

CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, JUNE 15, 2015 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
OPENING				
1	CALL TO ORDER & ROLL CALL			
2	PLEDGE OF ALLEGIANCE			
3	APPROVAL OF CONSENT AGENDA ITEMS: a. Approval of the May 18, 2015 Common Council Meeting Minutes b. Schedule of Bills Payable dated June 15, 2015 c. Applications for Bartender Licenses			
4	COMMITTEE UPDATES BY CHAIRPERSONS: (BID, PARKS & REC, LIBRARY, LEGISLATIVE, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC WORKS)			
AGENDA ITEMS				
5	CITIZEN APPEARANCES FOR ANY NON-AGENDA ITEM			
6	APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR LICENSE SUBMITTED BY TIMBER FALLS FOOD LLC, ANDREW WATERMAN AGENT, FOR KICKERS, 951 STAND ROCK ROAD (FORMER ALAMO SMOKEHOUSE), FOR THE LICENSING PERIOD OF JUNE 16, 2015 THROUGH JUNE 30, 2015			
7	APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2015 THROUGH JUNE 30, 2016: A. CLASS A BEER LICENSE B. CLASS A BEER & LIQUOR LICENSES C. CLASS B BEER LICENSES D. CLASS B BEER & CLASS C WINE LICENSES E. CLASS B BEER & CLASS B LIQUOR LICENSES F. QUOTA PLUS CLASS B BEER & CLASS B LIQUOR LICENSES			
8	APPLICATIONS FOR RENEWAL OF CIGARETTE & TOBACCO SALES LICENSES			
9	APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES			
10	APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE RECEIVED FROM DANIEL RINGELSTETTER FOR TIMBER FALLS ADVENTURE PARK FOR THE LICENSING PERIOD OF JULY 1, 2015 THROUGH JUNE 30, 2016			
RESOLUTIONS				
11	RESOLUTION TO APPROVE THE WRITE OFF OF INVOICE 1-201012224706-2010			
12	RESOLUTION TO APPROVE THE BUDGET MODIFICATION/APPROPRIATION FOR BID FUND 21			
13	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO NIHAT ALMAS IN ORDER TO ALLOW A SIDEWALK CAFÉ WITH HOOKAH SERVICE AT 404½ AND 406½ BROADWAY (SUPER MAJORITY VOTE REQUIRED - PLAN COMMISSION RECOMMENDED DENIAL)			

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 16 20 15 ending June 30 20 15

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

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

Applicant's WI Seller's Permit <u>Applied for.</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>8.33</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>41.67</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>64.00</u>

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): ▶ Acadmo
Timber Falls Food 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	MARK CHRISTOPHER SCHMITZ	140 WATSON	WI DELLS 53966
Vice President/Member	Phillip Joes Schmitz	370 ALLEN DR.	BARABO 53913
Secretary/Member	ANDREW W. WATERMAN	441 ALLEN DR.	BARABO 53913
Treasurer/Member	ANDREW JOHN WATERMAN	441 ALLEN DR.	BARABO 53913
Agent ▶	ANDREW W. WATERMAN	441 ALLEN DR.	BARABO 53913
Directors/Managers	Manager JOHN D. WATERMAN	1011 W. 2322 AVE.	WI DELLS 53965

3. Trade Name ▶ Kickers Business Phone Number (608) 253-7233
4. Address of Premises ▶ 951 STANFORD RD. Post Office & Zip Code ▶ WI 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 _____ 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.) STORED IN BEER COOLER AND LIQUOR LOCK UP
10. Legal description (omit if street address is given above): SERVED IN RESTAURANT AND OUTDOOR PATIO
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? _____
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 4 day of MAY, 20 15
[Signature]
Clerk/Notary Public
My commission expires MARCH 24, 2017

[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>5-29-15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted	Date license issued	License number issued	

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Wisconsin Dells County of SAUK

The undersigned duly authorized officer(s)/members/managers of Tina's Faux Food LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 951 STAND ROCK RD. WI DELLS, 53965
(trade name)

appoints ANDREW W. WATSON
(name of appointed agent)
441 ALEX DR. BARABEE, 53913
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 42 years

Place of residence last year 441 Alex Dr. Barabee, 53913

For: _____
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Andrew W. Watson, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

X [Signature] 5/4/2015 Agent's age 42
(signature of agent) (date)

441 Alex Dr. Barabee 53913 Date of birth 1/25/73
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)



5-21-15

To the City of Wisconsin Dells:

With the impending sale of our facility, The Alamo Smokehouse, the owners of the restaurant operating company, Timber Foods, Inc, and the agent, Thomas E Heller, which to have the liquor license transferred to Timber Foods

Foods LLC / KICKERS

and their agent, Mark Schmidt, at your next available meeting.

Thank you for your quick action.

A handwritten signature in black ink, appearing to read "Thomas E. Heller". The signature is written in a cursive, flowing style.

Thomas E. Heller

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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
MARTIN, DEBRA LYNN W5064 HWY B RIO, WI 53960
RANDY LEE

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 Business Phone Number (608) 254-8598

2. Address of Premises ▶ 721 SUPERIOR STREET 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.) 721 SUPERIOR WIS DELLS WI 53965

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 27th day of April 2015

(Clerk/Notary Public)
 My commission expires 4/25/2016

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

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

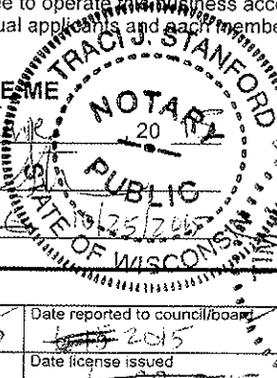
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-4-2015</u>	Date reported to council/board <u>6-15-2015</u>	Date license granted <u>6-15-2015</u>
License number issued <u>101-15</u>	Date license issued <u>6-15-2015</u>	Signature of Clerk / Deputy Clerk <u>NRH TJS</u>

ITEM 7a

Applicant's WI Seller's Permit No.: <u>456000051185104</u>		FEIN Number: <u>391882088</u>	
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 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
TOTAL FEE		\$	114



INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME RANDY L MARTIN STATUTE NO./LOCAL ORDINANCE 941.316 (3)
PENDING CHARGE SELL HAZARD SUBSTANCE DATE 12/27/2012

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of } Wsconsin 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.

Table with columns: TYPE, FEE. Rows include Class A beer (\$100), Class A liquor (\$500), Class B liquor (\$), Reserve Class B liquor (\$), Class B (wine only) winery (\$), Publication fee (\$14), 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 > 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., Beverly Meier.

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? [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.) 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 [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) 266-2776] [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 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 23rd day of April, 2015 [Signature] (Clerk/Notary Public) My commission expires 11/8/15

[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 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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of }
 Village of } Wisconsin Dells
 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 Siskiwit Cr	Madison, WI 53719
Vice President/Member	David Gussel	N897 1st Rd	Briggsville, WI 53920
Secretary/Member	Joseph Gussel	421 Church St	Wis Dells, WI 53965
Treasurer/Member	Bernard E. Gussel Jr.	505 Cedar St	Wis Dells, WI 53965
Agent	Darcy Cooper	W1526 Trout Rd	Wis Dells, WI 53965

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 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 23rd day of April, 2015
[Signature]
(Clerk/Notary Public)

My commission expires 11/8/15

[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>1-24-15</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

24 50619

Applicant's WI Seller's Permit No	FEIN Number
456000057815604	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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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	<u>Gary Gussel</u>	<u>25 Siskiwit 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>Wis Dells, WI 53965</u>
Treasurer/Member	<u>Bernard E. Gussel Jr.</u>	<u>505 Cedar St</u>	<u>Wis Dells, WI 53965</u>
Agent	<u>Joshua Stevens</u>	<u>W10445 State Hwy 16 #33</u>	<u>Portage, WI 53901</u>
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

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 23rd day of April, 2015

[Signature]
(Clerk/Notary Public)

My commission expires 11/5/15

[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>4-24-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RH 50617

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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 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 Siskiwit 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>Wis Dells, WI 53965</u>
Treasurer/Member	<u>Bernard E. Gussel Jr.</u>	<u>505 Cedar St</u>	<u>Wis Dells, WI 53965</u>
Agent	<u>Darcy Cooper</u>	<u>W1526 Trout Rd</u>	<u>Wis Dells, WI 53965</u>

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 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 23rd day of April, 20 15

[Signature]
 (Clerk/Notary Public)

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

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

My commission expires 11/8/15

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-24-15</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: 07/01/2015 ending: 06/30/2016
(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 Please see attached Corporate Rider.
 Vice President/Member _____
 Secretary/Member John Mann 1409 Royal Oak Lane Glenview, IL 60025
 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 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 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 _____, 20____

(Clerk/Notary Public)

John Mann
(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>4-27-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Ref 54658

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

"OFFICIAL SEAL" BEING USED

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 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 DANIEL G. ZINKE 1105 ARROWHEAD CT WIS DELLS 53965
 Vice President/Member CHARLA E. ZINKE
 Secretary/Member CHARLA E. ZINKE
 Treasurer/Member DANIEL G. ZINKE
 Agent DANIEL G. ZINKE
 Directors/Managers

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 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.) BASEMENT & SACES FLOOR
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 (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 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, officer, director, manager or agent 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

 (Clerk/Notary Public)
 My commission expires 10/29/2015

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>4-2-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#50377

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-000022846593 39-1148621</u>	
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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 HAROLD B. LARKIN POST 187

Address of Corporation/Limited Liability Company (if different from licensed premises) 609 WISC. AVE

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 Ray Thompson	S 108 Old Hwy 12 Wisc Dells Wisc	53965
Vice President/Member	Ed Fox	1002 Washington Ave Wisc Dells Wisc	53965
Secretary/Member	Henry Lukasavage	370 Wisc Dells Pkwy Wisc Dells Wisc	53965
Treasurer/Member	Aaron Castle	1085 Clara Ave Wisconsin Dells Wisc	
Agent	Gary Thompson		

C.1. Trade Name American Legion Post 187 Business Phone Number 608-253-5302

2. Address of Premises 609 Wisconsin Ave 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.) 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 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

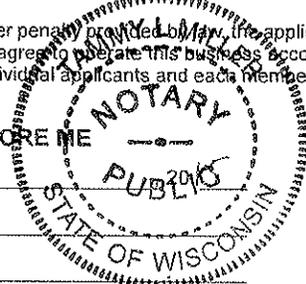
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 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 22nd day of April
Jammy 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)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-22-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ITEM 7c

Applicant's WI Seller's Permit No.: <u>456000390116-02</u>	FEIN Number: <u>39-0148750</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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Bridgeview Corporation

Address of Corporation/Limited Liability Company (if different from licensed premises) Po Box 513 Wisconsin Dells, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53965

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>

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.) Snack 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 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

R# 50443

Applicant's WI Seller's Permit No.: <u>456-0000163146-04</u>	FEIN Number: <u>39-1646468</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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

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
MARCUS KONRAD KEMBLOWSKI
 Notary Public
 State of Wisconsin
 this 21 day of April, 2015

 (Clerk/Notary Public)
 My Commission expires 5/13/2018

 (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>4-27-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50508

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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

Applicant's WI Seller's Permit No. <u>456-1027293276-03</u>		FEIN Number: <u>27-3443384</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 B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	114	

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

~~Krause, Tanya Marie 1113 Broadway Wis Dells, WI 53965~~
~~Krause, Eddie Walter III 1113 Broadway Wis Dells, WI 53965~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ETK LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

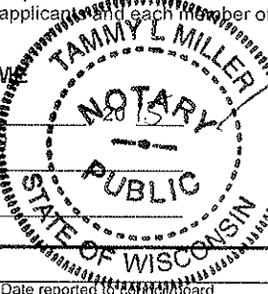
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Tanya Marie Krause 1113 Broadway Wis Dells, WI 53965
Vice President/Member Eddie Walter Krause III 1113 Broadway Wis Dells, WI 53965
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Tanya Marie Krause
Directors/Managers _____

C.1. Trade Name ▶ Amber's Hideaway Business Phone Number 608-253-2623
2. Address of Premises ▶ 1113 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.) Served at front desk. Stored in locked area in
- 5. Legal description (omit if street address is given above): All property @ 1113 Broadway
- 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 (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
Tammy L. Miller
(Clerk/Notary Public)
My commission expires 4-14-18



Tanya M. Krause
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
Tanya M. Krause
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>4-14-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50782 + 50783

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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.: 456102702319303		FEIN Number: 27-0157405	
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 B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	114	

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Medrano, Juan C **Home Address** 324 1/2 Broadway, Wisconsin Dells, WI 53965 **Post Office & Zip Code** 53965
Late Fee \$ 50.00

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 of Wis Dells</u>	<u>WI 53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ Colotlan Mexican Restaurant Business Phone Number 608-254-8208
 2. Address of Premises ▶ 324 Broadway 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 building (Cement block)
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 60 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 5th day of April

 (Clerk/Notary Public)
 My commission expires 10/25/2015

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>5-4-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50753

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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

Applicant's WI Seiler's Permit No. / FEIN Number: <u>456000184320109 / 770631036</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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

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 ▶ Loony Bin LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 401 WI Ave WI Dells 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>Member Christopher Tollaksen</u>	<u>401 WI Ave</u>	<u>WI Dells 53965</u>
Vice President/Member	<u>Member Stacie Tollaksen</u>	<u>401 WI Ave</u>	<u>WI Dells 53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Stacie Tollaksen</u>		
Directors/Managers			

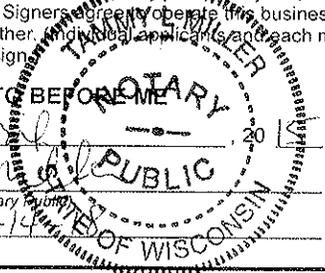
C. 1. Trade Name ▶ Ghost Outpost Business Phone Number 608 254-2127
2. Address of Premises ▶ 2233 Wisconsin Dells Rte W Post Office & Zip Code ▶ WI Dells 53965

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.) Small concession stand selling beverages & snacks

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. Didn't sell any Yes No
9. Does the applicant understand a Wisconsin Seiler'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 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 30th day of April, 2015
Jammy K. Miller
(Clerk/Notary Public)
My commission expires 4-14-16



