

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, MAY 9, 2016 **TIME:** 6:00PM **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

| COMMITTEE MEMBERS | |
|---|---|
| | Ald. Mike Freel, Chair |
| | Ald. Ed Wojnicz |
| | Mayor Brian Landers |
| | Ald. Ed Fox |
| AGENDA ITEMS | |
| 1 | CALL TO ORDER AND ATTENDANCE NOTED |
| 2 | APPROVAL OF THE APRIL 11, 2016 MEETING MINUTES |
| 3 | DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR (QUOTA PLUS) LICENSE SUBMITTED BY MYRT AND LUCY'S CHAT & CHEW, LLC, MARIJO ZIETLOW AGENT, FOR MYRT AND LUCY'S CHAT & CHEW, 414 BROADWAY, FOR THE LICENSING PERIOD OF MAY 17, 2016 THRU JUNE 30, 2016 |
| 4 | DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY JESSE NEHRING FOR JESSE'S HIDEAWAY, 2255 WIS. DELLS PARKWAY, FOR THE LICENSING PERIOD OF JULY 1, 2016 THRU JUNE 30, 2017 |
| 5 | DISCUSSION/DECISION ON UPDATES AS NEEDED TO EXISTING CODE CHAPTER 16.12 - LICENSING OF INTOXICATING LIQUOR AND FERMENTED MALT BEVERAGES |
| 6 | ITEMS FOR REFERRAL TO SUBSEQUENT MEETING (MONDAY, JUNE 13 th AT 6:00PM) <ul style="list-style-type: none"> • LIQUOR LICENSE RENEWALS • TOBACCO LICENSE RENEWALS • LIVESTOCK/POULTRY LICENSE RENEWALS • MOBILE HOME PARK LICENSE RENEWALS |
| 7 | ADJOURNMENT |
| | ALD. MIKE FREEL |
| | POSTED & DISTRIBUTED: MAY 6, 2016 |
| <p>Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice.</p> <p>Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p> | |

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 17 20 16 ;
ending June 30 20 16 ;

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

County of Columbia 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): Myrt and Lucy's Chat + Chew 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>Marjio J Zietlow - member</u> | <u>1017 Race St</u> | <u>Wisconsin Dells WI 5396</u> |
| Vice President/Member | _____ | _____ | _____ |
| Secretary/Member | _____ | _____ | _____ |
| Treasurer/Member | _____ | _____ | _____ |
| Agent | <u>Marjio Zietlow</u> | _____ | _____ |
| Directors/Managers | _____ | _____ | _____ |

3. Trade Name Myrt and Lucy's Chat + Chew Family Business Phone Number 608-253-0888
4. Address of Premises 414 Broadway St Wt Dells Post Office & Zip Code Wt 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 Wisconsin 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.) 414 Broadway St. Walkin cooler, office, Bar, closet

10. Legal description (omit if street address is given above): Restaurant, Patio + Plaza
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? Same - Myrt and Lucy's Chat + Chew 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), 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 20th day of April
[Signature]
(Clerk/Notary Public)
My commission expires 10/25/2019

[Signature]

(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>4-26-2016</u> | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

Applicant's WI Seller's Permit No.: FEIN Number:
456-102903971502 475425352

| LICENSE REQUESTED | | FEE |
|--|--|------------------|
| TYPE | | |
| <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 checked="" type="checkbox"/> Class B liquor | | \$ <u>10,000</u> |
| <input type="checkbox"/> Reserve Class B liquor | | \$ |
| <input type="checkbox"/> Class B (wine only) winery | | \$ |
| Publication fee | | \$ <u>##.00</u> |
| TOTAL FEE | | \$ <u>10,000</u> |

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 } Wis. Dells
 Village of }
 City of }

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

| Applicant's WI Seller's Permit No.: FEIN Number: | |
|--|------------------|
| 81-2423007 | |
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100.00 |
| <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 | \$ 14.00 |
| TOTAL FEE | \$ 114.00 |

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 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 _____ 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 STORAGE
 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), 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 29th day of April, 2016
Nancy R. Stohren
 (Clerk/Notary Public)
Jesse J. Nehring
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 My commission expires 10-18-19
 (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 | |

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

| | | | | |
|---------------------------------------|-------------|---------------|----------------|---------------|
| Individual's Full Name (please print) | | (last name) | (first name) | (middle name) |
| 819 ELM ST. | | Nehring | Jesse | J |
| Home Address (street/route) | Post Office | City | State | Zip Code |
| 819 ELM ST. | | Wis. Dells | WI | 53965 |
| Home Phone Number | Age | Date of Birth | Place of Birth | |
| 608-432-8367 | 34 | 4/22/82 | Baraboo | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 34 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|---|--|---------------------------------|----------------------|
| Employer's Name <u>William Nehring</u> | Employer's Address <u>819 ELM ST.</u> | Employed From <u>4/26/96</u> | To <u>Present</u> |
| Employer's Name <u>NA</u> | Employer's Address <u>NA</u> | Employed From | To |

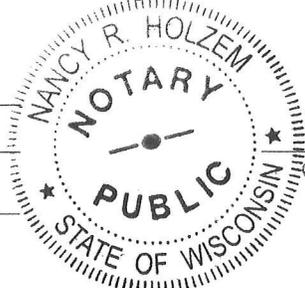
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 29th day of April, 2006

Nancy R. Holzem
(Clerk/Notary Public)

My commission expires 10-18-19



Jesse Nehring
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

Subject: RE: New Liquor License Changes Coming Soon

From: Nancy Holzem
Sent: Thursday, March 31, 2016 1:50 PM
To: Brian Landers; E Wojnicz; D Mor; B Holzem; Ed Fox; M Freel; J Defosse
Cc: 'Joseph J. Hasler'; Karen Terry; Traci Stanford
Subject: New Liquor License Changes Coming Soon

Governor Walked just signed a bill regarding liquor licenses which will go into effect this summer. Joe we will need to look at Chapter 16 to see if/what changes need to be made regarding this:

- **Regional Transfer Option:** Allows a municipality to purchase a "Class B" liquor license from a contiguous municipality or a noncontiguous municipality within 2 miles of the community's borders. A municipality may purchase a license from a donor municipality for a minimum of \$10,000. This is a one-time fee paid to the donor municipality that may not be refunded or rebated. A municipality may transfer a maximum of three reserve "Class B" liquor licenses in this manner.
- **PEDD Option:** Allows a municipality to establish a Premier Economic Development District (PEDD) and outlines specific requirements and qualifiers for a PEDD (i.e. economic development project must increase valuation in the district by at least \$20 million, only one PEDD per municipality, PEDD shall not exceed 40 acres, PEDD property must be contiguous, PEDD boundaries established by 2/3 vote of municipality's governing body and may not include industrial or single family parcels). Upon establishing a PEDD, a municipality may issue up to two Premier "Class B" Reserved liquor licenses within the PEDD at a cost of no less than \$30,000 each. These reserved licenses are non-refundable and non-transferable and are above the community's quota.

In exchange for these new quota exceptions, Act 286 makes the following two changes to current law sought by the Tavern League:

- Specifies that the initial \$10,000 fee for a reserve "Class B" liquor license may not be rebated or refunded.
- Modifies the current 300 seat restaurant quota exception by clarifying that the exception only applies to restaurants having an **interior permanent** seating capacity of 300 or more seats. This change first applies to licenses initially issued after the effective date of this Act.

~Nancy

Nancy R. Holzem
City Clerk/Coordinator
nholzem@dellscitygov.com
(608)254-2012 x405
www.citywd.org