway Business Phone Number 608-253-2623  
 2. Address of Premises ▶ 1113 Broadway Post Office & Zip Code ▶ Wis Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) front desk area sold. stored in locked room in base
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2778)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

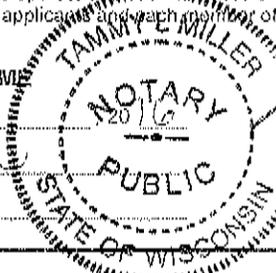
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME this 27<sup>th</sup> day of April

Tammy J. Miller  
(Notary Public)

Tanya Krause  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 4-14-18  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>4-26-2016</u>	Date reported to council/board
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

#R# 55044

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises) Harold B Larkin Post 187

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Thompson</u>	<u>5108 Old Hwy 12 Wis Dells</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>Henry Lukssavage</u>	<u>370 Wis Dells Pkwy</u>	<u>Wis Dells 53965</u>
Treasurer/Member	<u>Acorn Castle</u>	<u>1085 Clare Ave</u>	<u>Wis Dells 53965</u>
Agent	<u>Gary Thompson</u>		
Directors/Managers	<u>America's</u>		

C.1 Trade Name Larkin Post 187 Business Phone Number 608 253 5302

2. Address of Premises 609 Wis Ave Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 story concrete building

5. Legal description (omit if street address is given above) \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 256-2776)  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April 2016  
Nancy R. Holzen  
(Clerk/Notary Public)

My commission expires 10-18-19

Acorn Castle  
(Office of Corporation/Member/Manager of Limited Liability Company /Partner)  
Gary Thompson  
(Agent/Secretary/Member/Manager of Limited Liability Company if Any)

**NOTARY PUBLIC**  
NANCY R. HOLZEN  
STATE OF WISCONSIN

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/clerk	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. <u>456-000390116-03</u>	FELTY Number <u>39-0148750</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>114</u>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

#54765

Applicant's /M Seller's Permit No. <u>456102702319303</u> FCIN Number: <u>27-0157405</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>1.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (elder only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>114</u>

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Medrano Juan C Home Address 324 1/2 Broadway St Post Office & Zip Code Wis Dells, WI 53965

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶**

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Juan C Medrano</u>	<u>324 1/2 Broadway St</u>	<u>Wis Dells WI 53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____

**C. 1. Trade Name ▶** Colatlan Mexican Restaurant Business Phone Number 608 254-8208

**2. Address of Premises ▶** 324 Broadway St Post Office & Zip Code ▶ Wisconsin Dells 53965

**3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?**  Yes  No

**4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)** Cement Block Building 28x120'

**5. Legal description (omit if street address is given above):** \_\_\_\_\_

**6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side**  Yes  No

**b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side**  Yes  No

**7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.**  Yes  No

**8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.**  Yes  No

**9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 286-2776]**  Yes  No

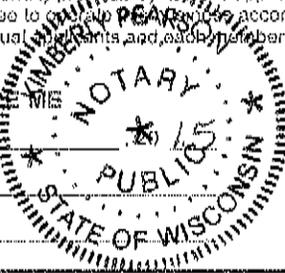
**10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?**  Yes  No

**11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?**  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to comply with the law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of April



Kimberly Pearson  
(Notary Public)

My commission expires 11-09-18

Juan C Medrano  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-14-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 55052

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 16  
ending June 30 20 17

TO THE GOVERNING BODY of the:  Town of  
 Village of } Wis. Dells  
 City of

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): **▶**

Nehring, Jesse J.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

3. Trade Name ▶ Jesse's Hideaway Business Phone Number 608-432-8367

4. Address of Premises ▶ 2255 Wisconsin Dells PKWY Post Office & Zip Code ▶ 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concession stand with attached back room for stor

10. Legal description (omit if street address is given above):

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? yes  Yes  No  
(b) If yes, under what name was license issued? Loony Bin LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), managers/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

### SUBSCRIBED AND SWORN TO BEFORE ME

this 29<sup>th</sup> day of April, 2016  
Nancy R. Stober  
(Notary Public)

Jesse J. Nehring  
 Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual  
Jesse J. Nehring  
 Officer of Corporation/Member/Manager of Limited Liability Company/Partner

My commission expires 10-18-19 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

RA# 55027

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2016 ending: 06-30-2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of Wis. Dells

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wis. Seller's Permit No. <u>456-1028115549-02</u> FEIN Number: <u>46-3435629</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	\$ <u>114.00</u>

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
--	--------------	------------------------

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ STEELWOOD FOREST DELLS LLC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>BRADLEY LEONARD GUSSEL</u>	<u>1211 STAND ROCK Rd</u>	<u>WIS DELLS WI 53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>BRADLEY LEONARD GUSSEL</u>	_____	_____

C. 1. Trade Name ▶ STEELWOOD FOREST CAMPING & RV PARK Business Phone Number 608-254-7080  
 2. Address of Premises ▶ 2652 WIS DELLS PKWY Post Office & Zip Code ▶ WIS DELLS 53965

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) WOOD FRAME OFFICE/STORAGE, CONCESSION BUILDING. + PEROL
- Legal description (omit if street address is given above): \_\_\_\_\_
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If **yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If **yes, explain fully on reverse side**  Yes  No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If **yes, explain.**  Yes  No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 29th day of April, 2016  
Johnny Miller  
 (Notary Public)  
 My commission expires \_\_\_\_\_

Bradley Gussel  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date licensee issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company** Stromberg Wei LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2235 Doris Rd Reedburg WI 53959  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Edwin Stromberg	2235 Doris Rd Reedburg WI	53959
Vice President/Member	Lisu Stromberg Wei	"	"
Secretary/Member			
Treasurer/Member			
Agent	Michael E. Stromberg	2235 Doris Road, Reedburg WI	53959
Directors/Managers			

**C. 1. Trade Name** Wei's Chinese Restaurant Business Phone Number 608-844-3534  
**2. Address of Premises** 630 S. Francys Rd Wis Dells Post Office & Zip Code 53963

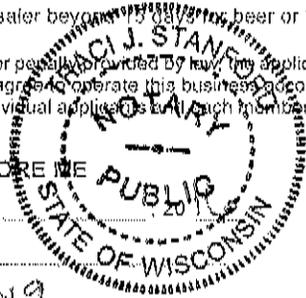
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Building and P/STB at Wei's
5. Legal description (omit if street address is given above): 630 S. Francys Rd Wis Dells
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  Yes  No  
[phone (800) 260-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 30 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of April 2016

My commission expires 10/25/2019



Lisu Stromberg Wei  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-22-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 7-1-2016 ending: 6-30-2017  
(MM/DD/YYYY) (MM/DD/YYYY)

TO THE GOVERNING BODY of the:  Town of } Wausau  
 Village of }  
 City of }

County of Clark Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership.**

Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_  
Wausau Municipal Office, 200 North Park Street

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company**

Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Terri K. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>
Vice President/Member	<u>John J. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>
Secretary/Member	<u>John J. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>
Treasurer/Member	<u>John J. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>
Agent	<u>Terri K. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>
Directors/Managers	<u>John J. Donnelly</u>	<u>200 North Park Street</u>	<u>54980</u>

- C. 1. Trade Name** Wausau Municipal Office Business Phone Number \_\_\_\_\_  
**2. Address of Premises** 200 North Park Street Post Office & Zip Code 54980  
**3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?**  Yes  No  
**4. Premises description:** Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) \_\_\_\_\_  
**5. Legal description (omit if street address is given above).** \_\_\_\_\_  
**6. a.** Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
**b.** Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No  
**7.** Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No  
**8.** Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
**9.** Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (800) 236-2776)  Yes  No  
**10.** Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
**11.** Is the applicant indebted to any wholesaler beyond 15 days for beer/wine/liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant certifies that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29<sup>th</sup> day of April

Terri K. Donnelly  
John J. Donnelly

My commission expires 8-27-2017

**NOTARY PUBLIC**  
John M. Donnelly  
 Notary Public  
 State of Wisconsin  
 My commission expires \_\_\_\_\_

Exempt

Applicant's Wisconsin Seller's Permit Number	<u>45955 000000000000</u>	
Employer Identification Number (EIN)	<u>72-1583644</u>	
<b>LICENSE REQUESTED</b>		
TYPE	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$	<u>100</u>
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class B liquor	\$	
<input type="checkbox"/> Reserve Class B liquor	\$	
Publication fee	\$	<u>14</u>
<b>TOTAL FEE</b>	\$	<u>114</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of ADAMS Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company** ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	555 W GRAND BLVD ORMAND BEACH, FL	32174
Vice President/Member	CHRIS LECHNIR	1401 VALLEY DR WISCONSIN DELLS, WI	53965
Secretary/Member			
Treasurer/Member			
Agent	CHRIS LECHNIR		
Directors/Managers			

**C. 1. Trade Name** ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360

2. Address of Premises ▶ 1770 S HWY 13 WISC DELLS, WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 1770 S HWY 13

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 2nd day of May 2016  
 Notary Public  
 Signature of Applicant: Chris W. Ziel  
 Signature of Notary: Nancy R. Johnson  
 My commission expires 10-18-19

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-2-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K# 55120

Applicant's WI Seller's Permit No. / FEIN Number 456-10273520456 / 0-0640113	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Family Chef, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Lawrence Charles Zunker	1610 Valley Drive, Wisc Dells, WI	53965
Vice President/Member	Mary Christine Zunker	1610 Valley Drive, Wisc Dells, WI	53965
Secretary/Member	Mary Christine Zunker	1610 Valley Drive, Wisc Dells, WI	53965
Treasurer/Member	Lawrence Charles Zunker	1610 Valley Drive, Wisc Dells, WI	53965
Agent	Lawrence Charles Zunker	1610 Valley Drive, Wisc Dells, WI	53965
Directors/Managers	Lawrence Charles Zunker, Mary Christine Zunker		

C.1. Trade Name Mitzi's American Grill Business Phone Number 608 254-7969  
 2. Address of Premises 1101 Broadway Post Office & Zip Code WI Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) restaurant with outside dining
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (608) 266-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another (individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign).

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 14th day of April 2016  
 \_\_\_\_\_  
(Clerk/Deputy Clerk)  
 My commission expires 10-25-2019

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
<u>4-14-2016</u>			
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

ITEM 7d

Applicant Seller's Federal Number	LICEN
<input type="checkbox"/> C1	
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

R# 54990

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Morse, Nicolas J Home Address 924 Capital St, Wis Dells, WI Post Office & Zip Code 53965

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Familyland Enterprises, Inc.  
Address of Corporation/Limited Liability Company (if different from licensed premises) 208 Broadway St.  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member Nicolas J Morse 924 Capital St, Wis Dells, WI 53965  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent Nicolas Morse 924 Capital St. 53965  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name M.A.C.S. Macarini And Cheese Shop Business Phone Number 608 678-2300

2. Address of Premises 208 Broadway St. Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All beer/wine served at our POS station for consumption in dining room

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

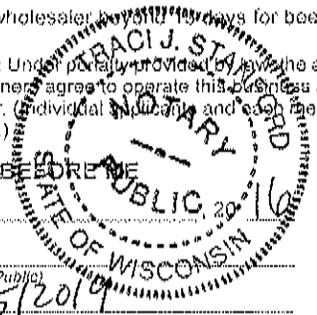
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler for 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual, partnership, and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 28th day of April 2016  
[Signature]  
(City/Notary Public)  
My commission expires 10/25/2019



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-28-2016</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#55040

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of WISCONSIN DELLS

County of Columbus Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [x] Limited Liability Company [ ] Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, TOTAL FEE.

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

~~Hidalgo Capital LLC~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Luisa Hidalgo 430 River Rd WIS DELLS WI 53765

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Randy Giewke

Directors/Managers Luisa Hidalgo

C. 1. Trade Name The White Rose Inn Business Phone Number 608 253 1993

2. Address of Premises 90 River Rd Post Office & Zip Code 53765

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) White Rose Inn Party and more

5. Legal description (omit if street address is given above): Restaurant patio given main house

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [ ] Yes [x] No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [ ] Yes [x] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [ ] Yes [x] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [ ] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone 608) 286-2778 [x] Yes [ ] No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [x] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April 2017, I, Sammy L. Miller, Notary Public, State of Wisconsin, My commission expires 4-14-18

Luisa E. Hidalgo, Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Officer of Corporation/Member/Manager of Limited Liability Company/Partner

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted; License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

R# 55055

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

### Complete A or B. All must complete C.

#### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

#### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE FREDRICK KAMINSKI	995 S. GROUSE LN	WIS DELLS, WI 53965
Vice President/Member	ANN MARIE KAMINSKI	995 S. GROUSE LN	WIS DELLS, WI 53965
Secretary/Member	JEFF MICHAEL KAMINSKI	1003 HILLSIDE CT	WIS DELLS, WI 53965
Treasurer/Member	JEFF MICHAEL KAMINSKI		
Agent	MIKE KAMINSKI		

Directors/Managers

C. 1. Trade Name AMERICINN LODGE AND SUITES Business Phone Number 608-254-1700

2. Address of Premises 550 STATE HWY 13 Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BUILDING AND GROUNDS AT 550 HWY 13

5. Legal description (omit if street address is given above): and all contiguous land

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

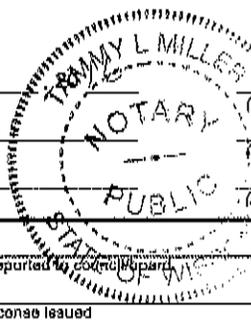
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April 2016  
Trammy L Miller (Notary Public)

My commission expires 4-14-18



### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-29-16	Date reported to State Department of Revenue	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R= 54620

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MZ FOOD LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) 131 Superior St  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KIROSLAV KAROV</u>	<u>425 VINE ST, WISCONSIN DELLS, WI</u>	<u>53965</u>
Vice President/Member	<u>ZDRAVKO NIZAMOV</u>	<u>425 VINE ST, WISCONSIN DELLS, WI</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>KIROSLAV KAROV</u>		
Directors/Managers			

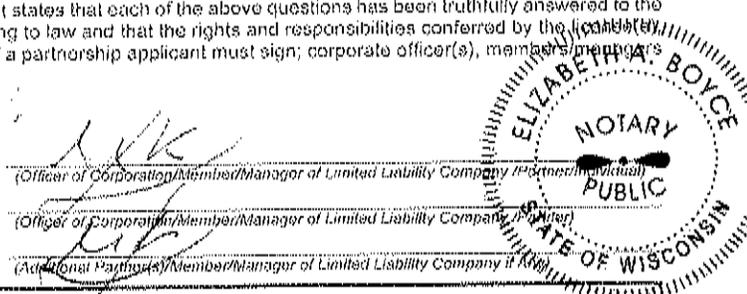
C. 1. Trade Name M PIZZA VILLA Business Phone Number 608-254-8304  
2. Address of Premises 131 Superior Street, WIS DELLS, WI Post Office & Zip Code WI, 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of April, 20 16  
Elizabeth A. Boyce  
(Notary Public)  
My commission expires 2/11/2020



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-6-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
 County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

R# 55 019

Applicant's WI Seller's Permit No. FEIN Number: <u>4512-1023862909-02</u> <u>47-479164</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	<b>\$ <u>214</u></b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PIZZA LAB LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 332 State Hwy 13, Wis Dells, WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Owner - Burak Akbeg 33A Grand Canyon Dr. # 212 Baraboo WI 53913  
 Vice President/Member Trisha Akbeg  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Burak Akbeg (Owner), Trisha Akbeg (Owner)  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ Pizza Lab Business Phone Number 608-253-0305  
 2. Address of Premises ▶ 332 State Hwy 13 Wis. Dells WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Commercial storefront
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Not open in 2015  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 30 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME this 28th day of April 2016  
 My commission expires 10/25/2019  
 (Notary Public)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

R# 54716

Applicant's WI Seller's Permit No. / FEIN Number: 402-000041345041-1913876	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	\$ 214

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Rib Kings of America Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Leon Agami</u>	<u>429 Broadway Wisconsin Dells WI</u>	<u>53965</u>
Vice President/Member	<u>Shlomi Fedida</u>	<u>429 Broadway Wisconsin Dells WI</u>	<u>53965</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Erik Allyn Overland</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Famous Dave's BBQ Business Phone Number 608 253 6683

2. Address of Premises ▶ 435 Broadway Wisconsin Dells WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire restaurant at 435 Broadway

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; Corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 23 day of MARCH  
Kristine M West  
(Clerk/Notary Public)  
My commission expires MARCH 26 2017  
Notary Public - State of Illinois  
OFFICIAL SEAL  
KRISTINE M WEST  
Office of Corporation/Member/Manager of Limited Liability Company / Partnership / Individual  
My Commission Expires March 25, 2017  
Erik A Overland  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-8-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

RA 55051

Applicant's WI Seller's Permit No. / FEIN Number: 4561026198331-02 45-3462656

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ San Antonio Mexican Restaurant LLC ✓  
DBA El Rey Bar

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Luis A. Martinez 415 6th Ave Baraboo WI 53913  
 Vice President/Member Veronica Martinez 415 6th Ave Baraboo WI 53913  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Luis A. Martinez PO Box 395 W.D.  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ San Antonio Mexican Rest. | El Rey Bar Business Phone Number 608 254-5798  
 2. Address of Premises ▶ 742 + 740 Eddy St Wisc Delles Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar + dining area, locked storage area
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME this 29th day of April, 2016  
Nancy R. Johnson  
 (Notary Public)  
 My commission expires 10-18-17  
X Veronica Martinez  
 (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 (Official of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

- A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Apple Hospitality Group, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 Pewaukee Rd, #200, Waukesha 53188  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mark Louis Dillon	34737 Elm Street, Oconomowoc, WI	53066
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Aaron J. Myoff</u>	<u>1877 11th Avenue, Friendship, WI</u>	<u>53934</u>
Agent ▶	<u>Ronald Ferkelsen</u>	<u>437 Suszycki Drive, Madison, WI</u>	<u>53948</u>

 Directors/Managers

- C. 1. Trade Name ▶ Applebee's Business Phone Number 608-254-6900
2. Address of Premises ▶ 340 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5,127 sf of mall space with locked liquor cabinet and outdoor patio
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (800) 268-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING. Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. If the license is granted, it will not be assigned to another applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO before me this 29th day of April, 2016  
 My commission expires 2/29/16