Stacie Tollaksen / Member
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Chris / Member
(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>4-30-15</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: 07/01/2015 ending: 06/30/2016
(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 SHERWOOD 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 BRADLEY LEONARD GUSSEL 1211 STANLEY PARK RD WISCONSIN DELLS, WI 53965

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent BRADLEY LEONARD GUSSEL

Directors/Managers _____

C. 1. Trade Name SHERWOOD FOREST CAMPING & RV Park Business Phone Number 608-254-7080

2. Address of Premises 2852 WISCONSIN DELLS PARKWAY 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.) WOOD FRAME OFFICE/STORES + CONCESSION BUILDINGS + 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

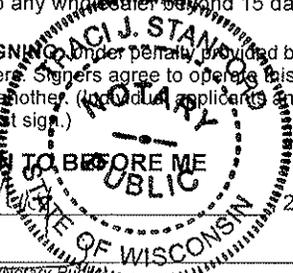
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

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. (In addition, 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 May 2015

 My commission expires 10/25/2015

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)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-1-15</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: 7-1-2015 ending: 6-30-2016
(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
Wisconsin Dells Home Talent Baseball - Rivermen

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	Kevin M Donnelly	540 West 2nd Street	Reedsburg WI 53959
Vice President/Member	David Donnelly	N880 County Road N	Wis Dells WI 53965
Secretary/Member	Zach Zamzow	527 Race Street Apt 7	Wis Dells WI 53965
Treasurer/Member	Aaron VanSchoyck	735 Superior Street	Wis Dells WI 53965
Agent	Kevin M Donnelly	540 West 2nd Street	Reedsburg WI 53965
Directors/Managers	Bradley Davis	912 Cynthia Lane	Wis Dells WI 53965

C. 1. Trade Name **Wisconsin Dells Rivermen - Home Talent Baseball**

Business Phone Number 608-432-1576

2. Address of Premises **510 Veterans Memorial Drive**

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concession Stand - Veterans Park

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. Non-Profit-Tax Exempt -Below Income Lim 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 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

Terri K Donnelly Terri K Donnelly Kevin M Donnelly
(Clerk/Notary Public) (Official Notary Public) (Official Notary Public)

My commission expires 8-27-2017

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-30-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50738

Applicant's Wisconsin Seller's Permit Number: <u>000000000000</u>	Exempt
Federal Employer Identification Number (FEIN): <u>72-1583644</u>	
LICENSE REQUESTED	
<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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>114.00</u>

RA 50718

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: <u>456102851403302</u>		FEIN Number: <u>46-5056112</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 B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
TOTAL FEE	\$ 114		

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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
▶ <u>Stromberg Wei, Lisa</u>	<u>2235 Paris Rd</u>	<u>Reedsburg, WI 53959</u>
<u>Stromberg, Michael, Edwin</u>	<u>2235 Paris Rd</u>	<u>Reedsburg, WI 53959</u>

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Stromberg Wei LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 744 Lake Delton, WI 53940
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53940

Title	Members	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Owner	<u>Lisa Stromberg Wei</u>	<u>2235 Paris Rd</u>	<u>Reedsburg, WI 53959</u>
Vice President/Member	Owner	<u>Michael Edwin Stromberg</u>		
Secretary/Member	<u>Mailing Address - PO Box 744 Lake Delton, WI 53940</u>			
Treasurer/Member				
Agent	<u>Michael Stromberg</u>			
Directors/Managers				

C. 1. Trade Name ▶ Wei's Chinese Restaurant Business Phone Number 608-844-2534
 2. Address of Premises ▶ 630 S. Frontage Rd Wisconsin Dells 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.) Wei's Chinese Restaurant building + outdoor patio
5. Legal description (omit if street address is given above): 630 S. Frontage Rd Wisconsin Dells, WI 53965
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. Have not sold alcohol yet N/A 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, 2015

 (Clerk/Notary Public)
 My commission expires 10/25/2015

Lisa 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>4-29-15</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 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

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

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 53948

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>DAMON R ZUMWALT</u>	<u>555 W GRAND BLVD ORLAND BEACH, FL 32174</u>	
Vice President/Member	<u>LANCE C MASSEY</u>	<u>W4404 HWY 82E MAUSTON, WI 53948</u>	
Secretary/Member			
Treasurer/Member			
Agent	<u>Chris Lechner</u>		
Directors/Managers			

- C. 1. Trade Name WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360
2. Address of Premises 1770 S HWY 13 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.) BLDG & GROUNDS LOCATED @ 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 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 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 April, 20 15

Darla S Hood
(Clerk/Notary Public)

Notary Public

State of Wisconsin

Darla S Hood

My commission expires Sept 18, 2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 58729

Applicant's WI Seller's Permit No.: <u>452-1027217394-03</u>	FEIN Number: <u>90-0640113</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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

ITEM 7d

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Seller's Permit No. <u>456102859263702</u>		FEIN Number: <u>465567296</u>	
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
TOTAL FEE		\$	214

Late Fee \$50.00
Post Office & Zip Code

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ Home Address _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Cheesy Tomato 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>Owner, Mueller, Ricky J</u>	<u>213 Windy Hill Road, Wis Dells, WI</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Rick Mueller</u>		
Directors/Managers	_____		

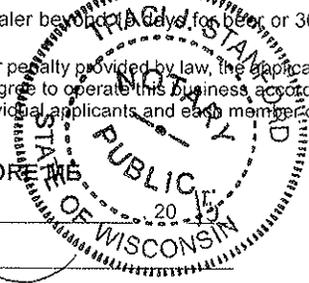
C. 1. Trade Name ▶ The Cheesy Tomato Business Phone Number 608-432-3305
2. Address of Premises ▶ 27 Broadway, Wisconsin Dells Post Office & Zip Code ▶ Wis Dells WI 53965

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.) As Inside & River Deck Enclosed Area
5. Legal description (omit if street address is given above): 27 Broadway, 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. N/A 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 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 5th day of May 2015
[Signature]
(Clerk/Notary Public)



[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>5-5-14</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 2015 ending: 06 30 2016
(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 456-0000335996-04	
Federal Employer Identification Number (FEIN) 39-1164838	
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	\$
Publication fee	\$ 14
TOTAL FEE	\$ 214

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 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 (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

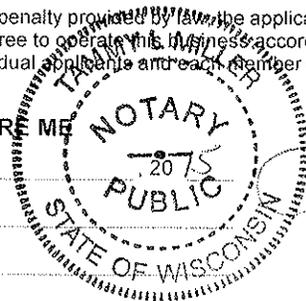
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 17th day of April
Tammy Miller
(Clerk/Notary Public)

My commission expires 4-14-18



[Signature] Pres.
(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 4-7-2015	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50766

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016

Table with columns: Applicant's WI Seller's Permit No., FEIN Number, LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

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

County of Calumet 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 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

C. 1. Trade Name Business Phone Number 2. Address of Premises Post Office & Zip Code

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored.
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...
b. Are charges for any offenses presently pending...
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?
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?
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?
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?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

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.

SUBSCRIBED AND SWORN TO BEFORE ME this 1st day of May 2015 Jammy L Miller (Clerk/Notary Public) STATE OF WISCONSIN

Signature lines for Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual, Officer of Corporation/Member/Manager of Limited Liability Company /Partner, and Additional Partner(s)/Member/Manager of Limited Liability Company if Any.

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# 50514

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of Wisconsin Dells

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

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

Complete A or B. All must complete C.

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

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

C. 1. Trade Name 2. Address of Premises 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

- 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
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
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.
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.
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]
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?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

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 9 day of APRIL, 2015 My commission expires 10/05/2018

Signature of Lina E. Hildner, V. (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Signature of Lina E. Hildner, V. (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Hubert Creek Lodge and Suites LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) DBA AMERICAN INN OF WISCONSIN
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: DELLS

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MIKE KAMINSKI</u>		
Vice President/Member	<u>Ann KAMINSKI</u>		
Secretary/Member	<u>Jeff KAMINSKI</u>		
Treasurer/Member	<u>Jeff KAMINSKI</u>		
Agent	<u>MIKE KAMINSKI</u>		

C. 1. Trade Name AMERICAN LODGE AND SUITES Business Phone Number 608 254 1700
 2. Address of Premises 550 STATE HWY 13 Post Office & Zip Code BOX 45 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.) Hotel, Lodge & Conference facilities, 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 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 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 31st day of March
Darlene E. Berry
(Clerk/Notary Public)
 My commission expires 06/02/2017

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

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-1-2015</u>	Date reported to council	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 2015 ending: 06 30 2016
(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

Applicant's Wit Seller's Permit No. / FEIN Number: <u>496-70289025984-047-232464K</u>	
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
TOTAL FEE	\$ 214

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 ▶ U7 FOOD 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>member Zdenko Mizamov</u>	<u>725 Vine St, Wisc. Dells</u>	<u>53965</u>
Vice President/Member	<u>member MIROSLAV KAROV</u>	<u>725 Vine St, Wisc. Dells</u>	<u>53965</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>MIROSLAV KAROV</u>	_____	_____

C. 1. Trade Name ▶ PIZZA VILLA Business Phone Number 608-294-8394
 2. Address of Premises ▶ 738 Superior St, Wisc. Dells 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.) Main Floor & 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 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 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, 2015
Kathleen Harris
(Clerk/Notary Public)
 My commission expires 11-21-17

[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 <u>4-14-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50490

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Owland LLC d/b/a Rocky Rococo
Address of Corporation/Limited Liability Company (if different from licensed premises) 1551 Sunset Dr. Lodi WI 53555
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>Kim M. Reeve</u>	<u>11507 Sunset Dr</u>	<u>Lodi WI 53555</u>
Vice President/Member	<u>Roland A. Maner</u>	<u>11711 Ryan Rd</u>	<u>Lodi WI 53555</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Kim M. Reeve</u>		
Directors/Managers			

C. 1. Trade Name Rocky Rococo Business Phone Number 608-253-7425
2. Address of Premises 1012 Standrock Rd 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.) Front counter - Back cooler - Dining Room - Kitchen - Restroom
- 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 (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

Applicant's WI Seller's Permit No. FEIN Number: <u>4516-102747635D03</u> <u>45-2403845</u>	
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
TOTAL FEE	\$ 214

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 7th day of April, 2015
Diane M. Trupp (Clerk/Notary Public)
Kim Reeve (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
My commission expires 12.7.2018
(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>4-13-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50564

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 dba Famous I

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	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member	Shlomi Fedida	429 Broadway Wisconsin Dells WI	53965
Secretary/Member			
Treasurer/Member			
Agent	Justin J Stewart <u>Kares Parcas</u>	47869 Virginia Street Reedsburg WI	53965
Directors/Managers		<u>177 Forest Drive Apt. 901, Wis. Dells WI</u>	<u>53965</u>

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 building 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 17 day of April 2015
[Signature]
(Clerk/Notary Public)
My commission expires Nov 14, 2016

Vanessa D. Deonarin Singh
15 State of Florida
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
MY COMMISSION # EE 851570
[Signature]
(Corporation/Member/Manager of Limited Liability Company /Partner)
Expires: November 14, 2016
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-20-15</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: 7-1-2015 ending: 6-30-2016
(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 San Antonio Mexican Restaurant LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 795 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>Luis A. Martinez</u>	<u>415 6th ave Burdoo WI</u>	<u>53913</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Luis A. Martinez</u>	<u>415 6th ave Burdoo WI</u>	<u>53913</u>
Directors/Managers			

C. 1. Trade Name San Antonio Mex Restaurant Business Phone Number 608 254-5798

2. Address of Premises 742 and 740 Eddy St 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.) Dining area and bar. The bar has a storage room with

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

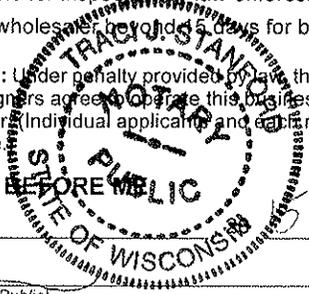
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler for 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 30th day of April 2015

 (Clerk/Notary Public)
 My commission expires 10/25/2015



 (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>4-30-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ITEM 7e

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

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

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.: <u>456-1020420960-02</u>		Permit Number: <u>39-1928009</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 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	
TOTAL FEE	\$	614	

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, Suite 200, Waukesha, WI 53188
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

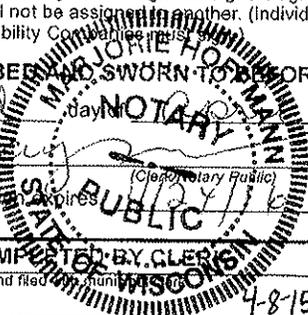
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>CEO/President Mark Louis Dillon</u>	<u>34737 Elm Street, Oconomowoc, WI 53006</u>	
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Ronald Therkelsen, 457 Suszycki Drive, Mauston, WI 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 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 each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

SUBSCRIBER AND SWORN TO BEFORE ME

this 2nd day of May, 2015

My commission expires _____



Apple Hospitality Group, LLC

By: _____
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Mark Dillon, President
(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 by Municipal Clerk	Date reported to council/board	Date license granted
<u>4-8-15</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 2015 ending: 06 30 2016
(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 ▶ Captain Dix 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 Gary Leeltanson 4124 River Road Wis Dells WI 5396

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Gary Leeltanson

Directors/Managers _____

C. 1. Trade Name ▶ Captain Dix Business Phone Number 608 253 1818

2. Address of Premises ▶ 4124 River Road Post Office & Zip Code ▶ Wisconsin Dells WI 5396

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.) Bookkeeping, storage, restrooms, bar, cooler, back office

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 (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 23rd day of April

Nancy R. Hoyer (Clerk/Notary Public) Gary Leeltanson (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 10-18-15 _____ (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>4-23-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50606

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456102734706502</u>	<u>392015309</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 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
TOTAL FEE	\$ 614

R# 50955

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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

Applicant's WI Seller's Permit No.: <u>456-0000568508-04</u>		FEIN Number: <u>39-0842365</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 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		
TOTAL FEE	\$ 614		

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
 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>MIKE KAMINSKI</u>	<u>995 South Grove Ln.</u>	<u>Wis. Dells, WI 53965</u>
Vice President/Member	<u>ANN KAMINSKI</u>	" "	" "
Secretary/Member	<u>JEFF KAMINSKI</u>	<u>1003 Hillside Ct.</u>	<u>Wis. Dells, WI 53965</u>
Treasurer/Member	" "	" "	" "
Agent ▶	<u>MIKE KAMINSKI</u>	" "	" "

C. 1. Trade Name ▶ CHULA VISTA RESORT & CONFERENCE CENTER Business Phone Number 608-254-8366
 2. Address of Premises ▶ 2501 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.) All Buildings & Grounds @ 2501 River road
5. Legal description (omit if street address is given above): Golf Course @ 1000 Chula Vista Pkwy & All Contiguous land and
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 (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

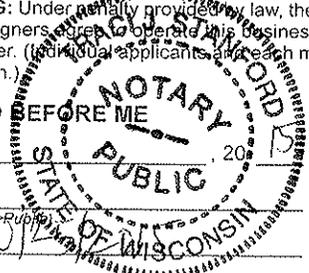
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, a partner in 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 April, 2015

[Signature]
(Clerk/Notary Public)

My commission expires 10/2/2015



[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>4-20-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

436-0000545518-04
47-0863736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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. 1 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
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 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
TOTAL FEE	\$ 614

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

DeFosse, Jesse Raymond 502 Washington Ave Wis 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 _____
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Jesse R. DeFosse
Directors/Managers _____

C. 1. Trade Name ▶ Shambert Saloon, Tip's Kitchen, Memento Garage Business Phone Number 608-255-2628

2. Address of Premises ▶ 24, 30 Broadway, 731 Eddy 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.) Entire Properties ext address, all levels + outdoor 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 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

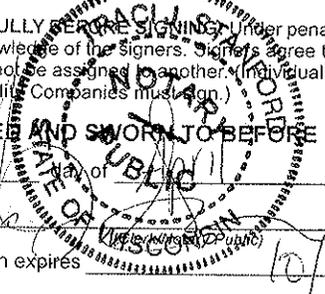
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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, 2015
My commission expires 10/25/2015



[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>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50497

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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>456-030037-962-0439-1642804</u>	
FEIN Number: _____	
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 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
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶ FISHER, DOUGLAS E.