Apple Hospitality Group, LLC  
 By: Mark Dillon, President  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-29-2016</u>	Date reported to Council/Board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ITEM 7e

Applicant's WI LICE	
<u>456-102</u>	
<input type="checkbox"/> Class A	
<input checked="" type="checkbox"/> Class B	
<input type="checkbox"/> Class C wine	
<input type="checkbox"/> Class A liquor	
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
TOTAL FEE	\$ <u>614</u>

456-0000568508-04

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of ADAMS Aldermanic Dist. No. (If required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CHULA VISTA, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. BOX 30 2501 RIVER ROAD

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE FREDRICK KAMINSKI	995 S. GROUSE LN	WIS DELLS, WI 53965
Vice President/Member	ANN MARIE KAMINSKI	995 S. GROUSE LN	WIS DELLS, WI 53965
Secretary/Member	JEFF MICHAEL KAMINSKI	1003 HILLSIDE CT	WIS DELLS, WI 53965
Treasurer/Member	JEFF MICHAEL KAMINSKI		
Agent	MIKE KAMINSKI		
Directors/Managers			

C. 1. Trade Name CHULA VISTA RESORT & CONFERENCE CTR Business Phone Number 608-254-8366

2. Address of Premises 2501 RIVER ROAD P.O. BOX 30 Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BUILDING AND GROUNDS @ 2501 RIVER RD

5. Legal description (omit if street address is given above): &1000 CHULAPKWY& GOLF COURSE& ALL CONTIGOUS LAND

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit (phone (808) 266-2776)  Yes  No

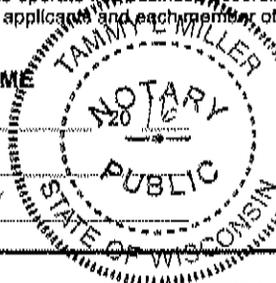
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April  
Tammy L Miller  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 4-14-18

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-29-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 55022

456-0000545518-04 47-0863736

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Sellar's Permit No.:	FEIN Number:
<u>722056</u>	<u>07-0574366</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>614</u> <sup>FL4</sup>
<b>TOTAL FEE</b>	<b>\$ <u>614</u></b>

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

~~DeFosse, Jesse Raymond 502 Washington Ave Wisconsin Dells, WI 53965~~

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DeFosse Properties LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wis Dells WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Jesse Raymond DeFosse</u>	<u>502 Washington Ave Wisconsin Dells, WI</u>	<u>53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Jesse R DeFosse</u>		
Directors/Managers			

C. 1. Trade Name ▶ Shooboot / Tuxis Kitchen / Mamas Garage Business Phone Number 608-343-0143

2. Address of Premises ▶ 2730 B.S. Hwy + 731 Eddy Post Office & Zip Code ▶ Wis Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Properties within premise address to include kitchen and deck.

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Sellar's Permit? [phone (608) 266-2778]  Yes  No

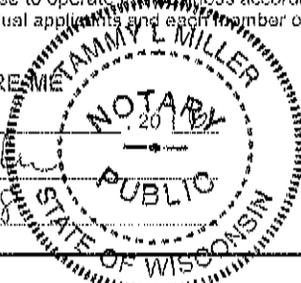
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signors agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April  
Sammy L Miller  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to Council/Board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
FISHER, DOUGLAS E. 414 9th AVENUE WEST DELLS, WI 53965

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company**

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name FISHER'S TAVERN Business Phone Number 608-253-7049

2. Address of Premises 719 SUPERIOR ST. Post Office & Zip Code WEST DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty of law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 14th day of April  
 My commission expires 10-25-2019  
 (Notary Public)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

R# 54167

Applicant's WI Seller's Permit No. / FEIN Number	
<u>456-000370862-04 37-1642804</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-14-2016</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of SACK Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 5497

Applicant's WI Seller's Permit No. FEIN Number	
<u>456 0000253825-04 26 212 5964</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Holland Food Group LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 626 Wis. Delles, WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Eric Cross Holland 205 Windy Hill Rd Wis. Delles WI 53965  
 Vice President/Member Mary Joan Holland 205 Windy Hill Rd Wis. Delles WI 53965  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Eric C. Holland  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ Mercati Rose / Dockside Grill Business Phone Number 608 254-6036  
 2. Address of Premises ▶ 2320-2390 Wis. Delles Pkwy Post Office & Zip Code ▶ Wis. Delles 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All bldgs & land area of Lower Delles Boat Landing including outside service areas
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? if not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 268-2770]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 22 day of April, 20 16  
Patricia Helt  
(Clerk/Notary Public)  
 My commission expires 5-19-17

Eric C. Holland  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Eric C. Holland  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-25-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ N/A

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HELLERS LTD  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS, WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>THOMAS E HELLER</u>	<u>1201 ELM ST, WIS DELLS, WI 53965</u>	
Vice President/Member	<u>NONE</u>		
Secretary/Member	<u>JANE M HELLER</u>	<u>1201 ELM ST, WIS DELLS, WI 53965</u>	
Treasurer/Member	<u>NONE</u>		
Agent ▶	<u>THOMAS E HELLER</u>		
Directors/Managers	<u>N/A</u>		

C. 1. Trade Name ▶ MONKS BAR & GRILL Business Phone Number 608-254-8386  
 2. Address of Premises ▶ 220 BROADWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY BRICK BUILDING (WITH BASEMENT & 3 SERVING LEVELS)
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2778]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 4 day of April, 2016

*(Clerk/Notary Public)*

My commission expires 5-4-18 Columbia City

Thomas E Heller  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
John M. Heller  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-8-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 54702

Applicant's WI Seller's Permit No. <u>45600000639704</u>		FEIN Number: <u>39-1407875</u>
LICENSE REQUESTED ▶		
TYPE	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$	1.00
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A
<input checked="" type="checkbox"/> Class B liquor	\$	5.00
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$	1.4
<b>TOTAL FEE</b>	\$	<b>6.14</b>

R# 54741

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No. / FEIN Number: <u>950-102257354-0230-0709616</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

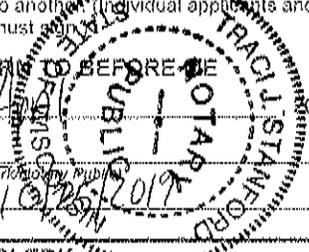
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 202 Broadway Wis Dells WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member Wade L. Bernander 696 Gulch Ave. Wis Dells 53965  
Vice President/Member Justin B. Draper 111 Capital St Wis Dells 53965  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ Wade L. Bernander  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677  
2. Address of Premises ▶ 232 Broadway Wis Dells WI Post Office & Zip Code ▶ Wis Dells WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) upstairs, safe level, basement, second deck
- 5. Legal description (omit if street address is given above): 232 Broadway and 791 Oak St (same business)
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers must operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
this \_\_\_\_\_ day of \_\_\_\_\_ 2016  
My commission expires 10/25/2019



Wade L. Bernander  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Justin B. Draper  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-11-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 54313

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.:		FEIN Number:	
456102791169803		46-2087797	
LICENSE REQUESTED			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	1.00
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	5.00
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
	Publication fee	\$	14
<b>TOTAL FEE</b>		<b>\$</b>	<b>61.4</b>

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company JAM FOOD & FUN, INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 68, LAKE DELTON, WI 53940  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Vice President/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Secretary/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Treasurer/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Agent	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965

 Directors/Managers \_\_\_\_\_

- C. 1. Trade Name DELLS DISTILLERY Business Phone Number 608-254-8100  
 2. Address of Premises 206 BROADWAY Post Office & Zip Code 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 3<sup>rd</sup> day of March, 2016  
[Signature] (Clerk/Notary Public)  
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partnership/Individual)  
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 My commission expires 11/30/18  
State of Wisconsin (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>3-1-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 54720

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>480 0000 32 9857-02</u>	FEIN Number: <u>39-18803 25</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JANET LLC**

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 17, WD

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JAMES H. NELSON</u>	<u>W13823 Gault Rd. Wis. Dells, Wis</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>JONI MAE NELSON</u>		
Treasurer/Member			
Agent ▶	<u>JAMES HOWARD NELSON</u>		
Directors/Managers			

C. 1. Trade Name ▶ CHALET LANES + LOUNGE Business Phone Number 608-254-8727

2. Address of Premises ▶ 740 ELM ST. Post Office & Zip Code ▶ WISC. DELLS, WIS. 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) LANES + LOUNGE PORTION of Chalet BLDG LOWER LEVEL STOR.

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2778]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

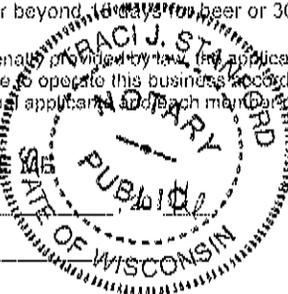
11. Is the applicant indebted to any wholesaler beyond 10 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 8th day of April

My commission expires 10/25/2019



James H. Nelson  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk: <u>4-8-2016</u>	Date reported to council/board: _____	Date license granted: _____
License number issued: _____	Date license issued: _____	Signature of Clerk / Deputy Clerk: _____

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

R4 54998 03

Applicant's WI Seller's Permit No. <u>4560000302764591</u>		CEID Number <u>751251</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	<u>14</u>	
<b>TOTAL FEE</b>	\$	<u>614</u>	

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ LUCE DONNA M. 55777 Lehman Rd 53913

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶**

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Roadhouse Business Phone Number 608 253 1010

2. Address of Premises ▶ 701 BROADWAY Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Outside PATIO / BAR + BASEMENT

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

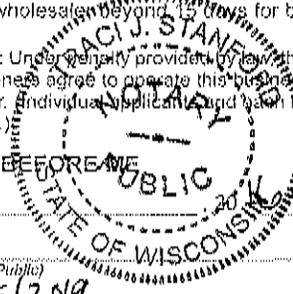
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 28th day of April 2016  
  
 My commission expires 10/25/2019

Donna M. Luce  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-28-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 55025

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia's Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No. FEIN Number: <u>456-COCC-420666-04</u> <u>39-1845103</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614</u>

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
Conroy Penelope Mitchell 850 S. Grove Ct. 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Nig 5 Inc  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 94 Wis Dells WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Penelope M Conroy</u>	<u>850 S. Grove Ct.</u>	<u>53965</u>
Vice President/Member		<u>Wis Dells WI</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Penelope M Conroy</u>		
Directors/Managers			

C. 1. Trade Name ▶ Nig 5 Bar Business Phone Number 608-253-6911

2. Address of Premises ▶ 201 Broadway Post Office & Zip Code ▶ PO Box 94 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Crick Building 201 Broadway

5. Legal description (omit if street address is given above): River Road

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

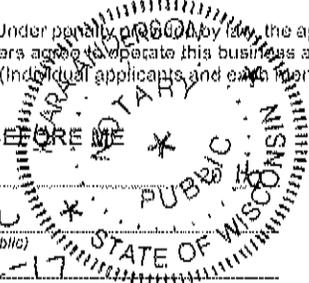
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 27 day of April  
Keava Anderson  
(Clerk/Notary Public)  
My commission expires 4-22-17



Penelope M Conroy  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Penelope M Conroy  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
Penelope M Conroy  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#55032

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

A. Individual or Partnership  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
▶ POLYNESIAN ACQUISITION PARTNERS, LLC

B Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Polynesian Acquisition Partners, LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

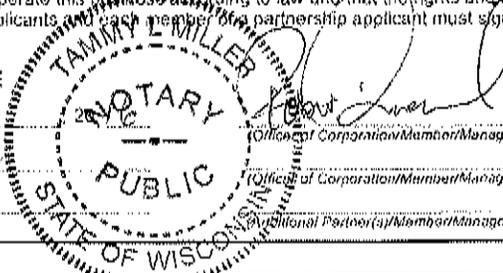
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MBR: PAP HOLDING, LLC	1331 4TH AVE N. # 102 MYRTLE BEACH, SC	29577
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	▶ ROBERT ROGNRUD,	857 N. FRONTAGE RD. WISCONSIN DELLS, WI	53965
Directors/Managers	MGR: SHEF MANAGER, LLC	1331 4TH AVE N. # 102 MYRTLE BEACH, SC	29577

C. 1. Trade Name ▶ POLYNESIAN WATER PARK RESORT Business Phone Number 608-254-2883  
2. Address of Premises ▶ 857 N. FRONTAGE RD Post Office & Zip Code ▶ 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RESTAURANTS, BARS, WATERPK, HOTEL, POOL
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 29<sup>th</sup> day of April  
Tammy L Miller  
(Clerk/Notary Public)  
My commission expires 4-14-18



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to commissioner	Date license granted
4-29-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
RRAD DEVELOPMENT LLC 1015 RIVER ROAD, WISCONSIN DELLS WI 53965

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company** RRAD DEVELOPMENT, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member RICHARD MAKOWSKI, 420 HWY A, WIS DELLS, WI 53965  
 Vice President/Member DAVE MAKOWSKI, 111 SWEET BRIAR, WIS DELLS, WI 53965  
 Secretary/Member RICHARD V. MAKOWSKI, 1124 CLARA AVE, WIS DELLS, WI 53965  
 Treasurer/Member ADAM MAKOWSKI, 106 SWEET BRIAR, WIS DELLS, WI 53965  
 Agent RICH V. MAKOWSKI, 1224 CLARA AVE, WIS DELLS, WI 53965  
 Directors/Managers \_\_\_\_\_

**C. 1. Trade Name** SANTORINI / RIVERWALK HOTEL Business Phone Number 608-253-1231  
**2. Address of Premises** 1015 RIVER ROAD Post Office & Zip Code WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5 STORY BUILDING, ALL FLOORS
5. Legal description (omit if street address is given above): SANTORINI RESORT COMPLEX ON BOTH SIDES OF RIVER ROAD
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 28th day of April, 2016  
Karen Johnson (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Karen Johnson (Official of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires 06/29/2018  
Karen Johnson (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

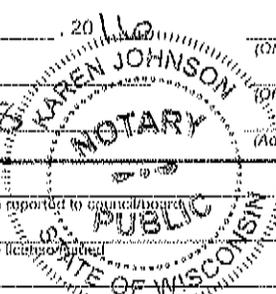
**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-28-2016</u>	Date reported to municipal clerk <u>4-28-2016</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 55007 83-0365632

Applicant's WI Seller's Permit No. / FEIN Number:  
456-000112039R-03 320

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>1.4</u>
<b>TOTAL FEE</b>	\$ <u>1014</u>



R# 54935

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 16  
ending June 30 20 19

Applicant's WI Seller's Permit No. / FEIN Number <u>452-1027341005-0239-2015305</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	<b>\$ <u>614.00</u></b>

TO THE GOVERNING BODY of the:  Town of } Wisconsin Dells  
 Village of }  
 City of }

County of Adams Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Gary Lee Hanson Silver Spruce Resorts LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Member Gary Lee Hanson</u>	<u>4124 River Road</u>	<u>WI 53965</u>
Vice President/Member		<u>PO Box 487</u>	
Secretary/Member			
Treasurer/Member			

Agent Gary Lee Hanson  
Directors/Managers Spacious Kamp Captain Dix LLC

3. Trade Name Rubbs Steakhouse Business Phone Number 608 253 1818  
4. Address of Premises 4124 River Road Post Office & Zip Code Wisconsin Dells WI 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Restaurant, walk in coolers, LUG Room, Bookkeeping office

10. Legal description (omit if street address is given above) Spacious Kamp, Roomy poolside Bar, Arcade, Bar, mostly walk in coolers

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? Captain Dix LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8854]  Yes  No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No

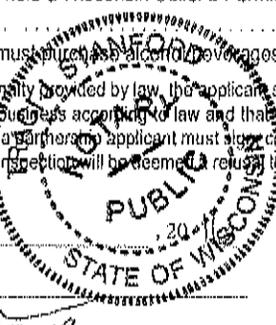
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership or applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

### SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April

[Signature]  
Clerk/Notary Public



[Signature: Gary Lee Hanson]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 10/25/2019

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10-25-2016</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

R# 54727

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2016 ending: June 30, 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of Wisconsin Dells

County of Columbia Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Six K's Keg Inc

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Keith Glen Koehler	237 Capital St	Wisc Dells 53965
Vice President/Member			
Secretary/Member	Roberta Lee Koehler	1144 Gale Ave	Wisc Dells 53965
Treasurer/Member			
Agent	Keith Glen Koehler	237 Capital St	Wisc Dells 53965
Directors/Managers			

C. 1. Trade Name The Keg Bar & Grill Business Phone Number 608-254-7475

2. Address of Premises 732 Oak St Post Office & Zip Code Wisc Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 buildings, including parking & 720 OAK ST

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (808) 266-2776)  Yes  No

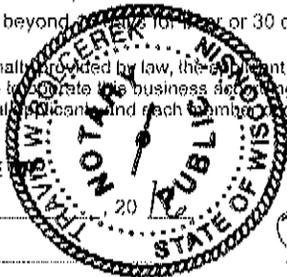
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond the 15 day or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE

this 8th day of April 2016  
*[Signature]*  
(Clerk/Notary Public)



(Officer of Corporation/Member/Manager of Limited Liability Company/Partnership/Individual)

*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partnership)

My commission expires

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-11-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K #.55035

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number 456-1028939328-47-4293643	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 1.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 5.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 1.4
<b>TOTAL FEE</b>	<b>\$ 6.14</b>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIMBER FALLS FOOD, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK RD

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C. SCHMITZ	140 WHITLOCK WIS DELLS,	53965
Vice President/Member	PHILLIP JUDE SCHMITZ	370 ALCAN BARABOO, WI	53913
Secretary/Member	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI	53913
Treasurer/Member	ANDREW J. WATERMAN	411 ALCAN BARABOO, WI	53913
Agent	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI	53913
Directors/Managers	JOHN D. WATERMAN	1011 WEBER AVE, WIS DELLS,	53965

C. 1. Trade Name ▶ KICKERES

Business Phone Number 608-253-0900

2. Address of Premises ▶ 951 Stand Rock Rd Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORED IN BEER COOLER & LIQUOR LOCKUP