Home Address

7191 MINTH AVENUE

Post Office & Zip Code

WISC. 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 ▶ WISC. 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 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 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 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 13th day of April 2015
[Signature]
(Clerk/Notary Public)

My commission expires 10/25/2015

[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>4-13-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50752

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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.: <u>456 000 025 825-04</u>		FEIN Number: <u>262125964</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 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		
TOTAL FEE	\$ 614		

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 ▶ Helland Food Group LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 626 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>ERIC CROSS Helland</u>	<u>205 Windy Hill Rd Wisconsin Dells, WI 53965</u>	<u>53965</u>
Vice President/Member	<u>Mary Joan Helland</u>	<u>205 Windy Hill Rd Wisconsin Dells, WI 53965</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>ERIC C. Helland</u>		

C. 1. Trade Name ▶ Mexicali Rose / Dockside Grill Business Phone Number 608 2546036
2. Address of Premises ▶ 2370-2380 Wis. Dells Pkwy 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.) All bldgs & land area of Lower Dells Boat landing including outside service areas
- 5. Legal description (omit if street address is given above): including outside service areas
- 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 (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 30 day of April, 2015
Patricia Holt
(Clerk/Notary Public)
My commission expires May 19, 2017

Eric Cross
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Mary Joan Helland
(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>4-30-15</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50641

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: 45600000639704		FEIN Number: 39-1407875	
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 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
TOTAL FEE		\$	614

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 THOMAS E HELLER 1201 ELM ST, WIS DELLS, WI 53965

Vice President/Member NONE

Secretary/Member JANE M HELLER 1201 ELM ST, WIS DELLS, WI 53965

Treasurer/Member NONE

Agent ▶ THOMAS E HELLER

Directors/Managers N/A

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

5. Legal description (omit if street address is given above): BASEMENT & 3 SERVING LEVELS)

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, Columbia County
this 3 day of April, 2015
[Signature]
(Clerk/Notary Public)

[Signature: Jane Heller]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature: Thomas E Heller]
(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 5-4-18

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-21-15</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 2015 ending: 06 30 2016
(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.

R# 50527

Applicant's WI Seller's Permit No.: <u>456 102628738402</u>		FEIN Number: <u>30-0709616</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 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		
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 ▶ High Rock Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 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	<u>Wade L Barnander</u>	<u>914 Washington Ave Wis Dells</u>	<u>53965</u>
Vice President/Member	<u>Justin B Draper</u>	<u>111 Capital St. Wis Dells</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Wade L Barnander</u>		

C. 1. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677
 2. Address of Premises ▶ 232 Broadway Wis Dells 53965 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.) Upstairs Street level, basement, personal deck
5. Legal description (omit if street address is given above): 232 Broadway and 741 oak street (some 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 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 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 16th day of April, 20 15

My commission expires 10/25/2015

Wade L Barnander
 (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	Date reported to council/board	Date license granted
<u>4-16-2015</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 2015 ending: 06 30 2016
(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# 50518

Applicant's WI Seller's Permit No.: <u>456102791169803</u>		FEIN Number: <u>46-2087797</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 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	
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 ▶ 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:

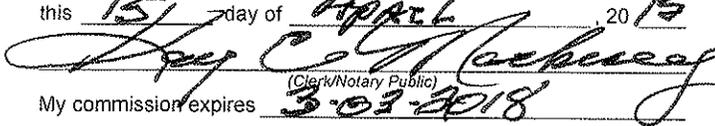
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JEFFREY MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Vice President/Member	<u>MARCI MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Secretary/Member	<u>MARCI MORRIS</u>	<u>204 SARRINGTON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

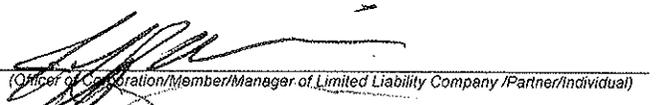
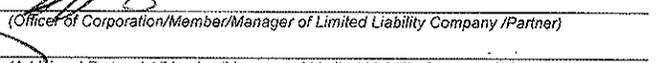
C. 1. Trade Name ▶ DELLS DISTILLERY Business Phone Number 608-254-8100
 2. Address of Premises ▶ 206 BROADWAY Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, 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.) 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 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 15 day of APRIL, 2015

(Notary Public)
 My commission expires 3-03-2018


(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>4-15-2015</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 2015 ending: 06 30 2016
(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>456000129851</u>		FEIN Number: <u>02</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 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
TOTAL FEE		\$	614

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) ▶ P.O. Box 17 W.D., 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	<u>JAMES H. Nelson</u>	<u>W13823 Gulch Rd. Wi Dells</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>Toni M. 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 ▶ 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.) LANES & LOUNGE portion of building downstairs
- 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 (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 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 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, 2015

Jammy L. Miller (Clerk/Notary Public)

My commission expires 4-14-18

Toni M. Nelson (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
JAMES H. NELSON (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>4-14-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50685

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

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

County of Columbia Co 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: <u>456-000050716403 391751251</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 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
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Luce Donna MARIE Home Address 55777 Lehman Rd Bamboo WI 53913 Post Office & Zip Code (608) 9236960 356 2490

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

C. 1. Trade Name ▶ Boathouse Business Phone Number 608 253-1010
 2. Address of Premises ▶ 701 BROADWAY 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.) 701 BROADWAY FIRST FLOOR, KITCHEN BASEMENT
5. Legal description (omit if street address is given above): Ratio left of West of Building
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 (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 to inspectors for 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 15 day of April 20 15

 (Clerk/Notary Public)

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>4-28-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50714

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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>44-0000-420666-04</u>		<u>39-1845103</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 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	
TOTAL FEE	\$	614	

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

Penelope Roselope Michael Connors 8505 Grouse CT 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) ▶ Nigs Inc. PO Box 94 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 Penelope Michael Connors 8505 Grouse CT

Vice President/Member _____ Wis Dells WI 53965

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Penelope M. Connors

Directors/Managers _____

C. 1. Trade Name ▶ Nigs Bar Business Phone Number 608 253 6911

2. Address of Premises ▶ 801 BRADDOCK Post Office & Zip Code ▶ P.O. 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.) INSIDE OF BRICK BLDG BRADDOCK

5. Legal description (omit if street address is given above): R. 141 RP

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 (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

Keara Anderson
(Clerk/Notary Public)

My commission expires 4/22/17

Penelope M. Connors
(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>4-29-15</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 2015 ending: 06 30 2016
(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.

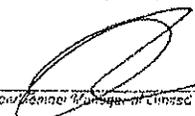
- A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Polynesian Acquisition Partners, LLC
 Address of Corporation/Limited Liability Company (if 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 44th Ave N, # 102 Myrtle Beach, SC 29577
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Christopher Santuae, 857 N. Frontage Road, Wisconsin Dells, WI 53965
 Directors/Managers MGR: SFH Manager, LLC 1331 44th 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 Road 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, Pool, Waterprk, Hotel
 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) 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

Applicant's WI Seller's Permit No. FEIN Number	
456102865936102 46-5429152	
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 checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 64
TOTAL FEE	\$ 664

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 8 day of May, 20 15
A. J. Spencer - Freeman
(City, Village or County Clerk)
 My commission expires My Commission Expires 04-17-2018


(Officer of Corporation/Member/Manager of Limited Liability Company/Corporation/Manager)
Christopher Santuae
(Officer of Corporation/Member/Manager of Limited Liability Company/Corporation/Manager)
(Additional Partnership/Member/Manager of Limited Liability Company/Agent)

TO BE COMPLETED BY CLERK

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

RH 50736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Wh. Seller's Permit No.: <u>456-CC01120399-03</u>		FEIN Number: <u>3983-03656</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 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
TOTAL FEE		\$	614

32

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

▶ R/RAD DEVELOPMENT, LLC
1015 RIVER ROAD, WISCONSIN DELLS, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ R/RAD 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 DAVID MAKOWSKI, 111 SWEET BIZIARD, WIS. DELLS, WI 53965

Secretary/Member RICH V. MAKOWSKI, 1224 CLARA AVE., WIS. DELLS, WI 53965

Treasurer/Member ADAM MAKOWSKI, 106 SWEET BIZIARD DR, 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 108-253-1231

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): _____

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 Seiler'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 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 20th day of April, 20 15
Jacque M. Myers
(Clerk/Notary Public)
My commission expires 1-11-2018

[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>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50773

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } Wisconsin Dells
 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 Seller's Permit No.: <u>456-0000321833-04</u>		FEIN Number: <u>39-1808415</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 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
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 ▶ SIX K'S KEY 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 KEITH GLEN KOEHLER 237 CAPITAL ST WI DELLS 53965

Vice President/Member _____

Secretary/Member ROBERTA LEE KOEHLER 1141 GALE AVE WI DELLS 53964

Treasurer/Member _____

Agent ▶ KEITH GLEN KOEHLER 237 CAPITAL ST WI DELLS 53965

Directors/Managers _____

C. 1. Trade Name ▶ THE KEY BART GRILL Business Phone Number 608-254-7474

2. Address of Premises ▶ 732 OAK ST 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.) MAIN BUILDING, OUTDOOR DECK, BACK PARKING LOT

5. Legal description (omit if street address is given above): + 720 OAK ST

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. ADDED 720 OAK ST + CHANGE IN CORP 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. PREPARE 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

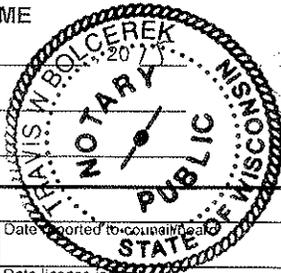
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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 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 10th day of April
[Signature]
(Clerk/Notary Public)
My commission expires 1-14-18



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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-1-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>

RH-50640

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Permit No.: 456000032252404		FEIN Number: 39-1690844	
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 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
TOTAL FEE		\$	614

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 ▶ **TIMBER FOODS INC**
 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	THOMAS E HELLER	1201 ELM ST, WIS DELLS, WI 53965	
Vice President/Member	NONE		
Secretary/Member	JANE M HELLER	1201 ELM ST, WIS DELLS, WI 53965	
Treasurer/Member	JANE M HELLER	1201 ELM ST, WIS DELLS, WI 53965	
Agent	THOMAS E HELLER		
Directors/Managers	N/A		

C.1. Trade Name ▶ **CC ALAMO SMOKEHOUSE** Business Phone Number **608-254-8386**
 2. Address of Premises ▶ **951 STAND ROCK 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.) **12,000 SQ FT, 1 STORY MASONRY**
5. Legal description (omit if street address is given above): **BUILDING WITH COVERED PATIO, LOT 2**
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, Columbia County
 this 3 day of April, 2015

 (Clerk/Notary Public)
 My commission expires 5-4-18

Jane Heller
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Thomas E 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	Date reported to council/board	Date license granted
	4-27-2015	
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 2015 ending: 06 30 2016
(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	<u>Todd R. Nelson</u>	<u>835 Hwy H, Lot 100 Wisconsin Dells, WI</u>	<u>53965</u>
Vice President/Member	<u>Shari L. Nelson</u>	<u>835 Hwy H, Lot 100 Wisconsin Dells, WI</u>	<u>53965</u>
Secretary/Member	<u>Steven M. Pine</u>	<u>407 Clara Ave #104 Wisconsin Dells, WI</u>	<u>53965</u>
Treasurer/Member	<u>Mary Bonte Spath</u>	<u>W8497 North 2nd Ct Oxford, WI</u>	<u>53952</u>
Agent	<u>Patrick Steffes</u>	<u>833 Hwy H, Unit 13, Wisconsin Dells, WI</u>	<u>53965</u>

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

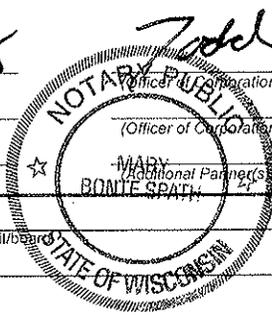
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 10th day of April, 2015

Mary Bonte Spath (Clerk/Notary Public)

My commission expires 9/4/2016



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-23-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#50608

Applicant's WI Seller's Permit No. <u>456-0000455693-04</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 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
TOTAL FEE	\$ 614

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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# 50706

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>460-0003194655-09</u>	<u>208723685</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 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
TOTAL FEE	\$ 614

A. Individual or Partnership: Uptown Sand Bar 130 Washington Ave
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

▶ ~~William~~ Farmer, William Brian N3457 Fox Run Rd Wisconsin Dells WI 53965
Malina, Joseph E 25 Sweethair Wisconsin Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar

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 B. Farmer</u>	<u>N3457 Fox Run Rd</u>	<u>Wisconsin Dells WI 53965</u>
Vice President/Member	<u>Joseph E Malina</u>	<u>25 Sweethair</u>	<u>Wisconsin Dells WI 53965</u>
Secretary/Member	<u>William B. Farmer</u>		
Treasurer/Member	<u>Joseph E Malina</u>		
Agent ▶	<u>William B. Farmer</u>		
Directors/Managers	<u>Joseph Malina</u>		

C. 1. Trade Name ▶ Uptown Sand Bar Sand Bar Business Phone Number 608 253-3073

2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ PO Box 598 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 Floors and Deck (Brick Building)

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

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 (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 by more than 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, 2015

[Signature]
(Clerk/Notary Public)

My commission expires 10/25/2015

William B. Farmer Pres
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Joseph Malina J.C.
(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	Date reported to council/board	Date license granted
<u>4-29-15</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Population Reserve

R# 50584

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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>26-3582990</u>	
LICENSE REQUESTED ▶	
<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	\$ <u>14</u>
TOTAL FEE	\$ <u>614.00</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 ▶ 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 JR. 20 REVERS EDGE RD WIS. DELLS, 53945
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ DENNIS LEONHARDT JR.
Directors/Managers _____
- C. 1. Trade Name ▶ REVERWALK PUB & RESTAURANT Business Phone Number (608) 254-8715
2. Address of Premises ▶ 911 REVER RD Post Office & Zip Code ▶ WIS. DELLS, 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 PATIO & DECK
(Alcohol beverages may be sold and stored only on the premises described.) NOV. LO. LVL & 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 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 (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 60 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 22nd day of July 2015
[Signature]
(Clerk/Notary Public)
My commission expires 10/25/2015

[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>4-22-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

ITEM 7F

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/15 ending: 06 30 2016
(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 Wisconsin Seller's Permit Number: <u>456-1027369809</u>	
Federal Employer Identification Number (FEIN): <u>32-0340770</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 checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

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) ▶ _____

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

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.) Entire RESTAURANT at 505 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 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 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 17 day of April 2015

V. Smith
(Clerk/Notary Public)



Vanessa D. Deonarin Singh
 State of Florida
 MY COMMISSION EXPIRES NOV 14 2016
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires NOV 14, 2016

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>4-20-15</u>	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 2015 ending: 06 30 2016
(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 ▶ Alabama's Dixieland Bar BQ & Suds In

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 414 Broadway Wisconsin 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>Sam Salvador Rotolo Jr</u>	<u>402 Bowman Rd</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>June M Rotolo</u>	<u>402 Bowman Rd</u>	<u>53965</u>
Treasurer/Member			
Agent ▶	<u>Sam S Rotolo</u>		

C. 1. Trade Name ▶ Alabama's Dixieland Bar BQ & Suds Business Phone Number 608 253 2020

2. Address of Premises ▶ 414 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.) Liquor Room (Downstairs + upstairs)

5. Legal description (omit if street address is given above): + Patio courtyard + Backstreet walk in cooler

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 (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 9th day of April 2015
[Signature]
(Clerk/Notary Public)
 My commission expires 10/25/2015

[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 <u>4-8-15</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 2015 ending: 06 30 2016
(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.: <u>956-1028437251-04</u>		FEIN Number: <u>464767768</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 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
TOTAL FEE		\$	614

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>President Eddie W Krause</u>	<u>1113 Broadway Wisc Dells WI</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Eddie Krause</u>	_____	_____
Directors/Managers	_____	_____	_____

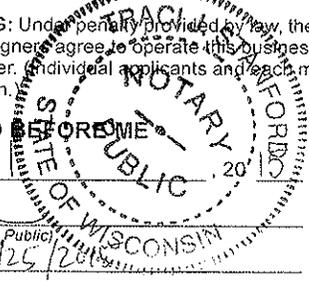
C. 1. Trade Name ▶ Ambers Resort & Conference Center Business Phone Number 608-253-8700
 2. Address of Premises ▶ 655 N Frontage Rd Post Office & Zip Code ▶ Wisc Dells 53965

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.) Restaurant, bar, storage room,
5. Legal description (omit if street address is given above): lakeside, gift shop
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 (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 12th day of Apr, 2015

(Clerk/Notary Public)
 My commission expires 10/25/2015



Eddie Krause
(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>4-22-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 50735

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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 Wt Seller's Permit No.: <u>456-000461460-04</u>		FEIN Number: <u>39-116203</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 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		
TOTAL FEE	\$ 614		

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.
 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>RICHARD MAKOWSKI</u>	<u>420 HWY A, WIS. DELLS, WI</u>	<u>53965</u>
Vice President/Member	<u>GRACE MAKOWSKI</u>	<u>" "</u>	<u>" "</u>
Secretary/Member	<u>GRACE MAKOWSKI</u>	<u>" "</u>	<u>" "</u>
Treasurer/Member	<u>DAVID MAKOWSKI</u>	<u>111 SWEET BRIAR, WIS. DELLS, WI</u>	<u>53965</u>
Agent ▶	<u>DAVID MAKOWSKI</u>	<u>" "</u>	<u>" "</u>
Directors/Managers	<u>RICHARD MAKOWSKI</u>	<u>420 HWY A, WIS DELLS, WI</u>	<u>53965</u>

C. 1. Trade Name ▶ AMERICAN WORLD COMPLEX Business Phone Number 408-253-3700
 2. Address of Premises ▶ 399 HWY A, 2040 WIS DELLS PKY 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): BA LIQUORS & 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 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 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, 2015
Jackie M. Myers
(Clerk/Notary Public)
 My commission expires 1-11-18

[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)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R # 50502

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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.

Applicant's WI Seller's Permit No.: <u>456-0000-454377-04</u> FEIN Number: <u>390942594</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 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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Logging Camp Inc Home Address Wis Dells Post Office & Zip Code 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Logging Camp Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 25 J 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>Mary C Hickey</u>	<u>N9946 River Rd, Wis Dells, WI</u>	<u>53965</u>
Vice President/Member	<u>Trevor A Hickey</u>	<u>N9946 River Rd, Wis Dells, WI</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Trevor A Hickey</u>		
Directors/Managers			

C. 1. Trade Name ▶ Paul Bryan Restaurant Business Phone Number 608 254 8717

2. Address of Premises ▶ 411 Hwy 13 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.) Retrieval, Lockup, dry lock cabinet, camera monitor & concession. Secure Storage + Paved 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 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

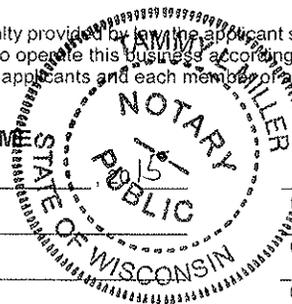
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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 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
Sammy L Miller
(Clerk/Notary Public)
 My commission expires 4-14-18



Mary C Hickey
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Trevor A Hickey
(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>4-14-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 50441

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016

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.

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

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 Taste of New Orleans Inc Address of Corporation/Limited Liability Company (if different from licensed premises) 452 Broadway St Wisconsin Dells WI

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code President/Member Sam S Rotolo Jr 402 Bowman Rd 53965 Vice President/Member Secretary/Member June M Rotolo 402 Bowman Rd 53965 Treasurer/Member Agent Sam S Rotolo Directors/Managers

C. 1. Trade Name Taste of New Orleans Business Phone Number 608-254-2030 2. Address of Premises 452 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.) 452 Broadway, Liquor Room upstairs
5. Legal description (omit if street address is given above): and patio + courtyard
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 (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 18th day of April 2015 My commission expires 10/25/2015

Sam S Rotolo Jr (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) June M Rotolo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if any)

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

Quinta Plus

50728

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016

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.

Table with columns: Applicant's WI Seller's Permit No., FEIN Number, LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

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 Company Operations LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) W 4217 50th St Maunston, WI 53948

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 Zimmerman 555 W Grand Blvd Ormand Beach, FL 32174

Vice President/Member Lance C Massay W 4404 Hwy B2E Maunston, WI 53948

Secretary/Member

Treasurer/Member

Agent Lance Massay

Directors/Managers

C. 1. Trade Name Woodside Sports Company Business Phone Number 800-517-8360

2. Address of Premises 2100 River Rd 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.) Building & Grounds located @ 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 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 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 April, 2015

Carla S Hood (Clerk/Notary Public)

Notary Public State of Wisconsin Darla S Hood

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

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

My commission expires Sept 18, 2018

(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.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
~~556~~ 004-0000-568-508-01

← This must be issued in the same Legal Name of the licensee below.

License Number	901-15
Period Covered	7/1/2015-6/30/2016
Date of Issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC.		Federal Employer Identification No. (FEIN) 39-0842365	
Trade or Business Name (if different than Legal Name) CHULA VISTA RESORT		Telephone Number (608) 254-8360	
Business Address (License Location) 2501 RIVER ROAD		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) P.O. BOX 30		City WIS. DELLS	State WI
		ZIP Code 53965	County ADAMS

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.)
- 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/index.html 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.

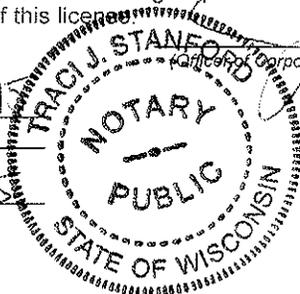
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 2015

(Clerk / Notary Public)

My commission expires 10/25/2015



R# 50554

1100

Application for Cigarette and Tobacco Products License

R# 51081
\$100 MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1027171619-03

← This must be issued in the same Legal Name of the licensee below.

License Number 902-15
Period Covered 7/1/2015 - 6/30/2016
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DANON JOSEPH			Federal Employer Identification No. (FEIN) 31-1795105		
Trade or Business Name (if different than Legal Name) PURPLE PLANET			Telephone Number (608) 253-3200		
Business Address (Permit Location) 207 BROADWAY ST		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-3200	
City WISCONSINDELLS	State WI	ZIP Code 53965	of: WISCONSINDELLS		County Columbia
Mailing Address (if different than Business Address)			City WISCONSINDELLS	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 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 608-261-6435.)
- 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)
- 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/index.html may be sold in Wisconsin?

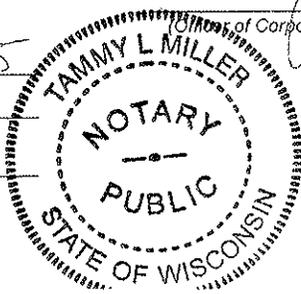
Cigarettes / Tobacco will be sold over counter through vending machine both

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

this 28th day of May, 2015
Tammy L. Miller
(Clerk / Notary Public)



My commission expires 4-18-15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

50716

MUNICIPAL USE ONLY

License Number	903-15
Period Covered	7/1/2015-6/30/2016
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000545518-04

← This must be issued in the same Legal Name of the licensee below.

\$100

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DeFosse Properties LLC			Federal Employer Identification No. (FEIN) 47-0863736		
Trade or Business Name (if different than Legal Name) Showboat Sabon/McMullin Garage/Tug's Kitchen			Telephone Number (608) 343-0143		
Business Address (License Location) 2430 Broadway + 731 Eddy St			Business Telephone (608) 253-2628		
City WISCONSIN DELLS		State WI	ZIP Code 53965	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS	
Mailing Address (if different than Business Address) PO BOX 92			City Wisconsin Dells		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.)
- 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/index.html may be sold in Wisconsin?

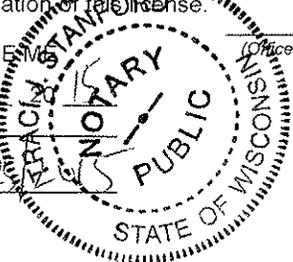
Cigarettes / Tobacco will be sold over counter through vending machine both

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 the license.

SUBSCRIBED AND SWORN TO BEFORE ME this 24th day of April, 2015.

(Clerk / Notary Public)



My commission expires 11/23/15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 50517

MUNICIPAL USE ONLY

\$100

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1027911698-03

← This must be issued in the same Legal Name of the licensee below.

License Number <u>904-15</u>
Period Covered <u>7/1/2015-6/30/2016</u>
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>JAM Food & Fun Inc</u>		Federal Employer Identification No. (FEIN) <u>46-2087797</u>
Trade or Business Name (if different than Legal Name) <u>Dells Distillery</u>		Telephone Number <u>(608) 963-2895</u>
Business Address (License Location) <u>206 Broadway</u>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone <u>(608) 254-8100</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Mailing Address (if different than Business Address)		County <u>Columbia</u>
City		State <u>WI</u>
		ZIP Code <u>53940</u>

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.)
- 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/index.html 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 15 day of April 2015
[Signature]
 (Clerk / Notary Public)

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

My commission expires 3-03-2018

R#50503

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$ 100

Applicant's Wisconsin 15-digit Sales Tax Account Number <u>4560000229851-02</u>
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← This must be issued in the same Legal Name of the licensee below.

License Number <u>905-15</u>
Period Covered <u>7/1/2015-6/30/2016</u>
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>JANET LLC</u>		Federal Employer Identification No. (FEIN) <u>39-1880325</u>
Trade or Business Name (if different than Legal Name) <u>CHALET LANES + LOUNGE</u>		Telephone Number ()
Business Address (License Location) <u>740 ELM STREET</u>		Business Telephone <u>(608) 254-8727</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Mailing Address (if different than Business Address) <u>P.O. Box 17</u>		County <u>Columbia</u>
City <u>Wis. Delles</u>		State <u>WI</u>
		ZIP Code <u>53965</u>

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) LLC

- 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.)
 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/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

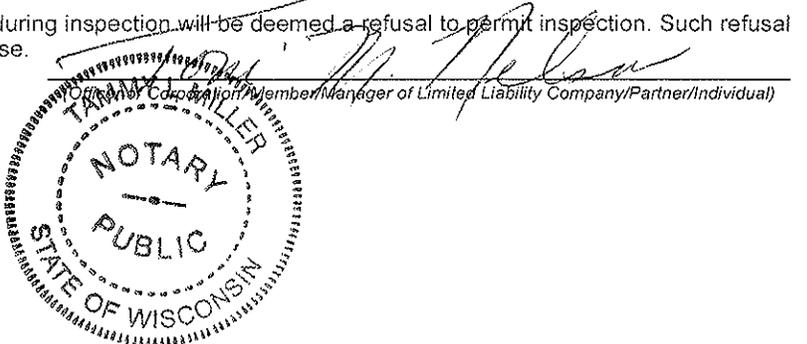
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 14th day of April, 2015
Jammy R. Miller
(Clerk / Notary Public)

My commission expires 4-14-18



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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.