5. Legal description (omit if street address is given above): SERVED IN RESTAURANT & OUTDOOR PATIO

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2778)  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of April, 2016

Kathleen P. Giruman  
(Clerk/Notary Public)

My commission expires 02/17/2020

KATHLEEN P. GIRUMAN

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner))  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R # 55036

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of SAUK Aldermanic Dist. No. \_\_\_\_\_ (If required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company T. R. NELSON, INC.  
Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. BOX 590, WIS DELLS, WI  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member TODD R. NELSON 835 HWY H, LOT 100 WISCONSIN DELLS, WI 53965  
Vice President/Member SHARI L. NELSON, 835 HWY H, LOT 100 WISCONSIN DELLS, WI 53935  
Secretary/Member STEVEN M. PINE, 407 CLARA AVE #104 WISCONSIN DELLS, WI 53965  
Treasurer/Member MARY BONTE SPATH, W8497 NORTH 2ND CT OXFORD WI 53952  
Agent PATRICK STEFFES, 833 HWY H UNIT 13, WISCONSIN DELLS, WI 53965  
Directors/Managers

Applicant's WI Seller's Permit No.: <u>456000045869304</u>		FEIN Number: <u>39-1475071</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	<b>\$</b>	<b>614</b>	

- C. 1. Trade Name TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000
2. Address of Premises 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code WIS DELLS, WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CLH, MOBILE & STATIONARY BEV CARTS
5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the licensee(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 28<sup>th</sup> day of April, 2016

Mary Bonte Spath  
(Clerk/Notary Public)

My commission expires 9/4/2016

Todd R. Nelson  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. <u>496-000 319465503</u> FEIN Number: <u>208723685</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ <u>614</u>

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
<u>Farmer William Brian</u>	<u>18457 Fox Run Rd Wis Dells</u>	<u>WI 53965</u>
<u>Malina Joseph Emil</u>	<u>25 Sweet Briar</u>	<u>Wis Dells WI 53965</u>

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sandbar Corp.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>William Brian Farmer</u>	<u>18457 Fox Run Rd Wis Dells</u>	<u>53965</u>
Vice President/Member	<u>Joseph Emil Malina</u>	<u>25 Sweet Briar Wis Dells</u>	<u>53965</u>
Secretary/Member	<u>William Brian Farmer</u>		
Treasurer/Member	<u>Joseph Emil Malina</u>		
Agent ▶	<u>William Brian Farmer</u>		
Directors/Managers	<u>Joseph Emil Malina</u>		

C. 1. Trade Name ▶ Uptown Sand Bar (Sand Bar) Business Phone Number 608 253-3073

2. Address of Premises ▶ 130 Washington Ave Uptown WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 floor brick building and deck

5. Legal description (omit if street address is given above): omit

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

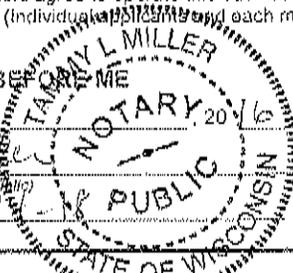
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants must sign; each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29<sup>th</sup> day of April  
Jammy L Miller  
(Clerk/Notary Public)



William B Farmer  PPS  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Joseph M Malina  PPS  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company (if Any))

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	Date license issued	Date license granted
License number issued	Signature of Clerk / Deputy Clerk	

Population Reserve

R# 54557

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>456-102671688-03</u>	
Federal Employer Identification Number (FEIN): <u>26-3582390</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 1.4
<b>TOTAL FEE</b>	<b>\$ <u>601.40</u></b>

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Y KNOT 2 LLC - DBA REVERWALK PUB & REST.  
Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member DENNIS LEONHARDT SR. 20 MEVENS EDGE RD WIS. DRIPS, 53945  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent DENNIS LEONHARDT SR.  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name REVERWALK PUB & RESTAURANT Business Phone Number (608) 254-8725  
2. Address of Premises 911 REVER RD Post Office & Zip Code WIS. DRIPS 53945

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. OUTSIDE PATIOS  
(Alcohol beverages may be sold and stored only on the premises described.) HOLD' LUG 2 WOOD - 2 LEVELS - BEER GARDEN  
5. Legal description (omit if street address is given above): \_\_\_\_\_

- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and agent/member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 10th day of March 2016  
[Signature]  
\_\_\_\_\_  
(Clerk/Notary Public)

[Signature]  
\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-30-2016</u>	Date reported to council/board _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

*Quata Plus*

ITEM 7#

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/16 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wiscon Seller's Permit #	
Federal Employ Number (FEIN):	
<b>LICENSE R</b>	
<input type="checkbox"/> Class A	
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 505 Broadway LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) 505 Broadway Wisconsin Dells WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Leon Agami	429 Broadway Wisconsin Dells WI	53965

Directors/Managers

C. 1. Trade Name Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156  
2. Address of Premises 505 Broadway Wisconsin Dells Post Office & Zip Code 53965

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire restaurant at 505 Broadway
- Legal description (omit if street address is given above): \_\_\_\_\_
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- Except for questions 8a and 8b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 28 day of March, 2016  
UDYH  
(Clerk/Notary Public)  
My commission expires 11/14/2016



Vanessa D. Deonnesingh  
State of Florida  
MY COMMISSION # EE 851570  
Director, November 14, 2016  
(Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
(Official of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-8-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 54970

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. / FEIN Number	
456-1028437251-04 / 464767768	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Ambers Resort + Conference Center LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Eddie W Krause III</u>	<u>1113 Broadway WI DELLS WI</u>	<u>53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Eddie W Krause</u>		
Directors/Managers			

C. 1. Trade Name ▶ Ambers Resort / Fiesta Concept Business Phone Number 608-253-8700  
2. Address of Premises ▶ 655 N Frontage Rd Post Office & Zip Code ▶ WI DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant Fiesta Concept, bar Storage Room, Poolside, gift shop

5. Legal description (omit if street address is given above):  
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

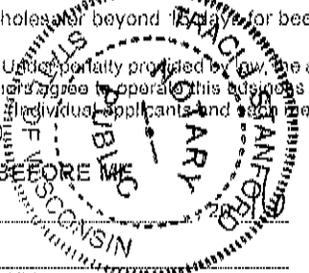
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for wine or beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
this 26th day of April  
[Signature]  
(Notary Public)  
My commission expires 10/25/2019



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-26-2016</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 55009

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company AMERICAN WORLD, INC. 53965

Address of Corporation/Limited Liability Company (if different from licensed premises) 2040 WIS DELLS PKWY, WIS DELLS

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member RICHARD MAKOWSKI, 420 HWY A, WIS DELLS, WI 53965

Vice President/Member GRACE MAKOWSKI, " " " "

Secretary/Member GRACE MAKOWSKI, " " " "

Treasurer/Member DAVID MAKOWSKI, III SWEET BRIAR, WIS DELLS, WI 53965

Agent DAVID MAKOWSKI, " " " "

Directors/Managers RICHARD MAKOWSKI, 420 HWY A, WISCONSIN DELLS, WI 53965

C. 1. Trade Name AMERICAN WORLD COMPLEX Business Phone Number 608-253-3700

2. Address of Premises 391 HWY A 2040 WIS DELLS PKWY Post Office & Zip Code WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) AMERICAN WORLD RESORT, BARS

5. Legal description (omit if street address is given above): BPLIQUORS & CRABBY'S RESTAURANT

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

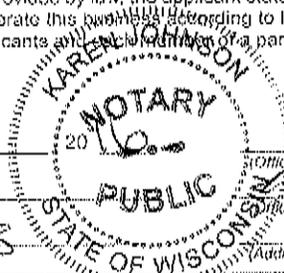
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

Karen Johnson (Clerk/Notary Public)

My commission expires 06/29/2018



Signature of Applicant: Richard Makowski

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted; License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

LICENSE REQUESTED table with columns TYPE and FEE. Includes Class B beer (\$100), Class B liquor (\$500), and TOTAL FEE (\$604).

Quota Plus

R# 54822

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of WISCONSIN DELLS

County of Sauk Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [x] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (100), Class C wine, Class A liquor, Class A liquor (cider only) (N/A), Class B liquor (500), Reserve Class B liquor, Class B (wine only) winery, Publication fee (1.4), TOTAL FEE (614).

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Logging Camp Inc Address of Corporation/Limited Liability Company (if different from licensed premises) 411 Hwy 13, Wis. Delles, WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code. Includes Mary C Hickey and Trevor A Hickey.

C. 1. Trade Name Paul Bryan Restaurant Business Phone Number 608 254 8717 2. Address of Premises 411 State Hwy 13 Post Office & Zip Code Wis Delles, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Kettin, lockup, dry lock, cabinet, camera
5. Legal description (omit if street address is given above): monitoring + concessions secure storage + fenced area
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [ ] Yes [x] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [ ] Yes [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [ ] Yes [x] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [ ] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [x] Yes [ ] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [ ] No
11. Is the applicant indebted to any wholesaler beyond 30 days for beer or 30 days for liquor? [ ] Yes [x] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME PUBLIC this 19th day of April 2016 My commission expires 10/25/2019

Trevor A Hickey (Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual)) Mary C Hickey (Officer of Corporation/Member/Manager of Limited Liability Company (Partner))

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk (4-19-2016), Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

# Quota Plus

## RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS

County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No. / FEIN Number	
4576102902871582 / 475425352	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input checked="" type="checkbox"/> Class C wine	\$ <del>100.00</del>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 1.4
<b>TOTAL FEE</b>	\$ <u>614</u>

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶** Myrt and Lucy's Chat + Chew LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Member Marijo J Zietlow 1017 Race St WI Dells WI 53965

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent ▶ Marijo Zietlow

Directors/Managers \_\_\_\_\_

**C. 1. Trade Name ▶** Myrt and Lucy's Chat + Chew Family Restaurant Business Phone Number 608-253-0858

**2. Address of Premises ▶** 414 Broadway St Post Office & Zip Code ▶ Wisconsin Dells, WI 53965

**3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?**  Yes  No

**4. Premises description:** Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 414 Broadway St - Walk in Cooler, Office, Bar

**5. Legal description (omit if street address is given above):** Restaurant, patio, + pizza

**6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side**  Yes  No

**b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side**  Yes  No

**7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.**  Yes  No

**8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.**  Yes  No

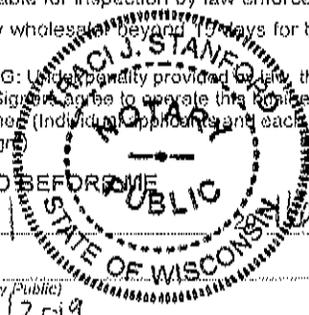
**9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)**  Yes  No

**10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?**  Yes  No

**11. Is the applicant indebted to any wholesaler beyond 10 days for beer or 30 days for liquor?**  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 26th day of April  
 \_\_\_\_\_  
(Clerk/Notary Public)  
 My commission expires 10/25/2019



Marijo Zietlow  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-26-2016</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 55192

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, TOTAL FEE.

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [ ] City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [X] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 53965

Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows include Gary Gussel, David Gussel, Joseph Gussel, Bernard E Gussel Jr, Richard Christensen.

C. 1. Trade Name TASTE OF NEW ORLEANS Business Phone Number Address of Premises 452 BROADWAY Post Office & Zip Code 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes [ ] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. Restaurant, storage, outdoor patio, plaza
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [ ] Yes [X] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [ ] Yes [X] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [ ] Yes [X] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [X] Yes [ ] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes [ ] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [X] Yes [ ] No
11. Does the applicant intend to buy from any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [X] No

MARGARET CAUSMUND Notary Public State of Wisconsin

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME this 9th day of May, 2016. Margaret Causmund (Clerk/Notary Public) My commission expires 4-7-18

Signature of Gary Gussel (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual) Signature of Joseph Gussel (Officer of Corporation/Member/Manager of Limited Liability Company/Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

Quota Plus

R# 55119 #55121 late Fee \$50-

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: WISCONSIN DELLS

County of ADAMS Aldermanic Dist. No. (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company WOODSIDE SPORTS COMPLEX OPERATIONS

Address of Corporation/Limited Liability Company (if different from licensed premises) W4217 50TH ST MAUSTON, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member DAMON R ZUWALT 555 W GRAND BLVD ORMAND BEACH, FL 32174
Vice President/Member CHRIS LECHNIR 1401 VALLEY DR WISCONSIN DELLS, WI 53965
Secretary/Member
Treasurer/Member
Agent CHRIS LECHNIR
Directors/Managers

- C. 1. Trade Name WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360
2. Address of Premises 2100 RIVER RD WISC DELLS, WI Post Office & Zip Code 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 2100 RIVER RD
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 268-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May
Nancy R. Stohren
(Clerk/Notary Public)

My commission expires 10-18-19

Official seals and signatures of Chris W. Lechnir and Nancy R. Stohren.

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

LICENSE REQUESTED table with columns TYPE and FEE. Includes Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 55010  
\$100.00

Lic # TEM 8  
 Period: 7/1/  
 Date of Issue:

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-000046486-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>AMERICAN WORLD, INC.</u>			Federal Employer Identification No. (FEIN) <u>39-1162123</u>		
Trade or Business Name (if different than Legal Name) <u>AMERICAN WORLD BP</u>			Telephone Number <u>(608) 432-7246</u>		
Business Address (License Location) <u>2040 WIS. DELLS PARKWAY</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>WISCONSIN DELLS</u>		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	Business Telephone <u>(608) 253-3700</u>		
Mailing Address (if different than Business Address)			County <u>SAVK</u>		
			City	State	ZIP Code

Organization (check one)

Sole Proprietor     Wisconsin Corporation -- Enter date incorporated: 1972

Partnership     Out-of-State Corporation -- Are you registered to do business in Wisconsin?     YES     NO

Other (describe)

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dis/tobacco-directory](http://www.doj.state.wi.us/dis/tobacco-directory) may be sold in Wisconsin?

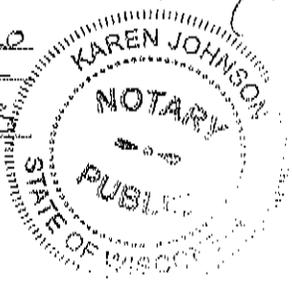
Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 28<sup>th</sup> day of April, 2016  
Karen Johnson  
 (Clerk / Notary Public)  
 My commission expires 06/29/2018

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 55054  
\$100.00

MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000568508-04**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>CHULA VISTA, INC.</b>			Federal Employer Identification No. (FEIN) <b>39-0842365</b>		
Trade or Business Name (if different than Legal Name) <b>CHULA VISTA RESORT</b>			Telephone Number <b>(608) 254-8366</b>		
Business Address (License Location) <b>2501 RIVER ROAD</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>	of: <b>WISCONSIN DELLS</b>		
Mailing Address (if different than Business Address) <b>P.O. BOX 30</b>			Business Telephone <b>( ) same</b>		
			County <b>ADAMS</b>		
			City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation - Enter date incorporated: 1951
- Partnership       Out-of-State Corporation - Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.dsj.state.wi.us/dls/tobacco-directory](http://www.dsj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

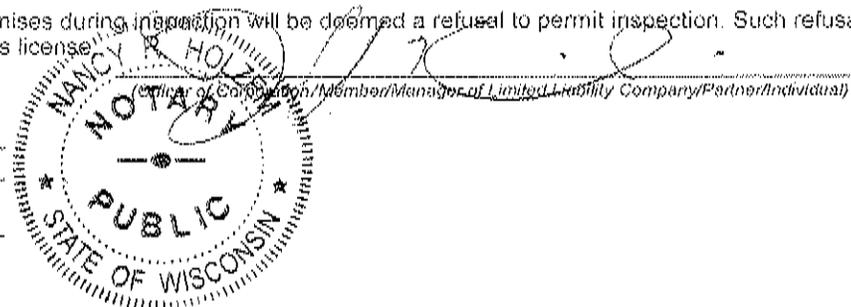
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 2016

*Nancy Johnson*  
(Clerk / Notary Public)

My commission expires 10/18/19



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 54719

\$100.00

MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**630-341**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>JANET LLC</b>			Federal Employer Identification No. (FEIN) <b>39-188 0325</b>		
Trade or Business Name (if different than Legal Name) <b>CHALET LANES + LOUNGE</b>			Telephone Number ( )		
Business Address (License Location) <b>740 ELM ST</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>	Business Telephone <b>(608) 254-8727</b>		
Mailing Address (if different than Business Address) <b>P.O. Box 17</b>			County <b>Columbia</b>		
			City <b>Wis. Dells</b>	State <b>WI</b>	ZIP Code <b>53965</b>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?  
 YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)  
 YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)  
 YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 YES     NO    6. Does the applicant understand that they may not sell single cigarettes?  
 YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

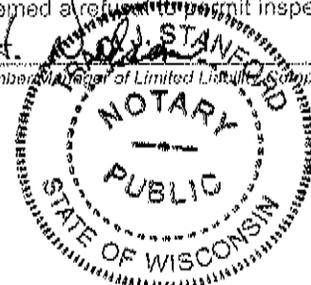
this 8th day of April, 2016

(Clerk / Notary Public)

My commission expires

10/25/2019

James H. Stanek  
(Officer of Corporation / Member of Board of Limited Liability Company / Partner / Individual)



K # 55043

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000511851-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Randy L Martin			Federal Employer Identification No. (FEIN) 39-1882088		
Trade or Business Name (if different than Legal Name) Loon Lake Cigar Co			Telephone Number 920 296 2781		
Business Address (License Location) 721 Superior St			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) W5004 Hwy B			City Rio	State W.	ZIP Code 53960

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe)
- Wisconsin Corporation - Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation - Are you registered to do business in Wisconsin?  YES  NO