License Number **900-15**
 Period Covered **7/1/2015-6/30/2016**
 Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) **BANDY L MARTIN** Federal Employer Identification No. (FEIN) **39 1882088**
 Trade or Business Name (if different than Legal Name) **LOON LAKE CIGAR** Telephone Number **(608) 254 8598**
 Business Address (License Location) **721 SUPERIOR ST** Business Located In City Village Town Business Telephone **(608) 254 8598**
 City **WISCONSIN DELLS** State **WI** ZIP Code **53965** of **WISCONSIN DELLS** County **Columbia**
 Mailing Address (if different than Business Address) City State ZIP Code

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.)
 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/index.html 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 the license.

SUBSCRIBED AND SWORN TO BEFORE ME this 30th day of April, 2015 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Clerk/Notary Public)

My commission expires 10/25/15



RA-50777
5-1-15

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
426-1028 15549-02

← This must be issued in the same Legal Name of the licensee below.

License Number	<u>907-15</u>
Period Covered	<u>7/1/2015-6/30/2016</u>
Date of Issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>SHERWOOD FOREST DELLS, LLC</u>		Federal Employer Identification No. (FEIN) <u>46-2435629</u>
Trade or Business Name (if different than Legal Name) <u>SHERWOOD FOREST CAMPING & RV PARK</u>		Telephone Number <u>(608) 254-7080</u>
Business Address (License Location) <u>2852 WISCONSIN DELLS PARKWAY</u>		Business Telephone <u>(608) 254-7080</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Mailing Address (if different than Business Address)		County <u>SAUK</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>
		ZIP Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 04/2013
- 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.)
- 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/index.html may be sold in Wisconsin?

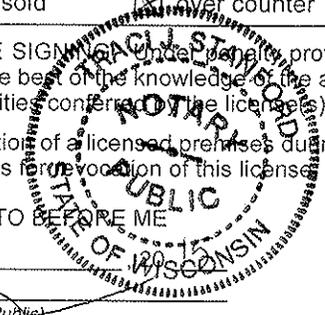
Cigarettes / Tobacco will be sold over counter through vending machine both

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 11th day of May
[Signature]
(Clerk / Notary Public)

My commission expires 10/25/2015



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

Application for Cigarette and Tobacco Products Retail License

R# 56609

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000455693-04

← This must be issued in the same Legal Name of the licensee below.

License Number 908-15
Period Covered 7/1/2015-6/30/2016
Date of issuance

\$100

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 Hwy		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-7000	
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		County Sauk
Mailing Address (if different than Business Address) PO Box 590			City Wisconsin Dells	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1984
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) sub-S corporation

- 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.)
- 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/index.html 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 10th day of April 20 15

Christa Bonte Spath
(Clerk / Notary Public)

My commission expires 4/4/2016

Ted R. Nelson
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 50618

MUNICIPAL USE ONLY

License Number	909-15
Period Covered	7/1/2015-6/30/2016
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-000057815604

← 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) 39-1546327		
Trade or Business Name (if different than Legal Name) BROADWAY TRAVEL MART			Telephone Number (608) 253-2091		
Business Address (License Location) 802 Broadway			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			County Columbia		
			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.)
- 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/index.html 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.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2015

[Signature]
(Clerk / Notary Public)

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

My commission expires 11/3/15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

RH 4/26/15
MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-000057815609

← This must be issued in the same Legal Name of the licensee below.

License Number 910-15
Period Covered 7/1/2015-6/30/2016
Date of Issuance

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>			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.)
- 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/index.html 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 23rd day of April, 2015

[Signature]
(Clerk / Notary Public)

My commission expires 11/8/15

[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

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-000057815604

← This must be issued in the same Legal Name of the licensee below.

License Number
911-15
 Period Covered
7/1/2015-6/30/2016
 Date of Issuance

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>R+G Travel Mart</u>			Telephone Number <u>(608) 254-5077</u>		
Business Address (License Location) <u>611 N. Frontage Rd</u>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>WISCONSIN DELLS</u>		Business Telephone ()	
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	County <u>Shawano</u>		
Mailing Address (if different than Business Address) <u>PO Box 120</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.)
- 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/index.html 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.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 20 15
[Signature]
 (Clerk / Notary Public)

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

My commission expires 11/5/15

RH 50618

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
486-000057815604

← This must be issued in the same Legal Name of the licensee below.

License Number	912-15
Period Covered	7/1/2015-6/30/2016
Date of Issuance	

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) Travel Mart Shell		Telephone Number (608) 254-4488
Business Address (License Location) 2415 Wisconsin Dells Parkway		Business Telephone ()
City WISCONSIN DELLS	State WI	ZIP Code 53965
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS		County Jewell
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.)
- 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/index.html 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.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2015

[Signature]
(Clerk / Notary Public)

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

My commission expires 11/5/15

Application for Cigarette and Tobacco Products Retail License

R# 50708

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0003194655-03

← This must be issued in the same Legal Name of the licensee below.

License Number	<u>913-15</u>
Period Covered	<u>7/1/2015-6/30/2016</u>
Date of Issuance	<u>AW</u>

\$100

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Uptown Sand Bar</u>		Federal Employer Identification No. (FEIN) <u>20-8723685</u>
Trade or Business Name (if different than Legal Name) <u>Sand Bar</u>		Telephone Number <u>(608) 253-3073</u>
Business Address (License Location) <u>130 Washington Ave</u>		Business Telephone () " "
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Mailing Address (if different than Business Address) <u>P.O. Box 598</u>		County <u>Columbia</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>

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: Apr 2007
- 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.)
- 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/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

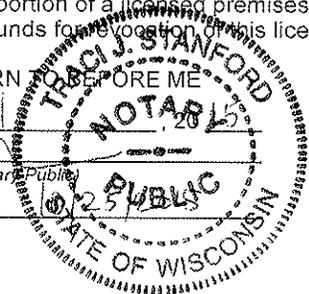
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 the revocation of this license.

SUBSCRIBED AND SWORN TO before me

this 29th day of April, 2015

 (Clerk / Notary Public)



William B. Farn
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

My commission expires _____

Application for Cigarette and Tobacco Products License

RH 50648
MUNICIPAL USE ONLY \$100

License Number 914-15
Period Covered 07/01/15-06/30/16
Date of Issuance

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.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.		Federal Employer Identification No. (FEIN) 36-1924025	
Trade or Business Name (if different than Legal Name) Walgreens #06885		Telephone Number (847) 527-4897	
Business Address (Permit Location) 300 Hwy. 13		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 901		City Deerfield	State IL
		ZIP Code 60015	County Sauk

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 608-261-6435.)
- 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)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- 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/index.html may be sold in Wisconsin?

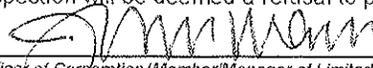
Cigarettes / Tobacco will be sold over counter through vending machine both

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.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of July 2015


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

My commission expires _____
 "OFFICIAL SEAL"
 ERIC E. LYLES
 NOTARY PUBLIC - STATE OF ILLINOIS
 My Commission Expires 08/12/15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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.

License Number 915-15
 Period Covered 7/1/2015-6/30/2016
 Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>ZINKE'S MARKET INC.</u>		Federal Employer Identification No. (FEIN) <u>39-1148621</u>
Trade or Business Name (if different than Legal Name) <u>ZINKE'S VILLAGE MARKET</u>		Telephone Number <u>(608) 254-8313</u>
Business Address (License Location) <u>216 WASHINGTON AVE.</u>		Business Telephone <u>(608) 254-8313</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>WISCONSIN DELLS</u>		County <u>COLUMBIA</u>
Mailing Address (if different than Business Address)		City
		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.)
 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?
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 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?
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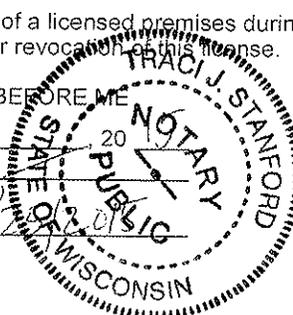
Cigarettes / Tobacco will be sold over counter through vending machine both

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.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April
 (Clerk/Notary Public)



Daniel J. Zinke
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 10/2015

City of Wisconsin Dells

Application for: Mobile Home Park License

ITEM 9

Date Submitted: JUNE 1, 2015 Fee: \$350.00 First 25 Sites or less \$725⁰⁰ Receipt No. 51157
\$ 25.00 Each Additional Site

Name of Applicant: I.N.C. INC. D/S/2 Fairway Mobile Home
Address of Applicant: PO Box 265 MAUSTON, WI. 53948 Park
Daytime Telephone Number: (608) 408-9705
Evening Telephone Number: ()
Driver's License Number: IS21-2616-2346-02 State: _____

Legal Description/Address of the Park: 1010 Commercial Ave

On-Site Manager's Name: Gregorio
On-Site Manager's Address & Lot Number: Lot 636
On-Site Manager's Telephone Number: 432-0166

*A complete site plan must be attached to the application.


Signature of Applicant
Frank Incaprero

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.

COPY

600	601	602	603	604	605	606	607	608	609
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

610 Commercial Ave

610	611	612	613	614	615	616	617	618	619
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Highway

Home Park

620	621	622	623	624	625	626	627	628	629
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

610 Commercial Ave

630	631	632	633	634	635	636	637	638	639
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

City of Wisconsin Dells

Application for: Mobile Home Park License

Date Submitted: 03-2015 Fee: \$350.00 First 25 Sites or less \$350.00 Receipt No. 51168
\$ 25.00 Each Additional Site DS

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 PRT
FR Lot 4 in SWSE being N. 386.64' of E, 337.99' S of Pioneer
Drive, 3.00'

On-Site Manager's Name: AI 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.

ALC 8768000509 - \$175.00
ALC 0821010501 - \$175.00
\$350.00

Dominic T. H. [Signature]
Signature of Applicant Stonecliff, LLC

License subject to compliance with Wisconsin Dells Code Section 16.03

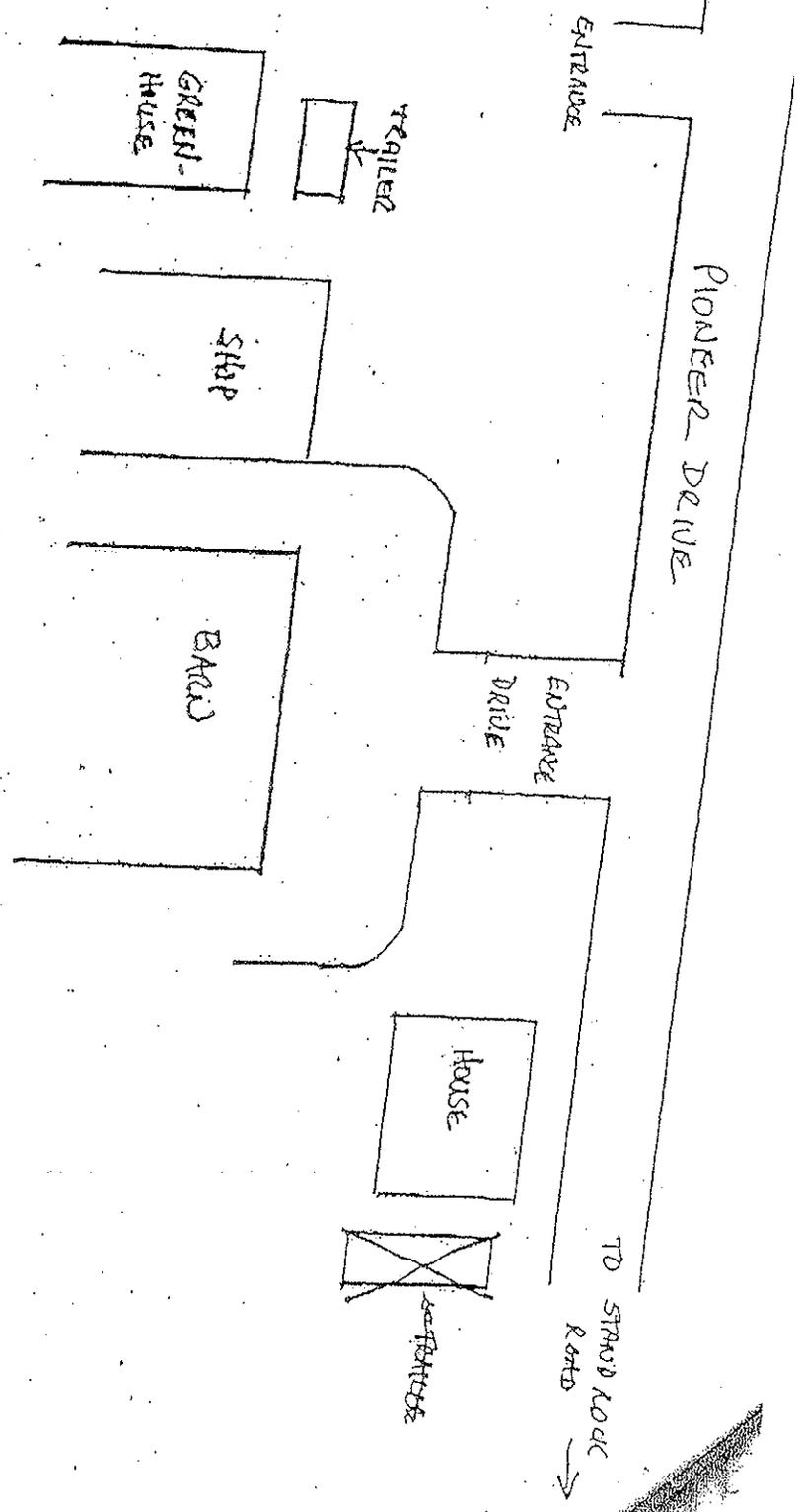
Date Approved: _____ Conditions (if any): _____

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.