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

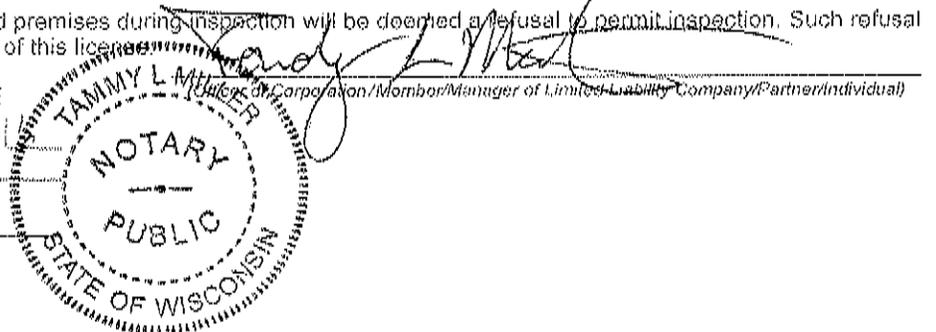
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 29<sup>th</sup> day of April, 2016

Tammy L Muller  
(Clerk / Notary Public)

My commission expires 4-14-18



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1026966971-03**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>MAURER'S FOODS LLC</b>			Federal Employer Identification No. (FEIN) <b>27-0225524</b>		
Trade or Business Name (if different than Legal Name) <b>MAURER'S MARKET</b>			Telephone Number <b>(608) 963-1171</b>		
Business Address (License Location) <b>216 WASHINGTON AVENUE</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <b>WISCONSIN DELLS</b>		
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>	Business Telephone <b>(608) 254-8313</b>		
Mailing Address (if different than Business Address)			County <b>COLUMBIA</b>		
			City	State	ZIP Code

Organization (check one)

Sole Proprietor  
 Partnership  
 Other (describe)  
 Wisconsin Corporation – Enter date incorporated: **6/2009**  
 Out-of-State Corporation – Are you registered to do business in Wisconsin?  YES  NO

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

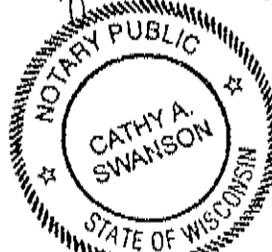
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 9 day of June, 2016  
*[Signature]*  
 (Clerk / Notary Public)

My commission expires August 16, 2019

*[Signature]*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 55366

\$100.00

License Number
Period Covered 7/1/2016 - 6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-102815549-02**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>SHERWOOD FOREST DELLS, LLC</b>		Federal Employer Identification No. (FEIN) <b>46-2435629</b>
Trade or Business Name (if different than Legal Name) <b>SHERWOOD FOREST CAMPING &amp; RV PARK</b>		Telephone Number ( )
Business Address (License Location) <b>2852 WISCONSIN DELLS PARKWAY</b>		Business Telephone <b>(608) 254-7080</b>
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>
Mailing Address (if different than Business Address)		City <b>SAUK</b>
		State <b>WI</b>
		ZIP Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation -- Enter date incorporated: 04/13  
 Partnership       Out-of-State Corporation -- Are you registered to do business in Wisconsin?     YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?  
 YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-8435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)  
 YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)  
 YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 YES     NO    6. Does the applicant understand that they may not sell single cigarettes?  
 YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

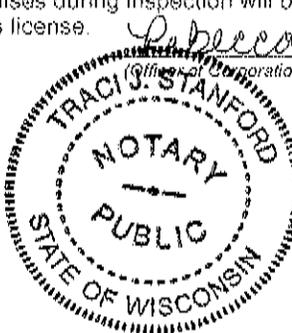
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of May, 2016

(Clerk / Notary Public)

My commission expires 10/25/2019



*Rebecca R. Hussel*  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

R#-55037

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 16-digit Sales Tax Account Number  
456-0000455693-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/01/2016-6/30/2017
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) T. R. NELSON, INC.			Federal Employer Identification No. (FEIN) 39-1475071	
Trade or Business Name (if different than Legal Name) TRAPPERS TURN GOLF CLUB			Telephone Number (608) 253-7000	
Business Address (License Location) 2955 WISCONSIN DELLS PKWY			Business Telephone (608) 253-7000	
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town			County SAUK	
City WISCONSIN DELLS	State WI	ZIP Code 53965	City WISCONSIN DELLS	
Mailing Address (if different than Business Address) P.O. BOX 590			State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor       Wisconsin Corporation - Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation - Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

This 28<sup>th</sup> day of April, 2016  
Mary Barte Spork  
(Client / Notary Public)

My commission expires 9/4/2016

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 54928  
\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456000057815604

This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc.</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>	
Trade or Business Name (if different than Legal Name) <u>Broadway Travel Mart</u>			Telephone Number <u>(608) 253-2091</u>	
Business Address (Licensing Location) <u>802 Broadway</u>			Business Telephone ( )	
City <u>WISCONSIN DELLS</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>WISCONSIN DELLS</u>	
State <u>WI</u>			County <u>Columbia</u>	
ZIP Code <u>53965</u>			City <u>Wisconsin Dells</u>	
Mailing Address (if different than Business Address) <u>PO BOX 120</u>			State <u>WI</u>	
			ZIP Code <u>53965</u>	

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

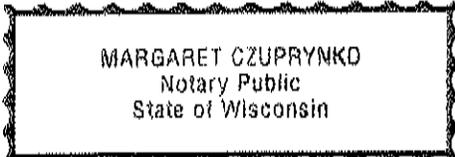
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 25<sup>th</sup> day of April, 2016  
Margaret Czuprynk  
(Clerk / Notary Public)

My commission expires 7-7-18

Joseph B. Dussel  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 54927  
\$100.00

License Number
Period Covered 7/1/2016 - 6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
450000057815604

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc.</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>		
Trade or Business Name (if different than Legal Name) <u>Lower Dells Travel Mart</u>			Telephone Number <u>(608) 254-7097</u>		
Business Address (License Location) <u>710 Trout Rd</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	of: <u>WISCONSIN DELLS</u>		
Mailing Address (if different than Business Address) <u>PO Box 120</u>			County <u>Sauk</u>		
			City <u>Wisconsin Dells</u>	State <u>WI</u>	ZIP Code <u>53965</u>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation -- Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation -- Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 808-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

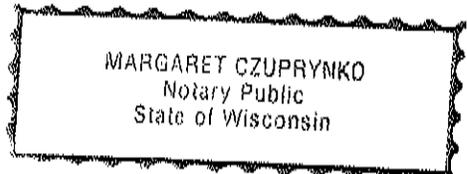
SUBSCRIBED AND SWORN TO BEFORE ME

this 25<sup>th</sup> day of April, 2016

Margaret Czuprymko  
(Clerk / Notary Public)

My commission expires 9-7-18

Joseph B. Dussel  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 54926  
\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456000057815604

This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc.			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) B+G Travel Mart			Telephone Number (608) 294-5077		
Business Address (License Location) 111 N. Frontage Rd			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) PO BOX 120			City Wisconsin Dells	State WI	ZIP Code 53965

Organization (check one)

Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?  YES  NO  
 Other (describe) \_\_\_\_\_

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

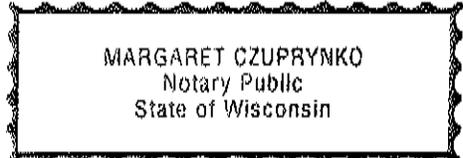
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

Joseph B. Dussel  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 25<sup>th</sup> day of April, 2016  
Margaret Czuprynko  
(Clerk / Notary Public)

My commission expires 9-7-18



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 54925  
\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456000057819604

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>		
Trade or Business Name (if different than Legal Name) <u>Travel Mart Shell</u>			Telephone Number <u>(608) 254-4488</u>		
Business Address (License Location) <u>2415 Wisconsin Dells Parkway</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	City <u>WISCONSIN DELLS</u>		
Mailing Address (if different than Business Address) <u>PO BOX 120</u>			County <u>Sauk</u>		
			City <u>Wisconsin Dells</u>	State <u>WI</u>	ZIP Code <u>53965</u>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

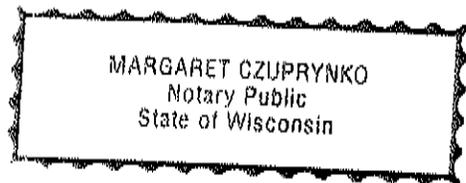
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

Greg B. Dussel  
(Office) of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

this 25<sup>th</sup> day of April, 2016  
Margaret Czuprynko  
(Clerk / Notary Public)

My commission expires 9-7-18



K 7 20027

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0003A4655-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Uptown Sand Bar		Federal Employer Identification No. (FEIN) 208723685	
Trade of Business Name (if different than Legal Name) Sand Bar		Telephone Number (608) 253-3073	
Business Address (License Location) 130 Washington Ave Wisc Dells		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
City WISCONSIN DELLS	State WI	ZIP Code 53965	Business Telephone (608) 253-3073
Mailing Address (if different than Business Address) P.O. Box 578 Wisc Dells WI 53965		City Wisc Dells	County Columbia
		State WI	ZIP Code 53965

Organization (check one)

Sole Proprietor       Wisconsin Corporation - Enter date incorporated: 4/07

Partnership       Out-of-State Corporation - Are you registered to do business in Wisconsin?     YES     NO

Other (describe)

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
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- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
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- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

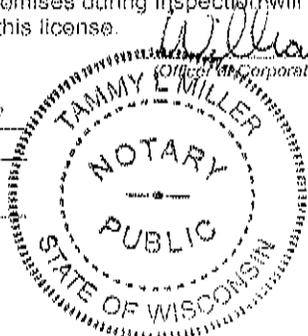
Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 29<sup>th</sup> day of April, 2016  
Tammy L. Miller  
(Clerk / Notary Public)  
My commission expires 4-14-18



William B. Farnum  
(Official of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

# Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

R#54752  
\$100.00

License Number
Period Covered 07/01/16-06/30/17
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Walgreen Co.</b>		Federal Employer Identification No. (FEIN) <b>36-1924025</b>
Trade or Business Name (if different than Legal Name) <b>Walgreens #06885</b>		Telephone Number <b>(847) 527-4897</b>
Business Address (Permit Location) <b>300 Hwy. 13</b>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <b>Wisconsin Dells</b>	Business Telephone <b>(608) 254-5760</b>
City <b>Wisconsin Dells</b>	State <b>WI</b>	ZIP Code <b>53965</b>
Mailing Address (if different than Business Address) <b>PO Box 901</b>	City <b>Deerfield</b>	State <b>IL</b>
		ZIP Code <b>60015</b>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation - Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation - Are you registered to do business in Wisconsin?     YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?  
 YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-8435.)  
 YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)  
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Cigarettes / Tobacco will be sold     over counter     through vending machine     both

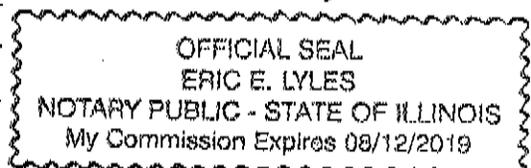
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
this 15 day of April, 20 16  
\_\_\_\_\_  
(Clerk / Notary Public)

Amelia Legutki  
(Officer of Corporation/Member/Manager of Limited Liability Company or Sole Proprietor)  
Assistant Secretary

My commission expires \_\_\_\_\_



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

RA 54976  
\$100.00

License Number
Period Covered 7/1/2016-6/30/2017
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000228465-03**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>ZINKE'S MARKET INC.</b>			Federal Employer Identification No. (FEIN) <b>39-1148621</b>		
Trade or Business Name (if different than Legal Name) <b>ZINKE'S VILLAGE MARKET</b>			Telephone Number <b>(608) 254-8313</b>		
Business Address (License Location) <b>716 WASHINGTON AVE</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>	of <b>WISCONSIN DELLS</b>		Business Telephone ( )
Mailing Address (if different than Business Address)			City		County <b>COLUMBIA</b>
			State		ZIP Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 1952
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
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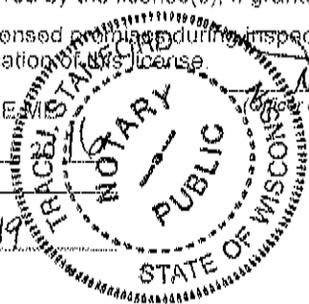
Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME this 29 day of April, 2019.

*[Signature]*  
(Clerk/Notary Public)



My commission expires 10/25/2019

*[Signature]*  
Owner of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

# City of Wisconsin Dells

## Application for: Mobile Home Park License

ITEM 9

Date Submitted: 6-18-16 Fee: \$350.00 First 25 Sites or less \$725- Receipt No. 55343  
\$ 25.00 Each Additional Site

Name of Applicant: I.N.C. INC. D/B/A Fairway

Address of Applicant: PO Box 265 MAUSTON, WI. 53948

Daytime Telephone Number: 608-408-9705

Evening Telephone Number: ( ) Same

Driver's License Number: IS21-2616-2346-02 State: WI

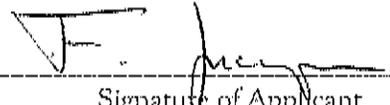
Legal Description/Address of the Park: 610 Commercial Ave

On-Site Manager's Name: Gene Rintz

On-Site Manager's Address & Lot Number: 610 Commercial #636

On-Site Manager's Telephone Number: 608-403-4502

\*A complete site plan must be attached to the application.

  
Signature of Applicant  
**Frank Incaprera**

License subject to compliance with Wisconsin Dells Code Section 16.03

- Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

# City of Wisconsin Dells

## Application for: Mobile Home Park License

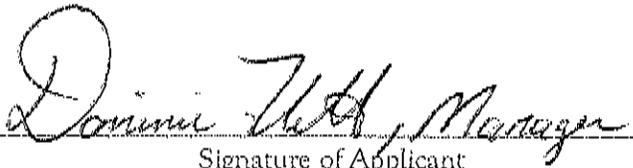
Date Submitted: 5/25/16 Fee: \$350.00 First 25 Sites or less \$ 350.00 Receipt No. 55367  
\$ 25.00 Each Additional Site # 21811

Name of Applicant: Stonecliff, LLC  
Address of Applicant: PO Box 410 Wisconsin Dells, WI 53965  
Daytime Telephone Number: (608) 254-7500  
Evening Telephone Number: (608) 254-7500  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Legal Description/Address of the Park: 300 Pioneer Drive; 04-13N-06E, S04-13-06 PR F  
FR Lot 4 in SWSE being N. 386.64' of E 337.99' S of Pioneer Drive,  
3.00 A

On-Site Manager's Name: Al Rice / c/o Stonecliff, LLC  
On-Site Manager's Address & Lot Number: Trailer North of Greenhouse  
On-Site Manager's Telephone Number: 608-254-8336

\*A complete site plan must be attached to the application.

  
Signature of Applicant  
Dominic Flath

License subject to compliance with Wisconsin Dells Code Section 16.03

- Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_\_\_, through \_\_\_\_\_, 20\_\_\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.



ITEM 10

RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 15, 2016 meeting:

IT APPROVES a Conditional Use Permit to Port Huron Brewing Co. to allow outdoor food & beverage service, commercial activity without a permanent structure, outdoor vendor, and walk-up service window at 805 Business Park Road, with the conditions in the staff report.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

Version: May 21, 2007

**General instructions.** Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	55529
Application number	11-20112

**1. Applicant information**

Applicant name Park Haven Brewing Co, LLC  
 Street address 805 BUSINESS PARK RD  
 City WISCONSIN DELLS  
 State and zip code WI 53965  
 Daytime telephone number 608-253-0340  
 Fax number, if any SAME  
 E-mail, if any parkhavenbeer@comcast.com

**2. Subject property information**

Street address	<u>805 BUSINESS PARK RD WIS DELLS, WI 53965</u>
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	
Describe the current use	<u>BREWERY + ONLINE PRODUCT SALES</u>

**3. Proposed use.** Describe the proposed use.

AMENDMENT TO PREVIOUS COP TO INCLUDE 1) OUTDOOR SEATING, AND 2) ACCESS FOR CATERED FEED/OUTDOOR COMMERCIAL FEED SERVICE.

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

- OPERATE OUTDOOR SEATING AREA UNTIL CLOSE (CURRENTLY 10 PM ON WEEK-DAY)
- OFFER CATERED FEED UNTIL/UP TO 9:30 PM PER MUNICIPAL CODE 19.811(B)(2)(c)

CONDITIONAL USE APPLICATION  
Wisconsin Dells, Wisconsin  
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

• THE PLAN, MAY BE UP ON BUSY DAYS - OFFICES HAS BEEN DEDICATED TO FACTS OF THE VACANT LOT IN THE PAST.  
• EXTERIOR LIGHTING WOULD BE MINIMAL  
• NOISE WILL BE MANAGED - SOUND ABSORPTION MEASURES WILL BE PUT IN PLACE TO AVOID LIVE MUSIC WILL BE STOPPED AT AN ACCEPTABLE TIME.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any  
THE COMPREHENSIVE PLAN CALLS FOR "PRESERVATION OF URBAN SPACE + VISIBILITY - A UTILITY ATTITUDE TAKEN WITH WHAT PEOPLE ARE LOOKING FOR." BEVERAGES ARE A POPULAR DESTINATION. AN ADDITION OF THIS PROPOSED WILL BRING MORE TOURISM AND MORE DOLLARS SPENT THROUGHOUT THE CITY.

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site  
NO HARMFUL EFFECTS ANTICIPATED.

c. The suitability of the subject property for the proposed use  
PROPERTY CONGRUENT WITH THE USE OF THE TAX ROOM AND ALLOWANCE FOR ON-SITE SALES

d. Effects of the proposed use on the natural environment  
WILL REQUIRE REMOVAL OF 3 LIMBS, & 1 SMALL TREE.

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances  
OUTDOOR SEATING WILL CREATE CONCERN WITH PEOPLE CONCERNED IN AN OUTDOOR SETTING. LIVE MUSIC WILL CREATE SOME NOISE. WE PLAN TO MANAGE NOISE AND STOP MUSIC BY AN ACCEPTABLE HOUR.

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district  
NONE

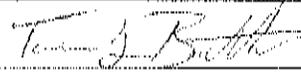
g. Effects of the proposed use on the city's financial ability to provide public services  
NONE

**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
 Version: May 21, 2007

7. **Project map.** Attach a scaled map showing the information as listed at the end of this application. Use one of the following page sizes as appropriate. 8½" x 11", 11" x 17", or 24" x 36".