← HIGHWAY 12



City of Wisconsin Dells
Application for:
Mobile Home Park License

Date Submitted: 6-2-15 Fee: \$350.00 First 25 Sites or less less Receipt No. 51183
\$ 25.00 Each Additional Site 6-2-15

Name of Applicant: TVE MHP LLC (Dan Gillette)

Address of Applicant: PO BOX 74 BARABOO

Daytime Telephone Number: (608) 772-0234

Evening Telephone Number: ()

Driver's License Number: 6430-1726-0173-07 State: WI

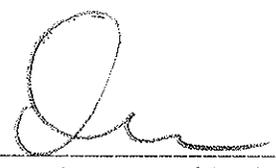
Legal Description/Address of the Park: Alum + Illinois St

On-Site Manager's Name: Mark Corb

On-Site Manager's Address & Lot Number: 1044 Illinois.

On-Site Manager's Telephone Number: 608-963-9062

*A complete site plan must be attached to the application.



Signature of Applicant
Dan Gillette

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.

AGREEMENT

This Agreement is by and between the City of Wisconsin Dells ("City") and Ronald J. Schweinfus ("Schweinfus") d.b.a. Towerview Estates/Dardon Properties.

RECITALS

- A. Schweinfus owns and operates a mobile home park in the City which has 33 sites.
- B. Several of the sites are located in the public right of way.
- C. The purpose of this Agreement is to identify those sites and to provide for the restoration of the sites to the public.

AGREEMENT

A. Two mobile homes are currently located in the Plum Street right of way and one mobile home is located in the Michigan Avenue right of way. The sites are highlighted in blue in Exhibit A attached.

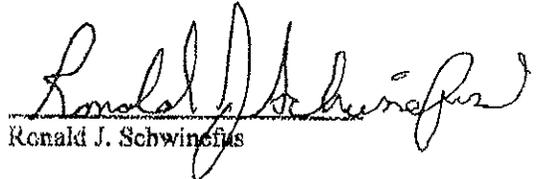
B. Schweinfus agrees that at such time as the mobile homes currently parked in the public right of way are removed or deemed uninhabitable, no other mobile home may be parked at that site.

C. Schweinfus waives any claim that he and his predecessors in title have obtained the right to park mobile homes in the public right of way by virtue of adverse possession, or any other similar claim.

D. Schweinfus waives any claim that because the City did not act to remove the mobile homes when they were placed in the public right of way, the City is now precluded from insisting upon the restoration of the public right of way.

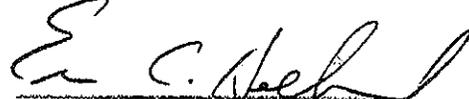
E. This Agreement shall run with and burden the sites identified herein and shall bind the parties hereto, their heirs, successors and assigns.

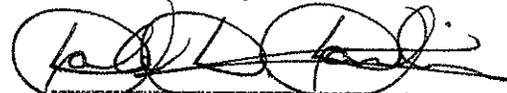
Dated: 8/5, 2008.


Ronald J. Schweinfus

Dated: August 5, 2008.

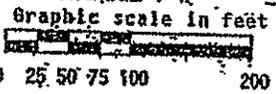
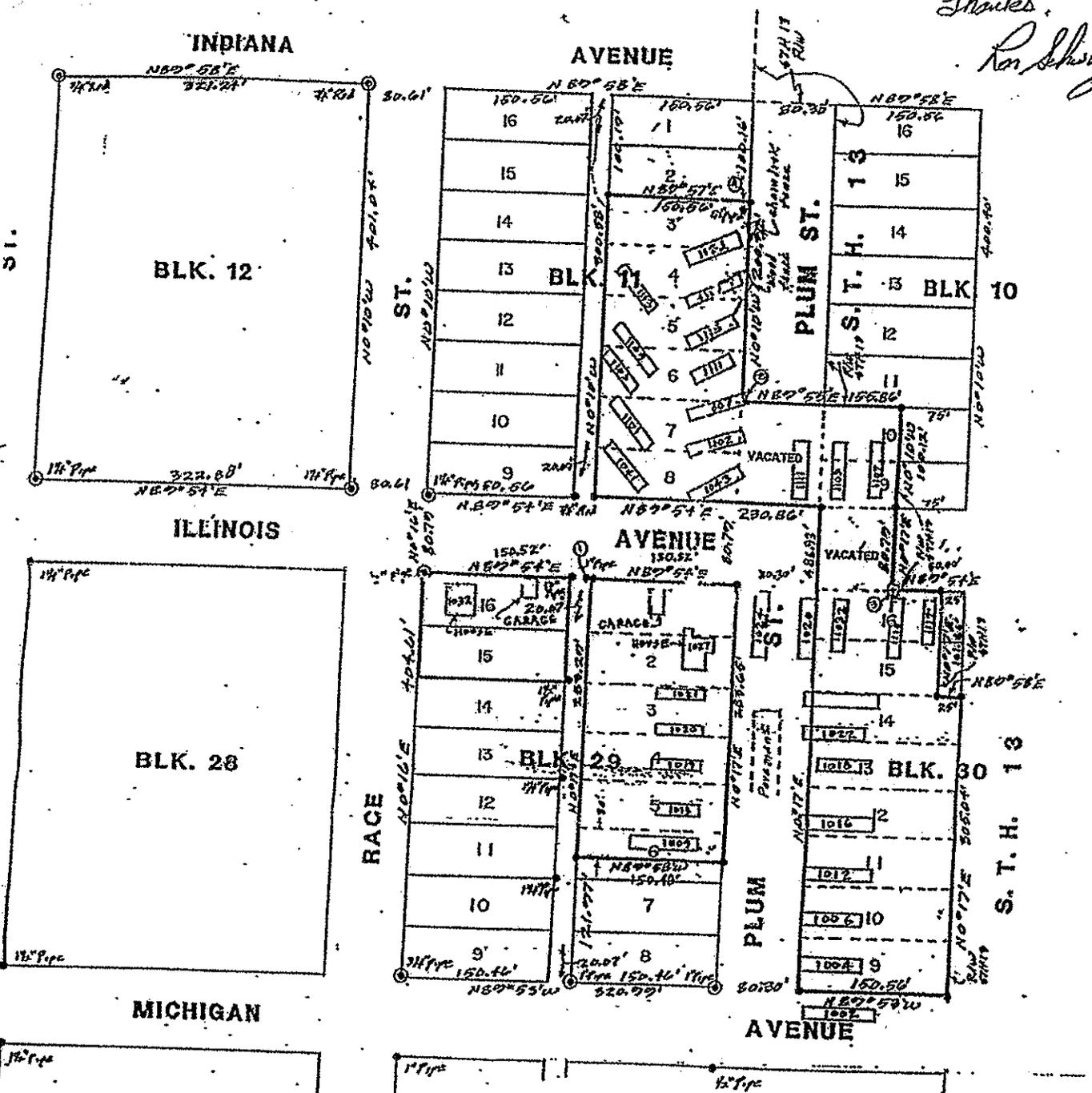
CITY OF WISCONSIN DELLS


Eric Helland, Mayor


Dale Darling, Clerk/Treasurer

8/6/08
Mailed copy via Enzone.

Please return to me
Shales.
Ron Shroyer



] = trailer home & address

ound pipe or rod as shown. ⊕ = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found were not used of various dimensional differences with those shown. ○ = Set 3/4"x24" round iron rod weighing 1.5#/lineal foot.

s are referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear N0°10'W. Nearest minute.

es to east of found and used pipes and rods are made to fit the commonly used multiplier of 1.0097 times the platted distance.

id pipe is N79°44'W 1.06' from new rod. ② = Rod not set because house trailer sits over corner. Southeast corner of trailer is 5.3' east of where rod should be. ③ = Chisled cross in concrete in front of trailer #1110. ④ = Found pipe is S38°31'W from new rod.

: Pioneer Mobile Homes, 4454 S. 13th St., Milwaukee, WI, 53221

City of Wisconsin Dells

ITEM 10

Application for: RENEWAL of LIVESTOCK/POULTRY LICENSE

Date: June 9th, 2015 FEE \$3.00 per animal Receipt No. 51240

42.00

Name of Applicant: Daniel Ringelstetter

Address of Applicant: 1350 Grand Canyon Dr Apt 217 Baraboo WI
53913

Name of Business: Timber Falls Adventure Park

Address of Business: 1000 Stand Rock Rd Wis Dells 53965

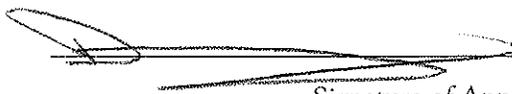
Daytime Telephone Number: (608) 254 8414 Cell Phone: _____

Number and type of livestock or poultry to be kept: 1 Donkey, 2 sheep, 11 goats
14 total

Information on where livestock/poultry will be kept and maintained: Fenced in area on golf
side. Petting zoo area

Daniel Ringelstetter

Printed Name of Applicant



Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

Licensing period runs July 1st through June 30th of each year.

Date Approved: _____ day of _____ 20____

Date Denied: _____ Reason(s): _____

ITEM 11

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 FINANCE COMMITTEE from their June 15, 2015 meeting;

TO APPROVE the write-off of invoice 1-201012224706-2010.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2015
Date Passed:
Date Published:

RESOLUTION NO. _____

ITEM 12

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their June 15, 2015 meeting;

TO APPROVE the budget modification/appropriation for BID Fund 21.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2015
Date Passed:
Date Published:

ITEM 13

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, it

APPROVES a Conditional Use Permit to Nihat Almas in order to allow a sidewalk café with hookah service at 404½ and 406½ Broadway with the contingencies listed in the Staff Report.

The City Plan Commission's recommendation was to deny this permit so a super-majority vote of the Common Council is required to approve this permit.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2015

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 606-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	51019751020
Application number	9-2015

1. Applicant information

Applicant name	Nihat Almas
Street address	720 W 50th Street
City	Miami Beach
State and zip code	FL, 33140
Daytime telephone number	608-566-7502
Fax number, if any	
E-mail, if any	nkalmas@gmail.com

2. Subject property information

Street address	404 1/2 and 406 1/2 Broadway Street	
Parcel number	65	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)	A Commercial	
Describe the current use	Store Location No. : 404 1/2 and 406 1/2 Broadway Upper floor Balcony Area	

3. Proposed use. Describe the proposed use.

Use a 13' X 38' outdoor space area to add additional high tables and chairs for customers to enjoy their meals, beverages, and be able to request hookah services (if granted permission by the City members). This pertaining balcony is located in 400 Broadway # 9 & 10 Upper floor of " The Chalet " Wisconsin Dells, WI , 53965.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

The above mentioned space- outdoor balcony- has never been used for any type of business. If permitted, the balcony space will be put to use from June through September 2015. Hours of operation will be determined by the business generated upon opening; however, the estimated hours of operation are from 12 pm - 10 pm. A business venture as such will have a great impact on our surrounding neighbors through an increase in customer traffic and public awareness which will directly generate an increase in sales.

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 business will be managed solemnly on the second floor, thus not disrupting the first floor space and traffic. The hookah smoke generated in the outdoor space will be diluted into the air, and hookah waste/garbage will be placed in trash bags and disposed accordingly. Balcony outdoor area will be maintain clean and spotless at all times. Sounds level with any musical performances will be monitored.

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

Consistent as per City's plan.

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

Leased area is set above from the city sidewalk and pedestrian way. Pedestrian circulation will not be affected.

c. The suitability of the subject property for the proposed use

Suitable. Previous store owner never used this balcony area. I strongly project this business set-up will increase customer traffic and generate sales for the location's business neighbors.

d. Effects of the proposed use on the natural environment

Minimal as this permit pertains to a business that won't be generating harmful or toxic by-products. Area will have trash receptacles.

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

Anticipated use of balcony area should be afternoon or early evening. Hours of operation similar to adjacent businesses.