8. **Applicant certification**

- ◆ I certify that the application is true as of the date it was submitted to the City for review.
- ◆ I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below.

	Paul Horvath Wisconsin, LLC
Applicant Signature	Date

<b>Governing Regulations</b>	The procedures and standards governing this application process are found in Chapter 19, Article 4, Division 6, of the City's Municipal Code.
------------------------------	---

**Reimbursement Agreement for Application Review Costs**

**A. Payment for Eligible Costs.**  
 By submitting this application for review, the applicant agrees to pay all administrative costs incurred by the City in the processing, study, and review of the application including costs for planning, legal, engineering, and related services, referred to herein as eligible costs.

**B. Guarantee of Payment.**  
 To guarantee reimbursement, the applicant shall submit one of the following along with this application:

1. an irrevocable letter of credit in the name of the City in an amount as set by the zoning administrator; or
2. a cash deposit in an amount as set by the zoning administrator.

If a cash deposit is used to guarantee reimbursement, the City will periodically deduct from the cash account such amounts necessary to pay for eligible costs and submit a written statement to the applicant. If a letter of credit is used, the applicant agrees to pay such amounts as invoiced within 7 days of the invoice date. An interest rate of 1½ percent shall be charged on invoices not paid within 30 days of the invoice date. The City shall access the letter of credit to pay for overdue invoices, including late penalty charges, and submit a written notice to the applicant.

If remaining monies in the cash account are insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to deposit additional monies into the cash account in an amount as set by the zoning administrator. If the principal amount of the irrevocable letter of credit is insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to submit a second letter of credit in an amount as set by the zoning administrator. The applicant may withdraw this application prior to final action by the City Council by submitting a written letter to the City. Upon such notice, the City shall cease all work related to the review of the application. However, withdrawal of this application does not terminate this reimbursement agreement.

If the applicant does not pay for eligible costs, the City Clerk/Treasurer shall add the outstanding balance to the tax roll as a special assessment against the subject property. In addition, the City may pursue other legal means to obtain the outstanding balance as allowed by law.

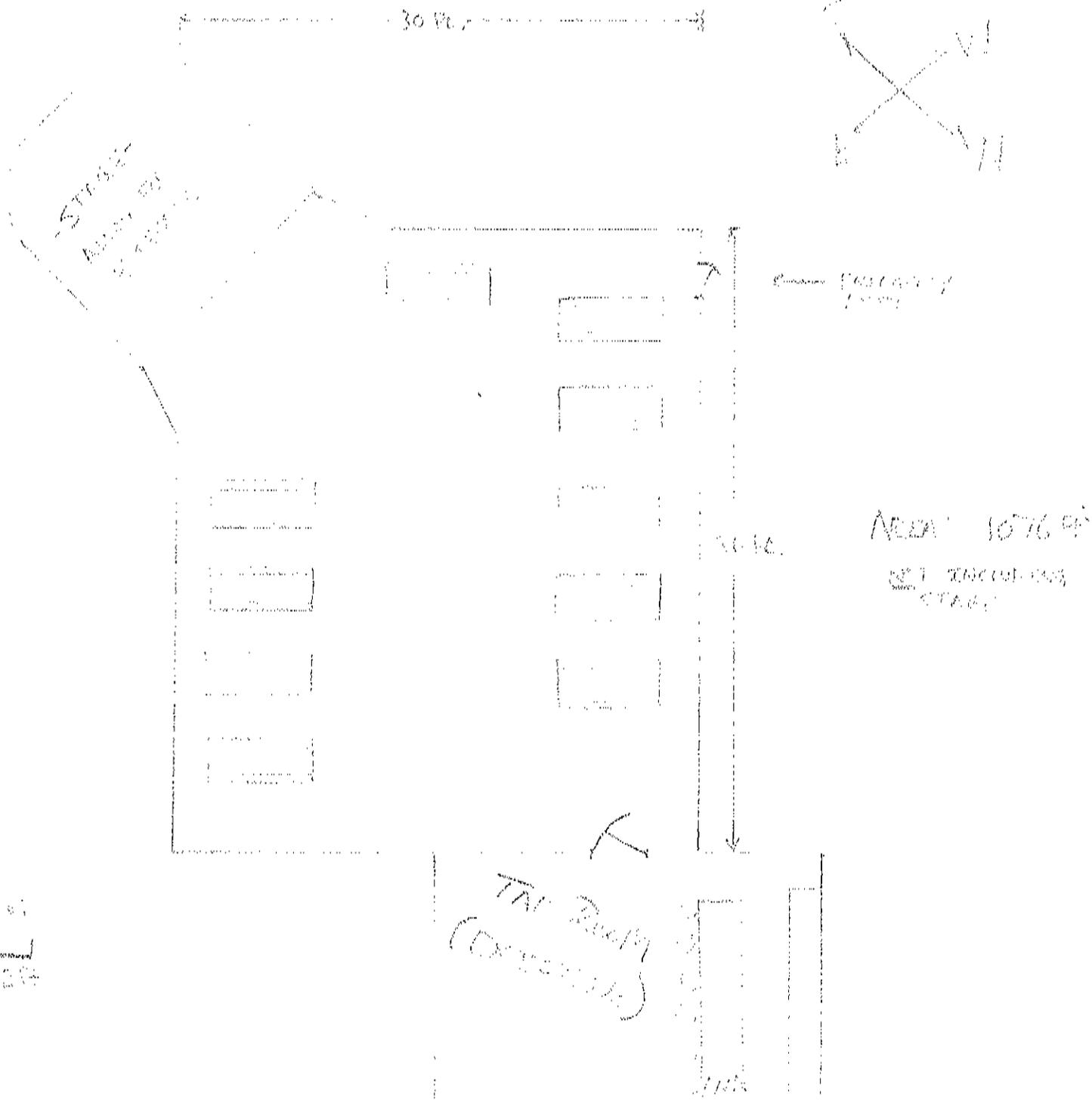
**C. Termination of Guarantee.**  
 If a cash deposit is used to guarantee reimbursement, the City agrees to reimburse the applicant any unused monies in the cash account, including earned interest, within 60 days of the date when the City Council takes final action on the application. If a letter of credit is used, the City shall send a written letter to the applicant releasing the applicant from the letter of credit when all outstanding invoices have been paid.

	Paul Horvath Wisconsin, LLC
Applicant Signature	Date

# POW HALL BREWING CO. - OTHER SEATINGS

## Layout of 100 SEATINGS

Tables 10 ft. x 12 ft. (100 seats)	100	1200 sq ft	60 persons
Bar 10 ft. x 12 ft. (10 seats)	10	120 sq ft	10 persons
High-top 10 ft. x 12 ft. (10 seats)	10	120 sq ft	10 persons
<b>Total</b>	<b>120</b>	<b>1440 sq ft</b>	<b>80 persons</b>

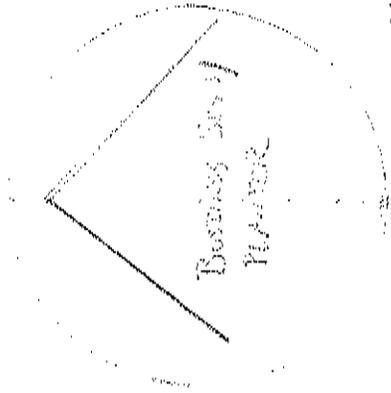


Scale:  

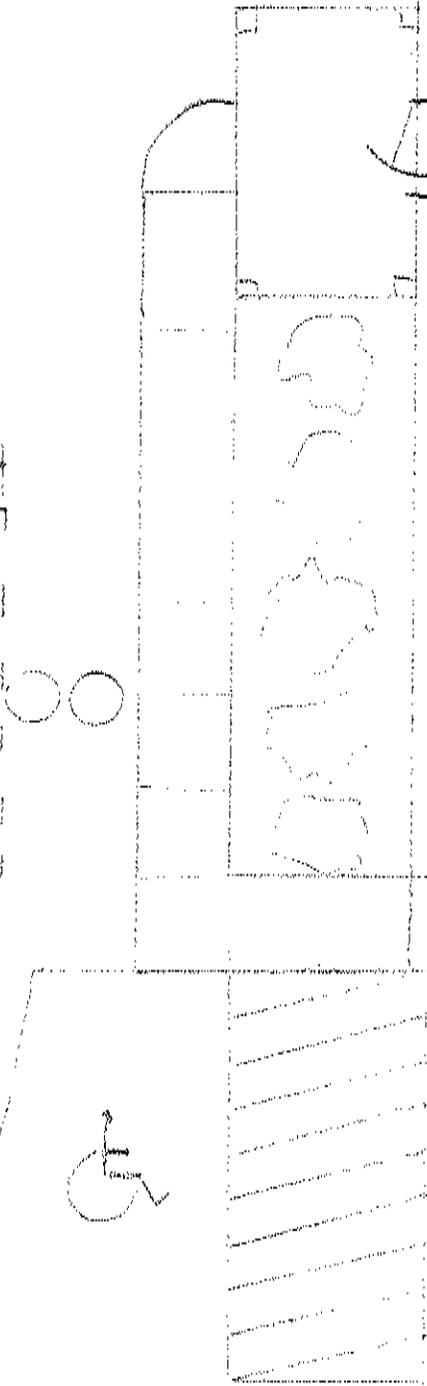
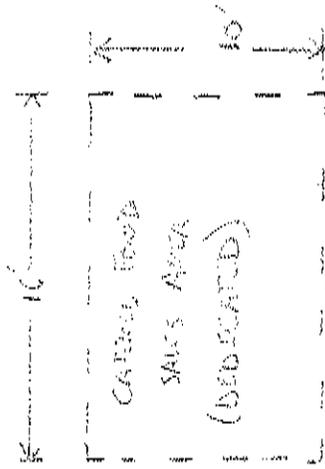
 1" = 2'

# PORT HURON BREWING Co.

OUTDOOR CANNED FOOD  
DISPENSE LOCATION



147  
244



Brewery  
Brewing

775

805 Business Park Rd.

Conditional Use Permit – Commercial use without a permanent structure, Outdoor commercial food and beverage service, Outdoor vender, and Walk up service window

Staff Report for Plan Commission, 06/15/16

The Planning & Zoning office has received a Conditional Use Permit application from Port Huron Brewing Co, LLC to add an outdoor patio to their existing tap room at 805 Business Park Rd, tax parcel 1497.4, which is in the I-1 Industrial Zoning district. The applicant would also like to be able to have food catered in to patrons at his facility and/or allow food trucks to park at his facility to provide food service to his patrons.

As a facility in the Industrial park, this request may be evaluated in a slightly differently. Restaurants and Taverns are not permitted in the City of Wisconsin Dells Industrial Zone; however a Brewery is permitted in the Wisconsin Dells industrial zone because it is considered a heavy Industrial use, in that a brewery manufactures a product from raw materials. The State brewery license allows a brewery to have a Tap Room on site where food and their own beer can be sold. The City of Wisconsin Dells Zoning Code accommodates this State law, by having an accessory use of "Industrial District Retail" which allows an Industrial use in the industrial park to perform retail sales related to their product. "Industrial District Retail" requires is an Accessory use that requires a Conditional Use Permit, which Port Huron obtained when the brewery was approved in 2010. The "Industrial District Retail" use is in place, so that standard retail does not have to be allowed in the Industrial Zone to accommodate a brewery tap room, allowing a brewery can comply with the State law that allows them to perform retail sales of their product. However, in the commercial zone, where taverns and restaurants are permitted, the City Zoning Code has a separate accessory use for "Outdoor commercial food and beverage sales", which requires taverns and restaurants to obtain a different Conditional Use Permit to sell food or drinks outside. As taverns and restaurants are not permitted in the Industrial Zone, accessory uses associated with taverns and restaurants are not permitted in the Industrial Zone. However, a brewery is allowed by State Law to have a tavern that sells food and their beer. It makes sense that if a brewer is allowed to operate as a tavern they should be able to apply for the same accessory uses. This office felt the best path forward was to clarify that brewery were held to the same standards for accessory uses as tavern are in commercial districts, rather than making those accessory uses permissable in the Industrial zone for other businesses. So, the Zoning code is being updated to clarify that only a site that is granted a permit for Industrial District Retail can apply for a Conditional Use Permit for "Outdoor commercial food and beverage service" and the other related accessory uses.

The new seating area is planned to be 1075 sq ft and the tap room is approximately 792 sq ft.

The new seating area is planned to have occupancy of approximately 100 people and the existing tap room has occupancy of 60 people.

Port Huron has 4 bathrooms which is adequate for servicing 160 people.

The new outdoor seating area will be accessed from the current Tap Room, so customers will have to go into the main building to get to the outdoor area. The new outdoor seating area will have a 36" gate for emergency exiting directly from the outdoor area to the sidewalk, which is adequate for at least 180 people.

The existing parking lot has 15 stalls, which is only adequate for 45 people. However, this premise has over 50,000 square feet of undeveloped space adjacent to the existing parking lot that could be developed into approximately 170 additional parking spaces if necessary.

The applicant operates the tap room for limited hours, currently closing at 10pm or earlier, with the latest closing being at 12 Midnight.

It would seem the main concern with the outdoor seating area would be any noise issues, particularly with the apartment complex located in the vicinity of this area. These concerns would be minimized by the responsible management of the current facility. Any approval would be contingent on this quality management continuing.

There are standard concerns with the use of a Mobile Restaurants in the City. The City has historically been resistant to allowing Mobile Restaurants in the downtown area, as they can create unfair competition for the downtown pedestrian traffic. This concern would seem less in this case, as the isolated location of this business removes any walk-by traffic. Patrons to Port Huron will only arrive on site if they are intending to go to Port Huron. The State Brewery license allows Port Huron to serve food at their facility, and this is a way for them to provide that service. Similar to the other recent applications for Mobil Restaurants, Port Huron has made a significant investment in real improvements to their property.

The recent approvals for Mobile restaurants have only been for 1 year, and that may still be the case for this application. Mobile restaurants in the downtown area have been encouraged to make more permanent developments. However, outside the downtown area, the 1 year limit on the Mobile restaurant approvals seems more appropriate to evaluate how the business runs, to ensure there are no issues. In this case, it does not appear that the applicant wishes to install any one Mobile restaurant for an extended period of time. Rather, the applicant wishes to dedicate an area where any Mobile restaurant could operate for a limited time, patrons to Port Huron can get food service.

Suggested Conditional to any approval:

- 1) The outdoor area is well managed.
- 2) Any issues are address to the satisfaction of the City

Prepared by:  
Chris Tollaksen

ITEM 11

RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 15, 2016 meeting;

IT APPROVES a Conditional Use Permit to Chula Vista Golf Resort Inc. in order to allow a LED variable message sign at 1000 Chula Vista Parkway, contingent upon maintain a 36" clearance from the fire hydrant.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
 Version: May 21, 2007

**General Instructions.** Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 808-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	55532
Application number	_____

**1. Applicant information**

Applicant name Chuk Visha Golf Resort Inc.  
 Street address 1000 Chuk Visha Parkway  
 City Wis Dells WI 53965  
 State and zip code \_\_\_\_\_  
 Daytime telephone number 608 235 2333  
 Fax number, if any \_\_\_\_\_  
 E-mail, if any mikok@chukvisharesort.com

**2. Subject property information**

Street address		
Parcel number	<u>291-350 32.357</u>	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	<u>commercial</u>	
Describe the current use	<u>A sign structure</u>	

**3. Proposed use.** Describe the proposed use.

A sign structure

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

24 hours per day - no affect of adjacent property owners

# CONDITIONAL USE APPLICATION

Wisconsin Dells, Wisconsin

Version: May 21, 2007

6. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

NONE

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

- a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

NO DISTURBANCE 100% Commercial.

- b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

NONE.

- c. The suitability of the subject property for the proposed use

perfect.

- d. Effects of the proposed use on the natural environment

NONE

- e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

NONE - CU covers all the property

- f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

NONE

- g. Effects of the proposed use on the city's financial ability to provide public services

- NO EFFECT.

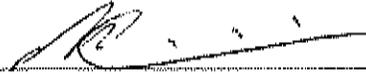
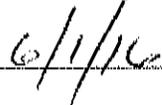
**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
 Version: May 21, 2007

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7. **Project map.** Attach a scaled map showing the information as listed at the end of this application. Use one of the following page sizes as appropriate: 8½" x 11", 11" x 17", or 24" x 36".

**8. Applicant certification**

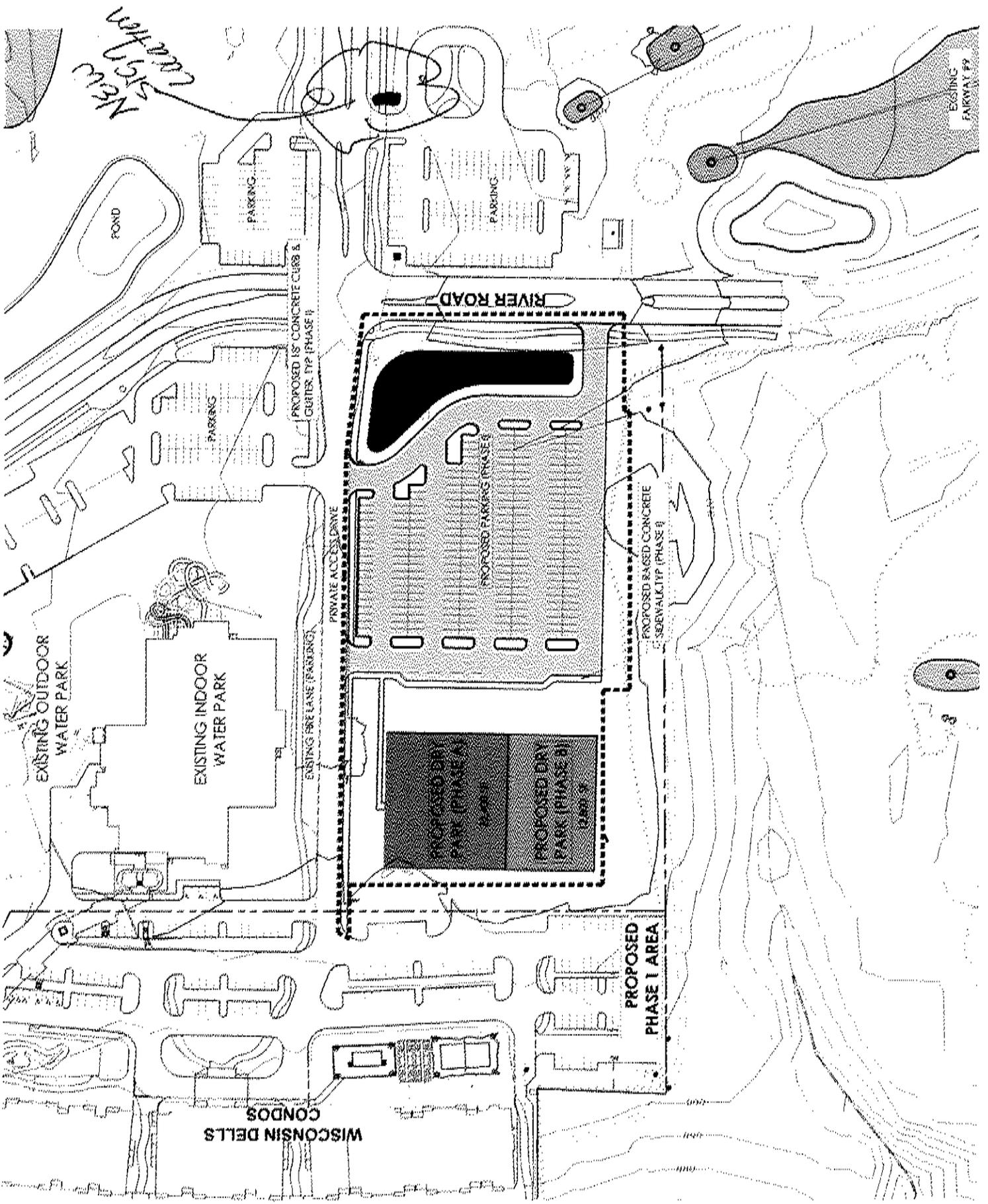
- ◆ I certify that the application is true as of the date it was submitted to the City for review.
- ◆ I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below.

 Applicant Signature	 Date
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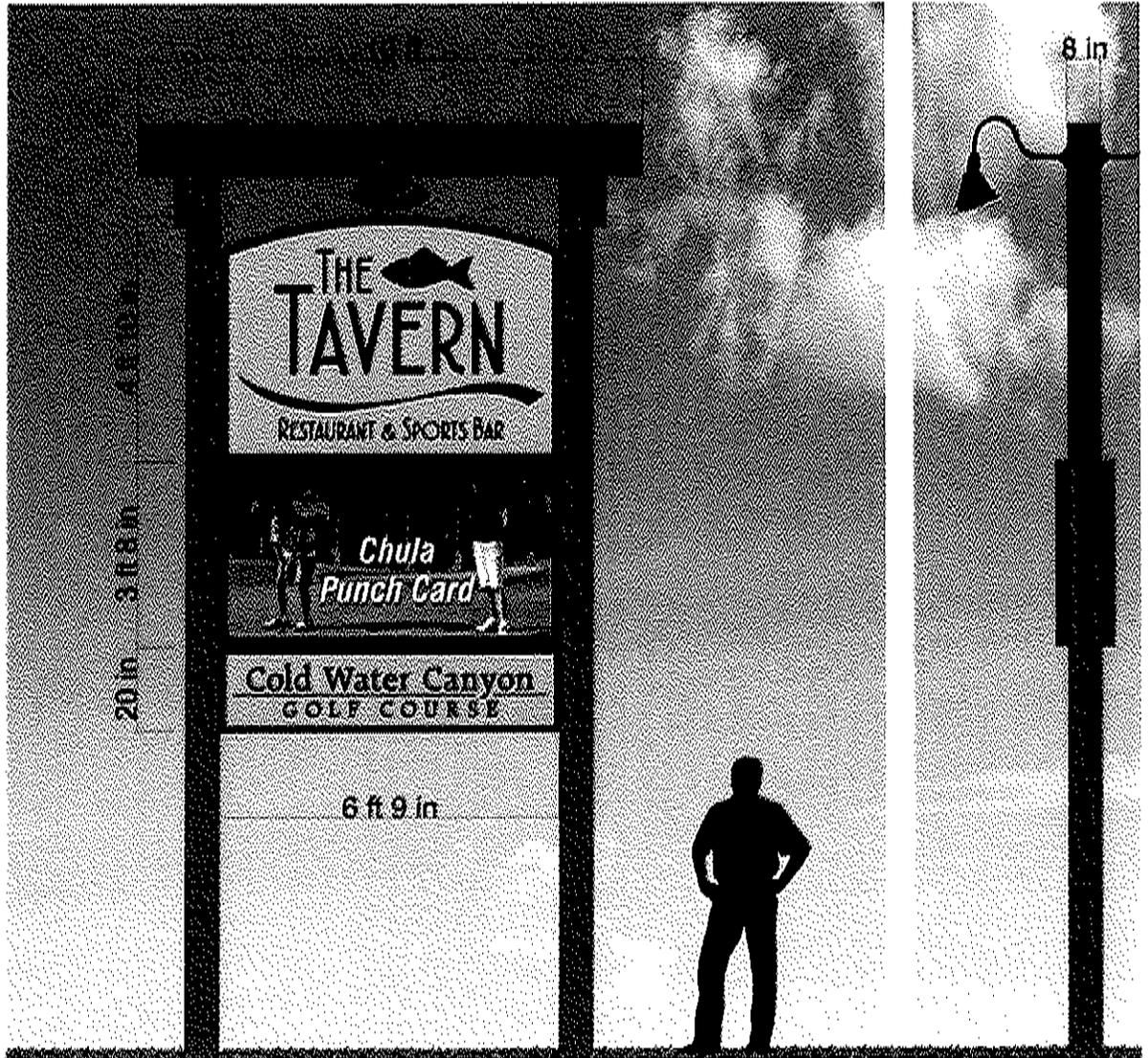
<b>Governing Regulations</b>	The procedures and standards governing this application process are found in Chapter 19, Article 4, Division 6, of the City's Municipal Code.
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**Reimbursement Agreement for Application Review Costs**

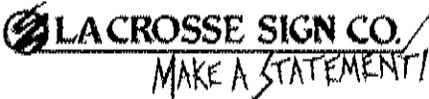
<p><b>A. Payment for Eligible Costs.</b>                  By submitting this application for review, the applicant agrees to pay all administrative costs incurred by the City in the processing, study, and review of the application including costs for planning, legal, engineering, and related services, referred to herein as eligible costs.</p> <p><b>B. Guarantee of Payment.</b>                  To guarantee reimbursement, the applicant shall submit one of the following along with this application:</p> <ol style="list-style-type: none"> <li>1. an irrevocable letter of credit in the name of the City in an amount as set by the zoning administrator; or</li> <li>2. a cash deposit in an amount as set by the zoning administrator.</li> </ol> <p>If a cash deposit is used to guarantee reimbursement, the City will periodically deduct from the cash account such amounts necessary to pay for eligible costs and submit a written statement to the applicant. If a letter of credit is used, the applicant agrees to pay such amounts as invoiced within 7 days of the invoice date. An interest rate of 1½ percent shall be charged on invoices not paid within 30 days of the invoice date. The City shall access the letter of credit to pay for overdue invoices, including late penalty charges, and submit a written notice to the applicant.</p> <p>If remaining monies in the cash account are insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to deposit additional monies into the cash account in an amount as set by the zoning administrator. If the principal amount of the irrevocable letter of credit is insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to submit a second letter of credit in an amount as set by the zoning administrator. The applicant may withdraw this application prior to final action by the City Council by submitting a written letter to the City. Upon such notice, the City shall cease all work related to the review of the application. However, withdrawal of this application does not terminate this reimbursement agreement.</p> <p>If the applicant does not pay for eligible costs, the City Clerk/Treasurer shall add the outstanding balance to the tax roll as a special assessment against the subject property. In addition, the City may pursue other legal means to obtain the outstanding balance as allowed by law.</p> <p><b>C. Termination of Guarantee.</b>                  If a cash deposit is used to guarantee reimbursement, the City agrees to reimburse the applicant any unused monies in the cash account, including earned interest, within 60 days of the date when the City Council takes final action on the application. If a letter of credit is used, the City shall send a written letter to the applicant releasing the applicant from the letter of credit when all outstanding invoices have been paid.</p>	
Applicant Signature	Date



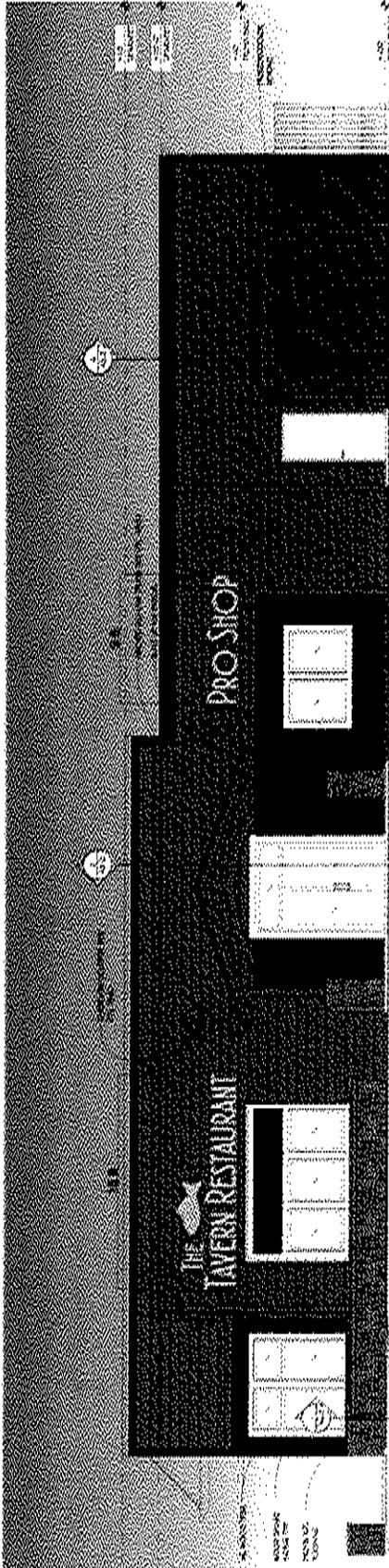
**D: Club House Monument Sign with RGB EMC**



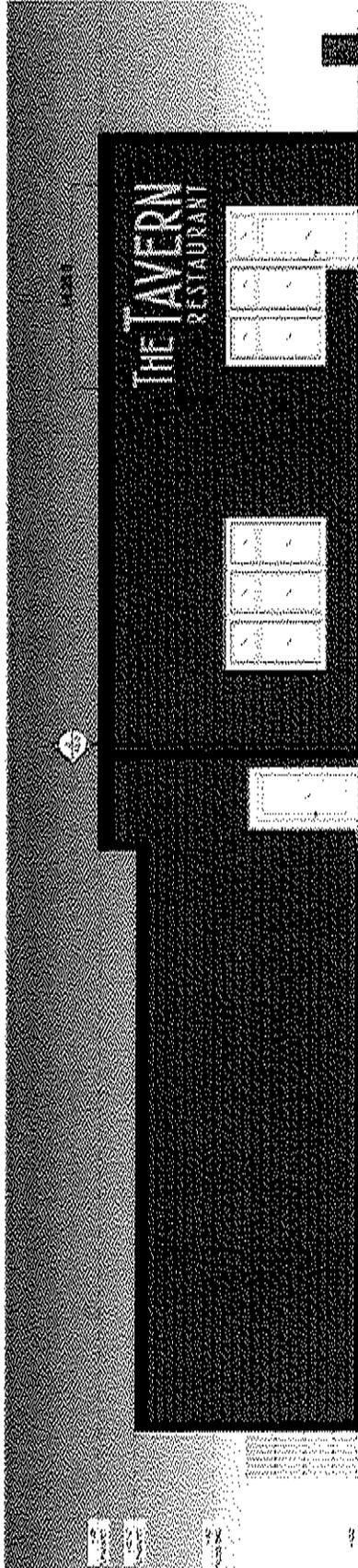
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

	DESIGN	SALES	FILE	
 <b>MAKE A STATEMENT!</b> 1450 Oak Forest Drive • Onataska, WI 54650 • 888-781-1450 2242 Mustang Way • Madison, WI 53718 • 608-222-5353 2802 Malby Street • Eau Claire, WI 54703 • 715-835-6189	Drawing by: Chris Clark	Job Name: Chula Vista	Revision Number: 8	●
	Sign Type: Monument	Job Address: 4031 River Rd.	Job File Location:	■
	Date Created: 3-31-2014	Wisconsin Dells, WI 53965	S:\C\Chula Vista\Play the Canyon	●
	Last Modified: 5-26-2016	Salesperson: James Fuchs	- 83611\Design	■
Scale: 1/4"=1'		Job Number: 83611		●

**A,B,C: Flat Cut Aluminum Letters**



2 WEST ELEVATION



4 EAST ELEVATION

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

**LA CROSSE SIGN CO.**  
 MAKE A STATEMENT!  
 1432 Oak Forest Drive • Crosslake, WI 54820 • 828-281-1430  
 2412 Mesong Way • Madison, WI 53718 • 608-222-5353  
 2502 Mosby Street • Oak Grove, WI 54753 • 715-328-6188

DESIGN	SALES	FILE	COLOR KEY
Drawing by: Chris Clark	Job Name: Chula Vista	Revision Number: 8	1 <input type="checkbox"/> TBD
Sign Type: Flat Cut Letters	Job Address: 4031 River Rd.	Job File Location:	2 <input type="checkbox"/>
Date Created: 3-31-2014	Wisconsin Deals, WI 53965	S:\C\Chula Vista\Play the Canyon	3 <input type="checkbox"/>
Last Modified: 5-26-2016	Salesperson: James Fuchsel	- 83611\Design	4 <input type="checkbox"/>
Scale:	Job Number: 83611		5 <input type="checkbox"/>

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RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 15, 2016 meeting;

IT APPROVES a Conditional Use Permit to Laser Ops Compound-Fort Dells, Kim Dearth, in order to allow outdoor entertainment/recreation (laser tag) at 2191 Wisconsin Dells Parkway, with the contingencies listed in the staff report.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
 Version: May 21, 2007

**General instructions.** Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	55533
Application number	.....

**1. Applicant information**

Applicant name LASER DELS COMPOUND - FORT DELLS, KIM DEAN & DAVE  
 Street address 800 W MILWAUKEE ST  
 City MAUSTON  
 State and zip code WI 53948  
 Daytime telephone number 608-852-2710  
 Fax number, if any \_\_\_\_\_  
 E-mail, if any eco.development1@gmail.com

**2. Subject property information**

Street address	<u>2191 Wisconsin Dells Parkway</u>
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	
Describe the current use	<u>LASER TAG (INDOOR)</u>

**3. Proposed use.** Describe the proposed use.

ADD AN OUTDOOR LASER TAG AREA.

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

- Hours of operations: 11AM TO 10PM Monday - SAT  
11AM TO 3PM SUNDAYS

- CUSTOMERS WILL PLAY LASER TAG BOTH INDOOR & OUTDOORS

CONDITIONAL USE APPLICATION  
Wisconsin Dells, Wisconsin  
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

NONE

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any  
*yes we are consistent*

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site  
*none*

c. The suitability of the subject property for the proposed use  
*The property is ideal due to the fact that it is fenced on 3 sides and is situated between the building on the property and the deer park.*

d. Effects of the proposed use on the natural environment  
*none, all of the props are removable*

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances  
*none*

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district  
*none*

g. Effects of the proposed use on the city's financial ability to provide public services  
*none*



2191 Wisconsin Dells Parkway  
Conditional Use Permit – Outdoor entertainment / recreation  
Staff Report for Plan Commission, 06/15/16

The Planning & Zoning office has received a Conditional Use Permit application from Laser Ops Compound – Fort Dells, Kim Dearth & Dave to add an outdoor recreation area to their existing business at 2191 Wisconsin Dells Parkway, tax parcel 0107-1, which is in the C-4 Commercial – Large scale Zoning district. The applicant operates a Laser Tag business and has installed a laser tag course in the parking lot next to their business. Outdoor laser tag or paintball courses are considered “Outdoor entertainment / recreation” in the City of Wisconsin Dells Zoning Code and the code requires a Conditional Use Permit for this use in this Zone.

The applicant has stated that with the additional outdoor laser tag course, the maximum occupancy in his business is 30 people, with a normal occupancy of 4-16 people. There is a men’s and a women’s bathroom in this facility and the bathroom requirement for this use is 1 bathroom per 75 people. The occupancy of 30 people would require 10 parking spaces, 20 parking spaces would remain at this site.

The building inspector has evaluated this facility, and not found any significant items of concern. The applicant demonstrated good cooperation in addressing any of the minor concerns that were identified. These were primarily requests to increase the stability of the items on the course, even though none of them were considered to be a significant hazard.

The fire inspector has evaluated this facility and asked that a fire extinguisher and PA system be installed in the observation tower when a staff person would be overseeing the patrons in the outdoor course.

It would seem the main concern with this project would be any nuisances coming from the facility. The applicant has stated they intend to operate the course from 11am to 10pm Monday – Sat, and 11am – 3pm on Sunday.

It does not appear this new course would have a significant effect on traffic safety and efficiency and pedestrian circulation. The property seems well suited for this use; unless it was determined that such a set-up should not be visible from the road. This project would not seem to have a significant effect on surrounding properties. This project would not seem to have an effect on future development in this area.