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

No effect on development of other properties

g. Effects of the proposed use on the city's financial ability to provide public services

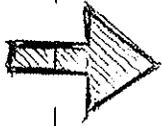
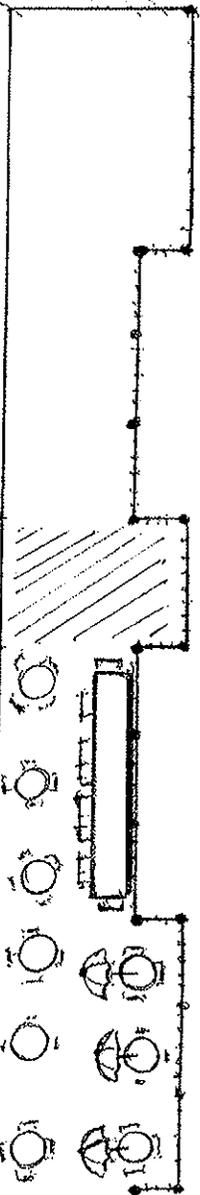
Wisconsin Dena & Yoga
CLUB

NIHAT'S

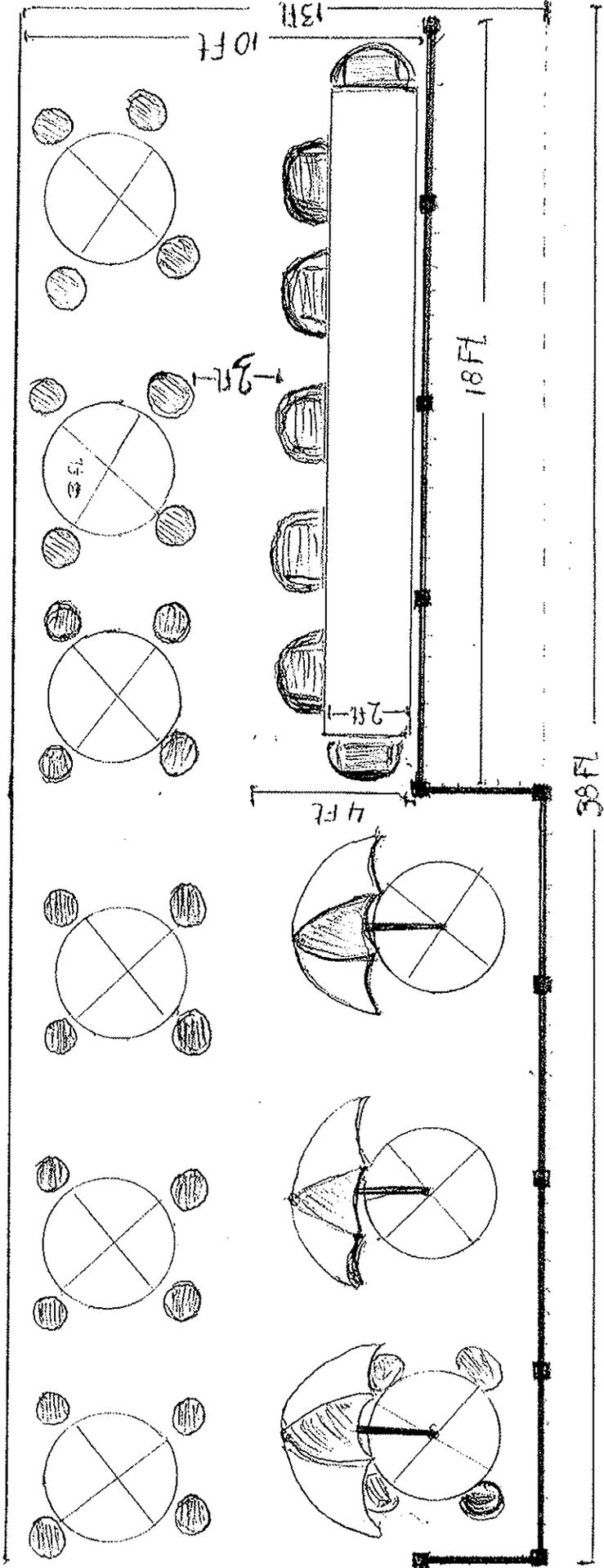
18 FT

STAIRS

OUT OF WOODS



Zoom



May 20, 2015

City Plan Commission
300 LaCrosse St.
Wisconsin Dells, WI 53965

Plan Commission members:

I would like to lease the store space located on: 404 1/2 and 406 1/2 Broadway, Wisconsin Dells, WI, 53965. These units are located on the upper (second) floor of "The Chalet" building. The store space also includes an outdoor space area, which extends into a balcony area and is to be leased to the following individual: Mr. Nihat Almas and will be in effect as of this summer of 2015.

Mr. Nihat Almas has proven to have excellent entrepreneur skills and a strong, determined to succeed personality that is key to producing positive effects in our community. In addition, Mr. Nihat Almas already has a business in Miami Beach, Florida similar to the one he is seeking to open here in Wisconsin Dells.

I fully back-up Mr. Nihat Almas and his decision to bring a new, fresh business offering to our citizens and visitors, and am happy to offer him my support.

Over the past several years, I have leased this space to many different business owners with the proper approval from the city's government.

I encourage the city government to continue to facilitate the leasing of this space, which in essence is the balcony area, of the store located in downtown Wisconsin Dells, to this new business entrepreneur. Allowing such individuals to have the opportunity to grow within our perimeters and start new businesses in our city is of great benefit to our image and community.

Thank you for your time and consideration. It is greatly appreciated.

Sincerely,



BERNARD E. GUSSEL, JR

May 20, 2015

City of Wisconsin Dells
300 LaCrosse St.
Wisconsin Dells, WI 53965

To Whom It May Concern:

On this 2015 business year, the resident, Mr. Nihat Almas, seeks to open and operate a new business venture on: 400 Broadway, No. 9 & 10. This business will be located on the upper (second) floor of "The Chalet" building in the heart of downtown Wisconsin Dells.

I have already had a conversation with Mr. Nihat Almas and he stated point by point- in a concise and professional manner- a clear idea of his business project for our shopping center, and the benefits of using his store's front balcony as a profitable area to serve food, beverage, and hookah.

As a fellow business owner, I support his business idea because not only will it bring a new ambiance to our surrounding area, but also increase the public's awareness of our businesses in this building, as well as the positive impact in our sales, which in the end also benefit our community and city's image.

Sincerely,

A handwritten signature in cursive script that reads "Mark Sweet".

OUT OF THE WOODS

Conditional Use Permit – Nihat Almas
404 ½ and 406 ½ Broadway.
Staff Report for Plan Commission, 6/08/15

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Nihat Almas for a Sidewalk Café on the 2nd story balcony of the Chalet (tax parcel 47.1) located at 404 ½ and 406 ½ Broadway. This property is located in the C-2 Commercial – downtown Zoning District.

The applicant would like to set-up an outdoor dining area on the elevated sidewalk adjacent to the property they would like to rent on the second level of the Chalet along Broadway. The Sidewalk Café would be incorporated into the business that they intend to operate out of the adjoining stores, which will offer Hookah service to their patrons in the seating area. The applicant intends to operate the Sidewalk Café June through September, with approximate operating hours of 12 pm - 10 pm.

A primary concern with this request is the offering of the Hookah service. Hookahs are large tobacco pipes that can be shared by multiple people at once. The applicant has indicated his desire to open such a business in the Dells, and that he has been unable to do so because of the indoor smoking ban. The applicant would like to operate his business at this location because it allows him to utilize the outdoor space for the smoking of the Hookah. However, the outdoor space is not on private property, but rather in the road Right Of Way, which is why the applicant must obtain City approval to operate a business on public property.

The City is currently in the process of implementing a Downtown revitalization plan. One of the recommendations of that plan is to restrict smoking along Broadway. The plan states that having smokers in front of businesses "...sends a poor message to kids, affects passer-by (and customers) and presents a negative image of downtown...". This statement may be debatable, and it was written in reference to cigarette smoking as opposed to Hookah smoking. However, this application is to allow a private business special permission to operate on public property. It seems counter-productive for the City to encourage an activity that the revitalization consultant is recommending the City restrict.

The serving of food and drink at the outside seating area still requires special City approval. Previous sidewalk cafés have been allowed in other elevated areas, but those areas were to be designated as "No Smoking" areas. The remainder of this report applies to the private service of food and drink on the public sidewalk.

As this particular request is for a service area over the existing sidewalk, there are concerns with items falling from the service area to the ground below. Any approval of this use should be contingent on the applicant have a system in place that will ensure that items will not fall to the sidewalk below. The applicant must agree that the City may, in its sole discretion, accept or deny any proposed system to prevent items from falling from the service area.

The City Zoning Code has a defined land use "21.8 Sidewalk Café" which is allowed as a Conditional Use in the C-2 Commercial – downtown Zoning District. The standards for such use are as follows:

19.907 Sidewalk café

- (1) **Generally.** The provisions of this section provide the opportunity for restaurants in identified areas of the city to use adjoining public sidewalks for the purpose of providing outdoor seating.
- (2) **Purpose.** The provisions of this section are intended to:
 - (a) enhance the pedestrian ambiance of the city by promoting additional activity on city sidewalks and visual interest;
 - (b) enhance the appropriate use of existing public spaces; and
 - (c) increase economic activity in the area.
- (3) **Location.** A sidewalk café shall be located directly in front of the restaurant with which it is associated.
- (4) **Obstructions.** A sidewalk café may not interfere with any public service facilities located within the street right-of-way, including public telephones, mailboxes, public signs, public benches, public art, public fountains, and bus stops. In addition, a sidewalk café may not interfere with fire escapes, drop ladders, building access points, and other points of normal or emergency access.
- (5) **Pedestrian movement.** No portion of the sidewalk café may impede pedestrian movement. Generally, a 4-foot wide unobstructed walkway allows adequate pedestrian movement.
- (6) **Planters.** Planters may be used as a visual amenity and to frame off the space allocated for the sidewalk café. The size of plant materials shall be compatible in scale with the immediate area. Hanging planters are not permitted.
- (7) **Lighting.** Lighting shall be limited to table top lamps of low intensity. The building inspector may allow additional lighting to provide appropriate levels for safety.
- (8) **Furnishings.** All furnishings shall fit the character of a public streetscape. An umbrella over each table may be permitted if it does not create an obstruction.
- (9) **Floor covering.** A floor covering may not be used in the sidewalk café.
- (10) **Tables.** Round tables may not exceed 36 inches in diameter and square tables may not exceed 36 inches in width.
- (11) **Food preparation.** All food shall be prepared within the restaurant.

The applicant has stated that the interior stores will have 2 bathrooms, one men's and one woman's. Based on the bathroom requirement for a bar, the maximum capacity of this facility, including indoor and outdoor patron areas, will be 80 people. A concern with the use of a Sidewalk Café is the disruption of pedestrian flow on the sidewalk. As a general rule a minimum of 4 ft of clear sidewalk must be maintained. The applicant intends to occupy the entire sidewalk area with their seating and allow only a 3 ft space between the seating areas for the general public to travel. It is assumed that because this is a second story sidewalk there will be minimal general traffic through the seating area.

It should also be made clear to the applicant that there is to be no barking, calling out, or other attempts to attract the attention of pedestrians on the public sidewalk. There are City Ordinances against Public Nuisances Affecting Peace and Quiet prohibits the amplification of any sound on a public street. However, it seems reasonable to consider special allowances to be given to Sidewalk Cafés, as the Sidewalk Café permit allows for a portion of the public street to be utilized for a private business. It

is standard for restaurants to play background music for diners. Such music is not intended to be as advertising or announcing the presence of the business. Any allowance made for such music would be contingent on continued cooperation by the applicant to keep volumes at or below levels deemed acceptable to the City in its sole discretion. The City reserves the right to revoke any privilege allowing such music to be played from a speaker outside it the City at any time feels that the music is being used as an advertisement or to draw attention to the business. It should be noted that this property fully surrounded by commercial properties, however, being elevated any amplified music may travel above the street and buildings and into the residential areas to the north of Broadway.

A concern with food being served outside is the cleanliness of the area. All businesses are required to maintain the sidewalks in front of their property by sweeping up garbage on a regular basis. The applicant would be expected to be diligent in their maintenance of the sidewalk in front of their property. This would include removing any refuse that may end up on the sidewalk below. It will be the responsibility of the applicant to ensure all refuse is removed from around and under their dining/smoking area. The applicant must ensure that the dining area is maintained at a high standard. Maintenance, such as repairs and painting must be performed of high quality and on a regular basis.

If approval is granted for this use by the Plan Commission, the applicant must also obtain an agreement with the City for the use of the elevated sidewalk as it is Public Property as a Road Right of Way. The City is currently working with WisDOT on a standard process for the City to follow for Privilege agreements on State Highway Right Of Way.

Any approval of this CUP should come with the following contingencies:

1. The applicant obtains a Privilege agreement from the Public Works Committee to use the public Right of Way.
2. The applicant complies with any requests from the City to prevent items from falling from the service area to the street below.
3. The applicant maintains the sidewalk and street around the dining and smoking area.
4. Any music played outside is for ambiance purposes only and not for advertisement or to attract attention. The applicant will cooperate with any City requests for volume level.
5. The applicant cooperates with the City to resolve any issues that may arise as a result of this use.

Chris Tollaksen
City of Wis. Dells
6/3/15

RESOLUTION NO. _____

ITEM 14

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 8, 2015 meeting;

IT APPROVES extending the May 2014 Conditional Use Permit issued to Central Wisconsin Community Action Council to allow multi-family (55+ senior) housing on tax parcel 716.02 near the intersection of Michigan Ave & Hwy 13.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2015
Date Passed:
Date Published:

CUP – Staff Report
Community Action - Senior Housing Proposal.
5/14/2014

The City of Wisconsin Dells has received a Conditional Use Permit Application from Central WI Community Action Council, Inc. for a Senior Living facility north of their office north-east of Michigan Ave and STH 13. The building site is currently owned by the applicant as Columbia Co Wisconsin Dells Tax Parcel 716.02. The applicant has submitted a preliminary plan that indicates a long term build-out of 3 buildings: one 12-unit building and two 9-unit buildings for a total of 30 units. The applicant has indicated that they only intend to construct the 12-unit building at this time and the 9-unit buildings will be built in the future. Conditional Use Approval is only for the conceptual land use, the applicant will have to obtain Site Plan approval for each building prior to it being build. This will be a senior housing development, limited to residents over 60 years of age.

This project fits Wis. Dells zoning code defined land use 3.4 "Residential, multi-family". The proposed building site is in the C-1 Commercial, neighborhood Zoning District. As such a "Residential, multi-family" use is allowed with a Conditional Use permit.

The Zoning Code requires two (2) parking spaces for each unit. The proposed initial Senior Living facility will have 12 units, with a garage with a parking stall for each unit. In addition there are approximately 30 additional surface parking stalls on the plan associated with the 12-unit building. These 40 stalls are more than adequate for the 12-unit building. The plan also indicates another 42 surface stalls south of the future 9-unit buildings. The 9-unit buildings will also have a garaged stall each unit in the 9-unit. The total build out has an more than enough parking.

The proposed building site is approximately 215,500 sq ft (4.9 acres), the minimum lot requirement for a 30 unit multi-family facility would be 38,200 sq ft (0.88 acres), so this project meets the minimum lot requirement.

The minimum required unit size is 300 sq ft. This project proposed room sizes of 900 sq ft, so this project meets the minimum unit size requirement.

The maximum building height in this zoning district is 45 ft. These proposed single story buildings would not exceed this limit.

The CUP process mainly is an approval of the general plan of a project and its compliance with the City Zoning code. Before construction can begin on any new commercial building project the City must approve a Site-plan application. The site plan review will be the process that will address the specifics of the project plan. Some items that the site plan will have to address to the satisfaction of the City include: final building location and design, utility plan, storm water plan, final parking plan, solid waste storage location, lighting and landscaping. The storm water plan for this facility must be sufficient to ensure there are no issues with storm water affection surrounding properties or the capacity of the city storm sewer.

The City should take time to consider if this CUP approval will apply to all future buildings, subject to Site Plan that are approved and consistent with the current proposal or if the applicant will need to obtain an additional CUP for the future buildings. This CUP/Site Plan process often follows the GDP/PIP process

The City's comprehensive plan designates the location of this project to be for commercial use. Multi-family residential is often considered a commercial use.