*Suggested Conditional to any approval:*

- 1) The outdoor area is well managed and maintained.
- 2) Any issues are addressed to the satisfaction of the City

*Prepared by:*  
Chris Tollaksen

ITEM 13

RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 15, 2016 meeting;

IT APPROVES a Conditional Use Permit to Riverview Boat Line in order to allow outdoor commercial food & beverage service, commercial activity without a permanent structure, outdoor vendor, and walk-up service window at 15-27 Broadway, with the contingencies listed in the staff report.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

Version: May 21, 2007

**General instructions** Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	55371
Application number	1169001

**1. Applicant information**

Applicant name Livewood Boat Line  
 Street address 31 Broadway  
 City Wisconsin Dells  
 State and zip code WI 53965  
 Daytime telephone number 608 257-8336  
 Fax number, if any 608 257-  
 E-mail, if any rhelland2011@gmail.com

**2. Subject property information**

Street address	<u>15-27 Broadway</u>	
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.	
Current zoning classification(s)		
Describe the current use	<u>open patio, cheesy tomato restaurant</u>	

**3. Proposed use.** Describe the proposed use.

outdoor seating for cheesy tomato and other future food service entities

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

11am to 11pm

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

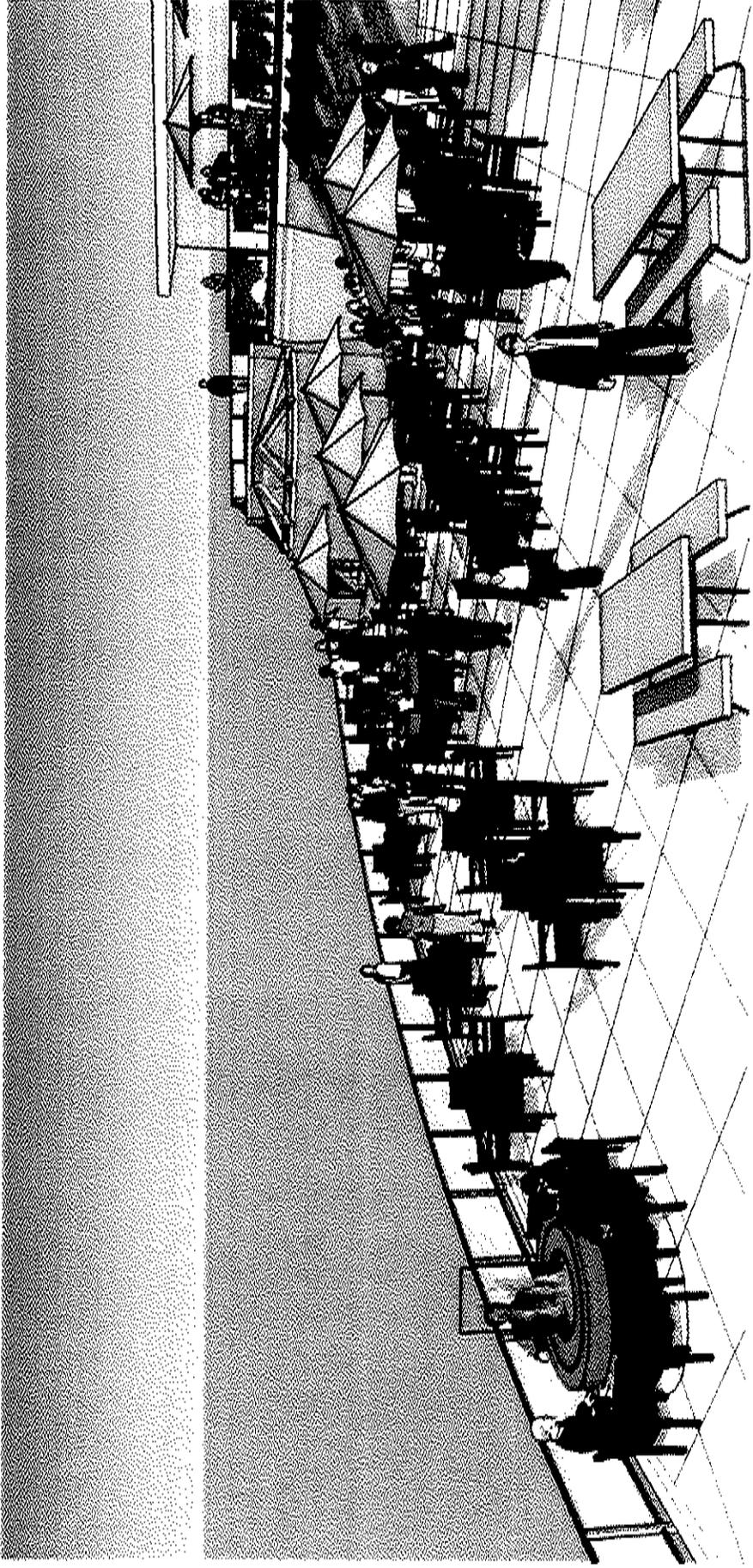
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

- a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any  
*a. perfect fit with city's desire for side-walk cafes*
- b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site  
*Will bring more people to the west end near river works well with current sidewalks and street crossings*
- c. The suitability of the subject property for the proposed use  
*~~excellent, tourist area~~ excellent, with views of the river. Will provide more reasons to be downtown*
- d. Effects of the proposed use on the natural environment  
*no difference with previous use, except allowing more people to experience the beauty of the Wis. River*
- e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances  
*site is located in heart of tourism center, lighting & use will enhance entire district*
- f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district  
*fits well with current tourism use will enhance visitors initial impressions of downtown as they cross the bridge*
- g. Effects of the proposed use on the city's financial ability to provide public services  
*should provide the city with PAT monies to provide public services*





W  
←  
E  
N  
←

15-27 Broadway St

Conditional Use Permit – Commercial use without a permanent structure, Private Large Scale Outdoor commercial food and beverage service, Outdoor vender, and Walk up service window  
Staff Report for Plan Commission, 06/15/16

The Planning & Zoning office has received a Conditional Use Permit application from Riverview Boat Line for an outdoor seating area next to the Cheesy Tomato and for a future expanded seating area in the open patio where the Riverfront Gifts building has recently been removed on tax parcel 600. There is already outdoor seating outside the Cheesy Tomato that has been open to the public. They are requesting an amendment to their beer license premise description to include the outdoor seating area. This clearly requires a Private Outdoor Commercial food and beverage service permit. All new Outdoor food and beverage areas must be approved by the Design Review Committee, so an approval of the existing seating may require the seating design be improved to meet the new standards. The Design Review Committee is still finalizing there requirements for private outdoor food and beverage areas, and the improvements may be implemented for the next season.

In addition, the applicant has removed a portion of the structure to expose the viewing access to the river. The applicant is in the process of having the area structurally and aesthetically improved so that it can be opened to the public. Once open to the public, the applicant would like to provide more outdoor food and beverage services from outdoor facilities.

The City Zoning Code requires a Conditional Use permit for Private Large Scale outdoor commercial food and beverage service, and for walk-up service and Outdoor vendors. The Zoning Code also requires all Commercial activity to take place with a permanent structure with a washroom, unless a CUP is granted for that use.

The applicant has indicated that he would like to be able to have food truck come into the area to provide food and beverage service. The applicant has also indicated that he would like to be able to set-up a portable outdoor bar on the patio area.

There are approximately 50 seats adjacent to the Cheesy Tomato, and this area utilizes the common bathrooms on the lower patio area. There are currently 4 permanent women's water closets, 2 men's water closets, and 3 men's urinals, in a permanent structure, at this premise, which is adequate for 320 people. The applicant has indicated he will add 2 ADA compliant bathrooms as part of the improvements, which would allow for occupancy of 400 people.

The area has 2 separate exits out of the patio and back to the street, and the occupant load for the exits would have to be determined after the final building plans are reviewed. However, a single 36" exit door is adequate or up to 180 people, so it is possible this area could be occupied by over 300 people. The space is approximately 6500 sq ft, which again could occupy over 300 people. This use would require a bathroom for every 40 people.

There is not a parking requirement for the C-2 Zoning District. However, there are is a City parking lot across Broadway from this premise. This lot is one of the most highly utilized lots in the City already.

This use seems to be well in line with the vision for the downtown revitalization. The increase in outdoor dining opportunities for visitors has been identified as a key element to revitalizing the downtown. This location providing access to the River would seem to be one of the best opportunities for the downtown to utilize one of its strongest, unique amenities to draw people downtown. The applicant appears to be working with a professional engineering firm and architect to ensure the improvements are of a high quality. Detailed

plans of these improvements would have to be approved by the City. A primary concern will be the safety of the railing along the cliff. In the past, the CUP review process included reviewing the aesthetic qualities of a project. That may still be part of the Plan Commissions process, but this project will also need to be approved by the Design Review Committee, to ensure it fits within the Design Standards they have developed for the downtown.

It appears that the main concern for this request is the use of a Mobile Restaurant in the downtown area, and rationale for this was documented in the report for the request by the Keg. The applicant is still finalizing their design for the improved patio area, but has indicated that their intention is to provide food and beverage service from permanent outdoor facilities. During the reconstruction of the patio area, permanent water and sewer services will be installed to the food and beverage service locations; this combined with the permanent, indoor bathroom facilities on the site and the addition of ADA compliant indoor bathroom facilities seems to mitigate many of the concerns. It has also been noted that the City already has a primarily outdoor walk-up food service facility in the form of a caboose. The caboose was also required to be equipped with permanent water and sewer facilities to alleviate the concerns with walk-up facilities.

The applicant intends to make a not insignificant investment in the real property at this site. Given the location of this property, perched on the cliff over the Wisconsin River, significant design and construction is required just to make the ground space suitable for a commercial business. While the construction of a structure would obviously entail an even greater investment and subsequent tax base, the uniqueness of this location would seem to put this property owner at a disadvantage to other businesses that sit on solid ground.

This would bring a primary concern back to the basic concern of any outdoor food and beverage service, which is the maintenance and management of the outdoor area. Any approval should carry the condition that the area be well maintained and managed. There are also the standard concerns with the service of alcohol. While the continuity of this location between Broadway and the River views seem to be very much in line with the goals of the downtown revitalization, it also increases the importance of diligence in the management of alcohol sales in such proximity of the public sidewalk.

Suggested Conditional to any approval:

- 1) All associated licenses are obtained and in good standing.
- 2) The property is well maintained, well managed, and not allowed to be the source of a nuisance.
- 3) The City approves the railing along the cliff.

Prepared by:  
Chris Tollaksen

RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC WORKS COMMITTEE from their June 20, 2016 meeting;

IT APPROVES the 2015 Compliance Maintenance Annual Report for the Sanitary Sewer with a 4.0 "A" rating for both financial and collection management.

\_\_\_\_\_  
Brian L. Landers, Mayor

Attest:

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_ ayes \_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

## Financial Management

1. Provider of Financial Information

Name:

Telephone:  (XXX) XXX-XXXX

E-Mail Address (optional):

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- Yes (0 points)
- No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year:

- 0-2 years ago (0 points)
- 3 or more years ago (20 points)
- N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- Yes (0 points)
- No (40 points)

0

### REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year:

- 1-2 years ago (0 points)
- 3 or more years ago (20 points)
- N/A

If N/A, please explain:

We are planning on doing a detailed review of our entire system. To include a FSP, Upgrades to our mapping system. Etc.. This will include a thorough review of our ERF.

3.2 Equipment Replacement Fund Activity

<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>		\$	<input type="text" value="354,553.26"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input type="text" value="531.86"/>
3.2.3 Adjusted January 1st Beginning Balance		\$	<input type="text" value="355,085.12"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input type="text" value="0.00"/>
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input type="text" value="0.00"/>
<b>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</b>		\$	<input type="text" value="355,085.12"/>

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund? \$

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP link under Info in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

Yes  
 No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

Yes - If Yes, please provide major project information, if not already listed below.  
 No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Potential new Lift Station along with second Force Main. Tentative at best, pending economic development.	2000000	2018
2	Potentially construct a Bio solids processing facility for our treatment plant. We share ownership w/ Village of Lake Delton and are working through the CWFP process w/ Lake Delton and consulting engineers. This project is underway.	2850000	2017

5. Financial Management General Comments

0

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

## Sanitary Sewer Collection Systems

### 1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

- Yes
- No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

- Yes (Continue with question 1)
- No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

Goals

Describe the specific goals you have for your collection system:

Creating new CMOM program to meet regulations by August 1, 2016 deadline. (We are currently working w/ MSA Associates of Baraboo on a FSP, GIS Mapping upgrades, etc..)

Organization

Do you have the following written organizational elements (check only those that apply)?

- Ownership and governing body description
- Organizational chart
- Personnel and position descriptions
- Internal communication procedures
- Public information and education program

Legal Authority

Do you have the legal authority for the following (check only those that apply)?

- Sewer use ordinance Last Revised Date (MM/DD/YYYY) 12/30/2015
- Pretreatment/Industrial control Programs
- Fat, oil and grease control
- Illicit discharges (commercial, industrial)
- Private property clear water (sump pumps, roof or foundation drains, etc.)
- Private lateral inspections/repairs
- Service and management agreements

Maintenance Activities (provide details in question 2)

Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

- State plumbing code
- DNR NR 110 standards
- Local municipal code requirements
- Construction, inspection, and testing

Others:

Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

- Alarm system and routine testing
- Emergency equipment
- Emergency procedures
- Communications/notifications (DNR, internal, public, media, etc.)

Capacity Assurance:

How well do you know your sewer system? Do you have the following?

- Current and up-to-date sewer map

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

- Sewer system plans and specifications
- Manhole location map
- Lift station pump and wet well capacity information
- Lift station O&M manuals

Within your sewer system have you identified the following?

- Areas with flat sewers
- Areas with surcharging
- Areas with bottlenecks or constrictions
- Areas with chronic basement backups or SSOs
- Areas with excess debris, solids, or grease accumulation
- Areas with heavy root growth
- Areas with excessive infiltration/inflow (I/I)
- Sewers with severe defects that affect flow capacity
- Adequacy of capacity for new connections
- Lift station capacity and/or pumping problems
- Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed
- Special Studies Last Year (check only those that apply):
  - Infiltration/Inflow (I/I) Analysis
  - Sewer System Evaluation Survey (SSES)
  - Sewer Evaluation and Capacity Management Plan (SECAP)
  - Lift Station Evaluation Report
  - Others:

0

## 2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	19	% of system/year
Root removal	14	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1	% of system/year
Manhole inspections	10	% of system/year
Lift station O&M	12	# per L.S./year
Manhole rehabilitation	1	% of manholes rehabbed
Mainline rehabilitation	.7	% of sewer lines rehabbed
Private sewer inspections	.5	% of system/year
Private sewer I/I removal	.02	% of private services

Please include additional comments about your sanitary sewer collection system below:

Reconstructed 2 blocks of Oak Street which included total Sanitary Sewer Rehab.

## 3. Performance Indicators

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

## 3.1 Provide the following collection system and flow information for the past year.

42.53	Total actual amount of precipitation last year in inches
34.75	Annual average precipitation (for your location)
25	Miles of sanitary sewer
19	Number of lift stations
0	Number of lift station failures
1	Number of sewer pipe failures
0	Number of basement backup occurrences
8	Number of complaints
.463	Average daily flow in MGD (if available)
.718	Peak monthly flow in MGD (if available)
0	Peak hourly flow in MGD (if available)

## 3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.04	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.00	Basement backups (number/sewer mile)
0.32	Complaints (number/sewer mile)
1.6	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
0.0	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

## 4. Overflows

### LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OERFLOWS REPORTED \*\*

Date	Location	Cause	Estimated Volume (MG)
None reported			

\*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

## 5. Infiltration / Inflow (I/I)

### 5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes  
 No

If Yes, please describe:

### 5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes  
 No

If Yes, please describe:

### 5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

NO

### 5.4 What is being done to address infiltration/inflow in your collection system?

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

Continued daily monitoring and continued reconstruction of system. We are currently starting another project (Capital Str.) that will completely reconstruct 2 more blocks of Sanitary Sewer.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

## Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
<b>TOTALS</b>			<b>4</b>	<b>16</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

# Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: Reporting For:  
6/8/2016 2015

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of Wisconsin Dells Common Council

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### **ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):**

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

### **ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS**

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

**G.P.A. = 4.00**

RESOLUTION NO. \_\_\_\_\_

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the PARKING BOARD from their June 15, 2016 meeting and the Finance Committee from their June 20, 2016 meeting;

IT APPROVES proceeding with the purchase of \_\_\_\_\_ additional kiosks and related costs for the amount of \$ \_\_\_\_\_, with funding to be derived from \_\_\_\_\_.

\_\_\_\_\_  
Brian L. Landers, Mayor

Attest: \_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:

**Annual Fees/Stalls**

	# of Pay Stations	Stalls	Total Annual Fees
Current	9	331	\$ 5,670.00
Additions	11	418	\$ 6,930.00
<b>Total</b>	<b>20</b>	<b>749</b>	<b>\$ 12,600.00</b>

**May 15-June 14 Revenues**

	2016	2015	2014	2013
Passport	\$ 2,070.00	\$ 890.00	\$ 374.00	\$ 63.00
Transactions	753	438	195	28
Text	\$ 4,010.00	\$ 1,185.00	\$ 1,250.00	\$ 1,048.00
Transactions	1904	796	837	699
Pay Station	\$ 33,919.00	\$ 19,931.00	\$ 16,856.00	\$ 15,184.00
Transactions	13731	11581	10331	8985

**Total Revenue**

Total PS Rev	2016	2015
Jan 1-June 15	60690	24273

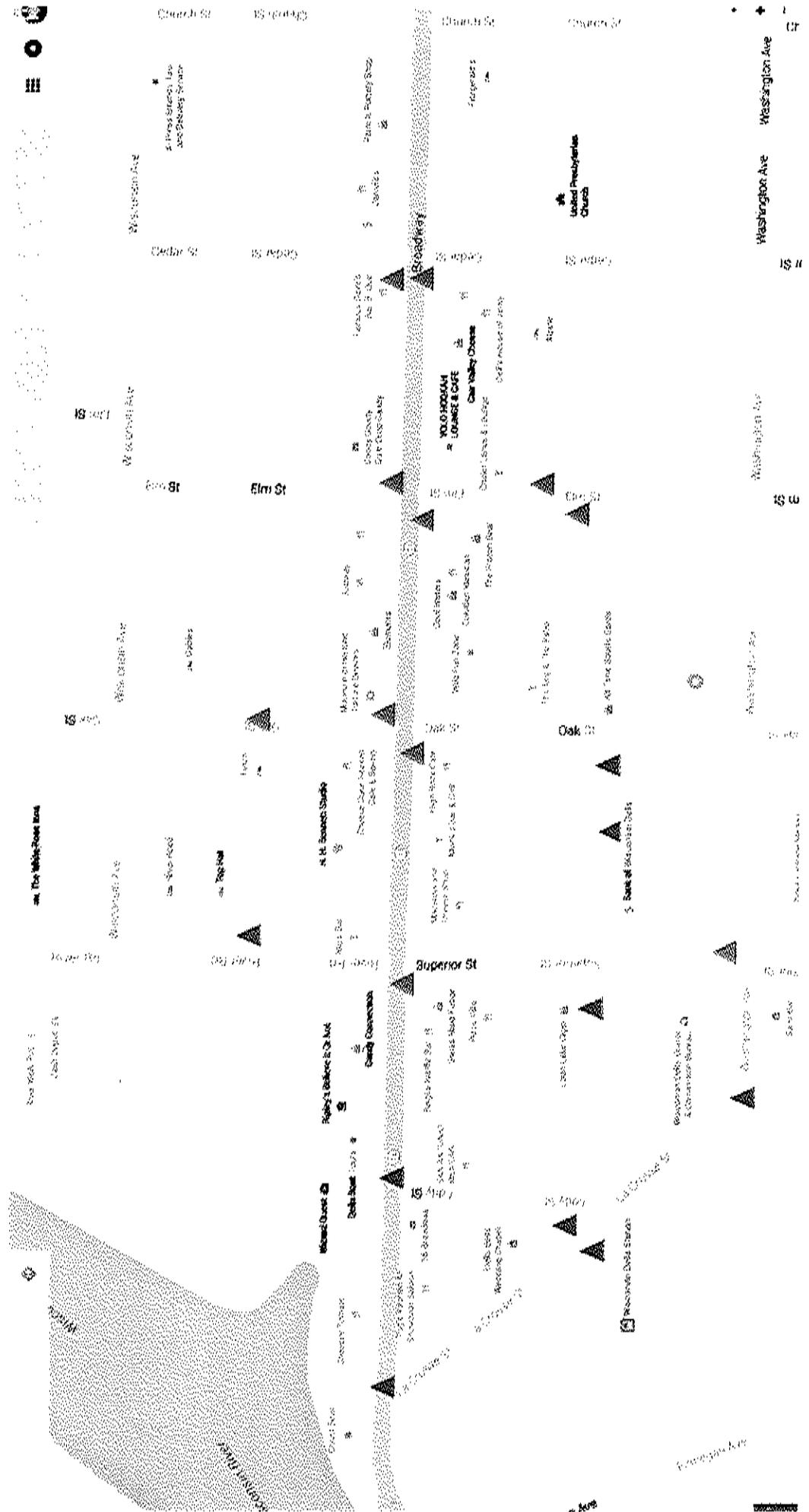
**New Pay Station Costs**

# of Pay Stations	Hardware	Shipping/Handling	Install/Warranty	Average Cost
10	\$ 106,043.00	\$ 2,250.00	\$ 10,000.00	\$ 11,829.30

**Proposal for 11 New Pay Stations**

# Pay Stations	Cost Each	Signage/#markers	Total
11	\$ 12,000.00	\$ 25,000.00	\$ 157,000.00

- ▲ 9 Existing Pay Stations, 331 Stalls
- ▲ 11 Proposed Pay Stations, 418 Stalls



**RESOLUTION NO. \_\_\_\_\_**

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the PARKING BOARD from their June 15, 2016 meeting and the Finance Committee from their June 20, 2016 meeting;

IT APPROVES proceeding with Passport Parking Citation Management System for automated ticket writing and management services.

\_\_\_\_\_  
Brian L. Landers, Mayor

Attest: \_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes \_\_\_\_\_ nays  
Date Introduced: June 20, 2016  
Date Passed:  
Date Published:



Jody Ward <jward@wdpd.com>

**Citation Management Pricing**

1 message

**Chris Watt** <chris.watt@gopassport.com>

Fri, Sep 11, 2015 at 11:24 AM

To: Jody Ward <jward@wdpd.com>

Cc: Brandon Rivard <brandon.rivard@passportparking.com>

Chief Ward,

Thanks for taking the time to catch up with me yesterday, very exciting times for the Dells! I want to break down the pricing structure for you, in what I believe is an awesome deal for you and The Dells.

- 1) All citations paid through our payment portal (escalated or not) will be \$3.
- 2) All citations escalated that have plates outside of Wisconsin, because we don't have access to the WI DMV, will be 50% of the escalated ticket value, plus the \$3 online fee for payments made via that method.

I know we have discussed this already, but I think this is a great mixture of your current model and ours to come up with a very well executed payment platform for our citation management system. Additional costs would be the purchase of Andriod based phones, as we discussed, and printer.

I think we are both of the same mindset here in the pluses for the Dells: automation of process, ease of use, and an increase of tickets written. I'm very excited about the prospect of growing our already stellar relationship between Wisconsin Dells and Passport!

If you have additional questions you want to discuss prior to our meeting next week, please send away!

Warm Regards,



**Chris Watt** | Client Success Manager

T: 704-823-6627 | M: 404-547-1204

E: chris.watt@gopassport.com

W: www.GoPassport.com

**Passport**



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# OpsMan Mobile Features

## Flexibility At Your Fingertips

Your parking operation needs flexibility. It needs efficiency. Our citation management system delivers both. Because no two operations are the same, our system is designed to adapt to all of your requirements. We've made this possible through an advanced feature set in our enforcement handhelds.



## OpsMan Mobile Features

- Modern Android based application
- PEO based login with individual accounts
- LPN and space based monitoring
- Lightweight
- Efficient LPN based filtering methods
- Autocompletion of vehicle information based on previous violations
- Real-time data upload of ticket issuance to customer facing payment portal
- Configurable issuance flow
- Mapping of all street, meter, and beat information
- Custom internal and external notation fields
- Tow and boot notifications
- High quality images for citation evidence

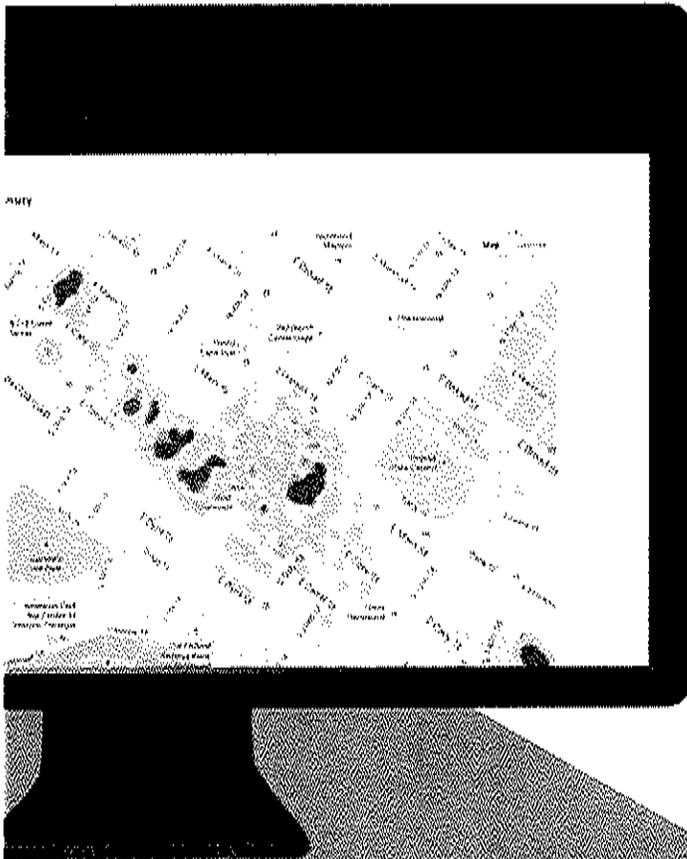
**And many more features with  
continuous updates and enhancements!**

Let's Talk | [sales@passportinc.com](mailto:sales@passportinc.com)  
Visit us at [passportinc.com](http://passportinc.com)

**Passport**

# OpsMan Reporting

Take the guessing out of your operations and gain insights like never before with accurate reporting for increased efficiency and an improved bottom line. Passport's back end operator management (OpsMan) platform gives you incredible insight and tremendous control over your parking enforcement operation. From the number of tickets written to live officer tracking, you will be able to see the big picture or drill-down to detailed reporting.



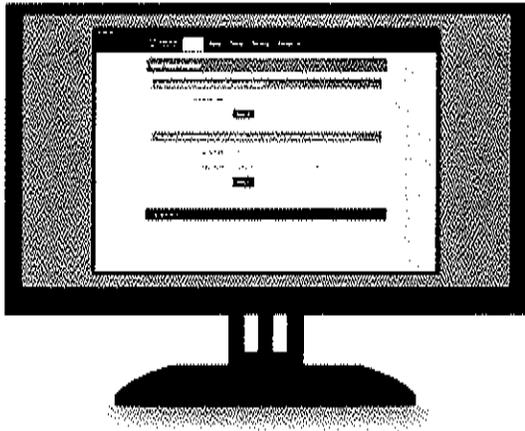
## Reporting Capabilities

- Violation type specific reporting
- Ticket density heat map
- Live officer tracking
- Playback of officer activity
- Ticket issuance reports
- Warning reports
- Unpaid citation reports
- Citation by specific zone reports
- Gap reporting to compare parking enforcement officers
- Scofflaw reporting
- Resolved appeals
- Chalking reports
- Adjustment reports
- And many more customizable reports!

Let's Talk | [sales@passportinc.com](mailto:sales@passportinc.com)  
Visit us at [passportinc.com](http://passportinc.com)

**Passport**

# Citation Notification Process



- Parking enforcers issue citations through Android devices
  - Android smartphones are integrated with our backend system and customer facing payment portal
- Customers visit [mepay.com](http://mepay.com) to search for and make citation payments
  - This portal will be custom made for your operation with specific branding
  - Payments portal is mobile friendly

## Benefits of OpsMan Web Portal

- View detailed reporting and analytics
- Manage appeals and adjustments
- Lookup scofflaw and repeat offenders
- Manage fine types and price escalations

## Sending Out Collection Notices

Passport's back-end system can handle the entire citation process from ticket issuance to letter generation. Once a citation becomes delinquent, our platform automatically makes customer notification incredibly efficient in just a few easy steps:



### 1. Search

Search and filter through violation types based on city-specific rules and policies



### 2. Request

Request data from the DMV to obtain customer address information based on LPN



### 3. Generate

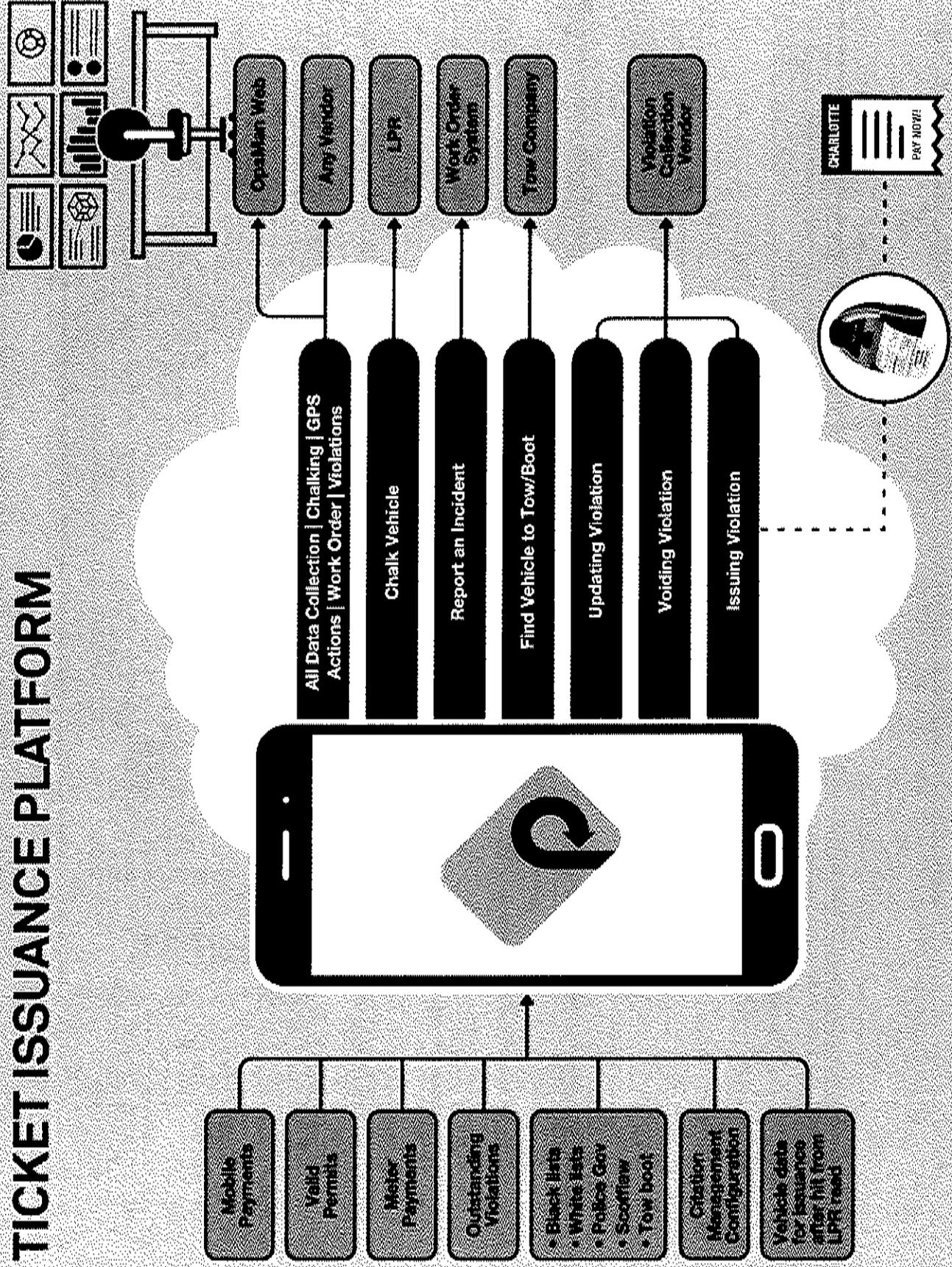
Once address information is returned, letters are automatically generated and sent to customer

## Let's Talk

[sales@passportinc.com](mailto:sales@passportinc.com)  
Visit us at [passportinc.com](http://passportinc.com)

**Passport**

# TICKET ISSUANCE PLATFORM



## ORDINANCE NO. A-799

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

### SECTION I: PURPOSE

At the request of Alliant the City recently updated its waterway regulations to include Kilbourn Dam boat restrictions. Wis DNR advised that Department language and protocols were not observed. This ordinance is a non-substantive corrective recodification. This ordinance was submitted and approved by DNR as required. A public hearing will be held on this ordinance at least thirty (30) days before it is enacted and notice of public hearing will be published at least thirty (30) days before the hearing date.

### SECTION II: PROVISIONS AFFECTED

A. Wisconsin Dells Code sec. 8.04 is repealed and recreated.

### SECTION III: PROVISIONS AS AFFECTED:

#### **8.04 Waterway Regulations**

- (1) Applicability and Enforcement. The provisions of this ordinance shall apply to the waters of the Wisconsin River. This ordinance shall be enforced by the officers of the City.
- (2) Intent. The intent of this ordinance is to provide safe and healthful conditions for the enjoyment of aquatic recreation consistent with public rights and interests and the capability of the water resources.
- (3) State Boating and Safety Laws Adopted. State boating laws as found in Wis. Stat. Secs. 30.50 to 30.71 are adopted by reference.
- (4) Speed Restrictions.
  - (a) Definitions. "Slow-no-wake" means that speed at which a boat moves as slowly as possible while still maintaining steerage control.
  - (b) A "no wake" zone on the Wisconsin River is created and described as the area from the southernmost point on the bridge abutment on River Road at Michigan Avenue on the east side of the river, then on a line 300 degrees to a point on the west side of the river then south along the west side of the River to the Kilbourn Power Dam and then along the Dam to the east side of the River and then north along the east side to the aforementioned bridge abutment. This area shall be marked by five "no wake" buoys of the type authorized by the Department of Natural Resources.
  - (c) A "no wake" zone is hereby created for all of Crandall Bay. This area shall be marked by three "no wake" buoys of the type authorized by the

Department of Natural Resources.

- (5) Boat Prohibition Area.
- (a) No person shall operate a motorboat, as defined in Wis. Stat. Sec. 30.50(6) or non-motorized boat as defined in Wis. Stat. Sec. 30.50(7) on the Wisconsin River from the Kilbourn Dam restricted buoy line, downstream to the Kilbourn Dam.
  - (b) The owner/operator of Kilbourn Hydro Plant is authorized to restrict access in the vicinity of the facility and install and maintain waterway markers and buoys as permitted by law.
- (6) Penalties. Wisconsin state boating penalties as found in Wis. Stat. Sec. 30.80 and deposits established in the Uniform Deposit and Bail Schedule established by the Wisconsin Judicial Conferences, are hereby adopted by reference and all references to fines amended to forfeitures and all references to imprisonment deleted.
- (7) Posting Requirements. The City shall place and maintain a synopsis of this ordinance at all public access points within the jurisdiction of the City pursuant to the requirements of Wis. Adm. Code NR 5.15.

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 8.

ORDINANCE NO. A-800

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

This ordinance codifies the parking enforcement period; hours and public notice requirements.

SECTION II: PROVISIONS AFFECTED

- A. Wisconsin Dells Code sec. 7.03(9) is renumbered Wisconsin Dells Code sec. 7.04(10).
- B. Wisconsin Dells Code sec. 7.03(9) is created.

SECTION III: PROVISIONS AS AFFECTED:

**7.03(9) Parking Enforcement.**

- (1) Metered parking will be enforced daily from April 1 through September 30 between 9:00 a.m. and 10:00 p.m.
- (2) Rates and regulations will be established by Resolution recommended by the Parking Board and approved by the Common Council. Rates and regulations will be appropriately displayed including, without limitation, in parking areas, on parking devices, and on the City's website.

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 7.

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Brian L. Landers, Mayor

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Nancy R. Holzem, Clerk