Due to the tenancy restriction on the property to people over the age of 60, the effect of this facility on traffic in this area should not be significant.

The subject property is relatively close to the commercial area and local amenities, but not realistically within walking distance.

This project will involve the development of vacant, wooded land. The concept plan for this project currently includes the establishment of a wooded area around the development.

Again, the restriction of the property to people over the age of 60 would seem to limit many of the nuisance problems that may normally result from a multi-family development.

The development of a multi-family facility catering to people of the age of 60 does not appear to affect the development of other uses allowed in the C-1 Commercial – neighborhood zoning district.

Any CUP approval should have the following contingencies:

1. The applicant takes control of the property.
2. The wooded buffer area to the north of the building will be created to buffer the existing single-family residences from this new 3 story building. The developer will work in good faith with the City to ensure this buffer is adequate.
3. Additional parking will be constructed if deemed necessary by the City, at the City's sole discretion.

ADDED AT PLAN COMMISSION MEETING

To ensure this facility will be used for senior housing (55 years and up) the City may want to add the following condition to the CUP approval:

4. The facility be used only for senior housing, renting to individual age 55 years and up.

Chris Tollaksen
City of Wis. Dells
Public Works

Chris Tollaksen

From: Donna Lynch [donna@cwcac.org]
Sent: Tuesday, May 12, 2015 1:00 PM
To: Chris Tollaksen
Subject: Conditional Use Permit Request
Attachments: City of Wisconsin Dells Correspondence 5-12-15.pdf; 115~70-Site Plan.pdf

Greetings Chris,

A year has passed since our last correspondence relating to the proposed senior housing development on our lot in the Dells north of our administration building. We are in the process of submitting proposals for grant funding; one to the State of Wisconsin, Division of Housing who distributes HUD funding. The other to the Federal Home Loan Bank of Chicago who distributes Community Reinvestment funds for such projects. Our last correspondence is attached along with a site plan.

We have made some changes from the initial layout which is a 10 unit located on the east side running length-wise south to north. If this project successfully indicates need for additional senior apartments, the lot would accommodate another 10 units on the west side. Also note, the north end represents space for either a senior center or community center; perhaps the city would be interested in discussing the potential.

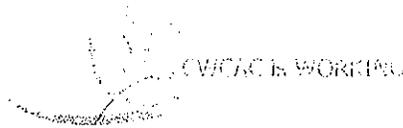
Please accept this correspondence as our request for a Conditional Use Permit. I look forward to your questions and appearing before the Planning Commission and City Council. Your help is appreciated.

Thanks,
Fred

Fred Hebert
Executive Director
Central WI Community Action Council, Inc.
1000 Hwy 13, PO Box 430
Wisconsin Dells, WI 53965
(608) 254-8353
(608) 254-4327 fax

Central Wisconsin Community Action Council, Inc.

1000 Hwy 13
P.O. Box 430
Wisconsin Dells, WI 53965



PHONE: (608) 254-8353
FAX: (608) 254-4327
Email - donna@cwcaac.org

April 9, 2014

Chris Tollaksen
City of Wisconsin Dells
300 LaCrosse Street
Wisconsin Dells, WI 53965

Dear Chris,

Central Wisconsin Community Action Council, Inc. is in the process of writing two separate grants for funding an affordable senior apartment building on our Highway 13 property. Grant funding will support about 73% of a project. We conducted a survey which indicated an obvious need for senior housing in the Dells and Delton area. The survey revealed that beyond affordable senior housing is a need for market rate senior housing. Our present planning objective is to construct a 12 unit building, eight units will be for seniors at or below 50% of the county median income; the other four units will not be income restricted.

We are requesting permission from the City of Wisconsin Dells to construct these 12 units as a single structure. Attached is a depiction of site utilization for Lots #1 (our office building), and #2 (proposed development). Although Lot #2 is large enough for additional units, our request only refers to the 12 unit structure.

I look forward to further discussion and meeting with the Planning & Zoning Commission. Please let me know what other initial information you need. Your attention is appreciated.

Sincerely,

Fred Hebert
Executive Director
enclosure

FH/dl

AN EQUAL OPPORTUNITY EMPLOYER

ADAMS COUNTY
1874 Hwy 13
P.O. Box 647
Friendship, WI 53934
(608) 339-0273



COLUMBIA COUNTY
203 DeWitt Street
Portage, WI 53901
(608) 742-3320

DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9550

JUNEAU COUNTY
One Kennedy Street
PO Box 253
Mauston, WI 53048
(608) 847-1124

SAUK COUNTY
535 Broadway
Job Center, 2nd Floor
Baraboo, WI 53913
(608) 355-4812

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	45723
Application number	9-2014

1. Applicant Information

Applicant name	Central WI Community Action Council, Inc.
Street address	1000 Hwy 13, PO Box 430
City	Wisconsin Dells
State and zip code	WI, 53965
Daytime telephone number	(608) 254-8353
Fax number, if any	(608) 254-4327
E-mail, if any	donna@cwcac.org

2. Subject property information

Street address	Lot 2 – Michigan Avenue – City of Wisconsin Dells [Lot Two (2) of Certified Survey Map No. 4359 recorded in the Columbia County Register of Deeds Office in Volume 30 of Certified Survey Maps, page 114, as Document No. 728275, in the City of Wisconsin Dells, Columbia County, Wisconsin.]	
Parcel number	11291-716.02	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)	Residential	
Describe the current use	Not presently used for any purpose	

3. Proposed use. Describe the proposed use.

Multi-family senior housing development: Initial project will be a 12 unit, 2 bedroom, attached garages designed for seniors ages 60+ representing mixed incomes.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

N/A

Donna Lynch

From: Donna Lynch
Sent: Monday, April 28, 2014 4:33 PM
To: 'Chris Tollaksen'
Subject: RE: CUP application

Chris,

I will be attending the meeting on May 14th at 5:15 pm. Some responses:

- 1) Each unit will have living space of 900 sq. ft. plus attached garages 12' by 24' which are the "bump-outs".
- 2) We are aware of the need for engineering and all associated ground concerns including storm water. A major concern and project will be paving up to the building site.
- 3) All of our apartment buildings do require dumpsters with appropriate clearances.

Look forward to our May 14th meeting and appreciate your support.

Thanks,
Fred

From: Chris Tollaksen [<mailto:ctollaksen@deliscitygov.com>]
Sent: Friday, April 25, 2014 9:37 AM
To: Donna Lynch
Subject: CUP application

Donna,

FYI, the meeting for your senior housing is being rescheduled for Wed May 14th at 5:15 pm.

At quick first look at your application brought up a couple of questions. Most of these don't need hard answers at this point (they will be approved at the Site plan stage), but I like to bring these things up right away so everyone is on the same page:

- Do you have approximate unit sizes?
- I assume the bump-outs on the south of the building are garages, with 1 stall for each unit. Is that correct?
- It appears the project will disturb over an acre, so a stormwater plan will be required by the DNR. I don't see any accommodations for storm water on the plan. This would be something that would be reviewed during the Site plan application, which will happen later, but it will need to be addressed.
- I don't see an area for the dumpsters near the 12 unit building. We want to ensure each dumpster has 13ft of clearance.

I will likely be in touch with other questions as I continue my review.

Chris Tollaksen
City Planner/Zoning Administrator
City of Wis. Dells
(608) 253-2542
Fax (608) 254-8904

RESOLUTION NO. _____

ITEM 15

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 8, 2015 meeting;

IT APPROVES the Site Plan application submitted by Wayne Schult for Southfork Campground.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2015

Date Passed:

Date Published:

Site Plan – Southfork Campground
Staff report, Plan Commission 06/08/2015

The City has annexed, permanently zoned C-4 Commercial large scale, and approved a CUP for a Campground on property that was in Columbia County, Town of Newport on the south side of east Vine St (near the Hwy 16 intersection). The property consisted of Newport parcels 11028-81.A, 11028-81.A1, and 11028-66B, which on the west side of Vine St and currently has a Newport Address of W15197 Vine St, it is a campground that has not been open for several years.

The applicant has stated that they would like to improve and re-open the campground with new cabins and RV camping lots. There is a significant wooded ravine on the north part of the condo property,

The property annexed is not currently served by City water and sewer. The applicant intends to connect to City water immediately, but has been granted approved to continue to use the existing septic system holding tanks for one year before connecting to the City sewer. This is primarily due to the fact that standard City gravity sewer is not immediately available to the campground property. The applicant will have to install a private sewer lift station and pump their sewage to the Vine St. lift station. The Public Works Committee has agreed to allow the applicant to operate in 2015 utilizing the existing septic holding tanks, and then connect to the City sewer in the spring 2016.

The applicant intends to substantially re-develop the campground to cater to RV campers, and a significant amount of seasonal occupants. The applicant also intends to set up cabin camping sites that will cater to sports teams, mostly from the Woodside sports complex. The original Site plan called for a total of 67 sites = 21 cabins and 46 RV sites. There would also be tent camping throughout the site. The current City Zoning Code allows Campground densities are 25 sites per acre. This site is over 11 acres, so there could be a total of 275 sites. The re-development will occur in Phases, with the 2015 phase currently planned to include 6 RV sites and 6 cabins. The applicant intends to utilize the existing access to the Site for 2015, but intends to construct a new access off of Grand Cambrian Dr., approximately 240 ft from the intersection with Vine St. This new entrance should occur as soon as possible, as the current intersection of Vine St, Grand Cambrian Drive, and STH 16 is not ideal.

The Zoning code requires all campsites be setback 40 feet from the perimeter property lines of the campground property. The current site plan has a handful of sites on the north and south ends of the properties that are currently shown within this setback. However, most of these sites are not part of the Phase 1 development that is to be constructed in 2015. RV site #1 is the only site in Phase 1 that lies within 40 ft of the property line. This is partly due to the fact that the Vine St. road Right Of Way in the town is rather large at 100 feet. The rest of Vine St. in the City limits is an 80 ft Right Of Way. It appears that if the Vine St. ROW were 80 ft, then this lot would not lie within 40 feet of the property line. The applicant is working with his engineer to update the Site plan to comply with the 40 foot set-back requirement.

This leads into the fact that most towns do not have road Right of Way, and the property lines run to the middle of the road. This is the case for the western half of Vine St. and the South portion of Grand Cambrian Dr. adjacent to the the proposed campground site. Approval of the CUP for this project is contingent on the owner dedicating the appropriate road ROW to the City. There is another issue with the Vine St. ROW. Future plans for the City may involve a new sewer line being run along this property on Vine St. The City wants to ensure that the Vine St. ROW is adequate to accommodate a future sewer line.

The applicant has hired a surveyor to survey the property and create and O.L. of their property that can be dedicated as Vine St. Right Of Way. Partly to maintain an adequate ROW for the City to install a sewer force main in the future and to maintain consistency with the existing Vine St. ROW. The applicant has surveyed the O.L. to dedicate 40 feet of ROW on their side of Vine St, so that an 80 ft ROW can be maintained. However,

when the applicant moves their property line 40 feet, the applicant will move the perimeter boundary line of their property. When measuring the 40 foot set-back reference in the Zoning code from the new perimeter line that will be created when the applicant dedicates the Vine St. ROW, the applicant is unable to establish the Site plan he would like. The applicant would like to request a standard 20 ft setback along Vine St. If the 40 foot setback requirement in the Zoning code is measured from the current property line, prior to the dedication of his property from Vine St., this would satisfy the applicant request. Final design work is being performed on the Site plan and the Final Site plan may not be in this packet, but distributed separately. The applicant questions if the 40 ft setback should apply along roadways at all, or simply apply to perimeter boundaries adjacent to other private land owners.

There is also a question about the Campground license requirements. A while back the City stopped issuing campground licenses, as the State already issues an annual license and performs inspections. However, the campground license ordinance still exists, and it contains some requirements that are above and beyond the State requirements. The State requirement for campsite density and bathroom facilities appears in line with the City requirements. However, the City Campsite License Ordinance specifies a minimum width for internal streets, while the State requirement appears to only state "access to a campground shall be designed to minimize congestion and hazards at the entrance and exit", and that internal streets are "graded and maintained to provide drainage and control dust." The internal streets for Phase 1 of this project are in line

The Site plan application appears to allow for improved traffic flow into the facility. It is noted that the owner intends to utilize the existing access for the first Phase and will construct the new access in as part of the next Phase of construction in 2016. The additional development of the existing campground will affect the natural environment. However, the owner has stated he intends to work within the existing landscape as much as possible. As a campground, it will technically be in operation for 24 hours a day. The expectation is that the owner/operator manages the property to comply with all existing nuisance ordinances. The owner/operation will be expected to cooperate with the City to address any effects on neighboring properties or other issues that may arise. This property had previously been operated as a campground. Continued operation of a campground at this site would not appear to have a negative effect on the normal and orderly development of the surrounding area. The surrounding commercially zoned properties have considered development as other amusements/attractions or commercial businesses.

The approval of the **Site Plan request** should carry the following contingencies:

- 1) Approval is for Phase 1 only. Future construction phases will need additional Site plan approvals.
- 2) The Vine St. and Grand Cambrian Dr. Right Of Way is dedicated to the City.
- 3) Adequate buffers are maintained between the campsites and surrounding properties.

Chris Tollaksen
City of Wisconsin Dells
06/08/15

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

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 form from the zoning administrator.

- Office Use Only -

Initial application fee	
Receipt number	56295
Application number	

1. Applicant information

Applicant name Wayne Schult (Southfork Campground)
 Street address W 15197 Vine St
 City Wisconsin Dells
 State and zip code Wisc 53965
 Daytime telephone number 608-448-8623
 Fax number, if any _____
 E-mail, if any wayne.518@hotmail.com

2. Subject property information

Street address	<u>W 15197 Vine St</u>	
Parcel number	<u>1102881A 1102881A1</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>Rerecreational 11028 66.B</u>	
Describe the current use	<u>Campground</u>	

3. Proposed use. Describe the proposed use.

Campground

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

Should be low impact

5. Potential nuisances. Describe any potential nuisances 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

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

Is consistant with Comprehensive plan

b. Effects of the project on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

None

c. Effects of the project on the natural environment

None

d. Effects of the project on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

Should be low impact

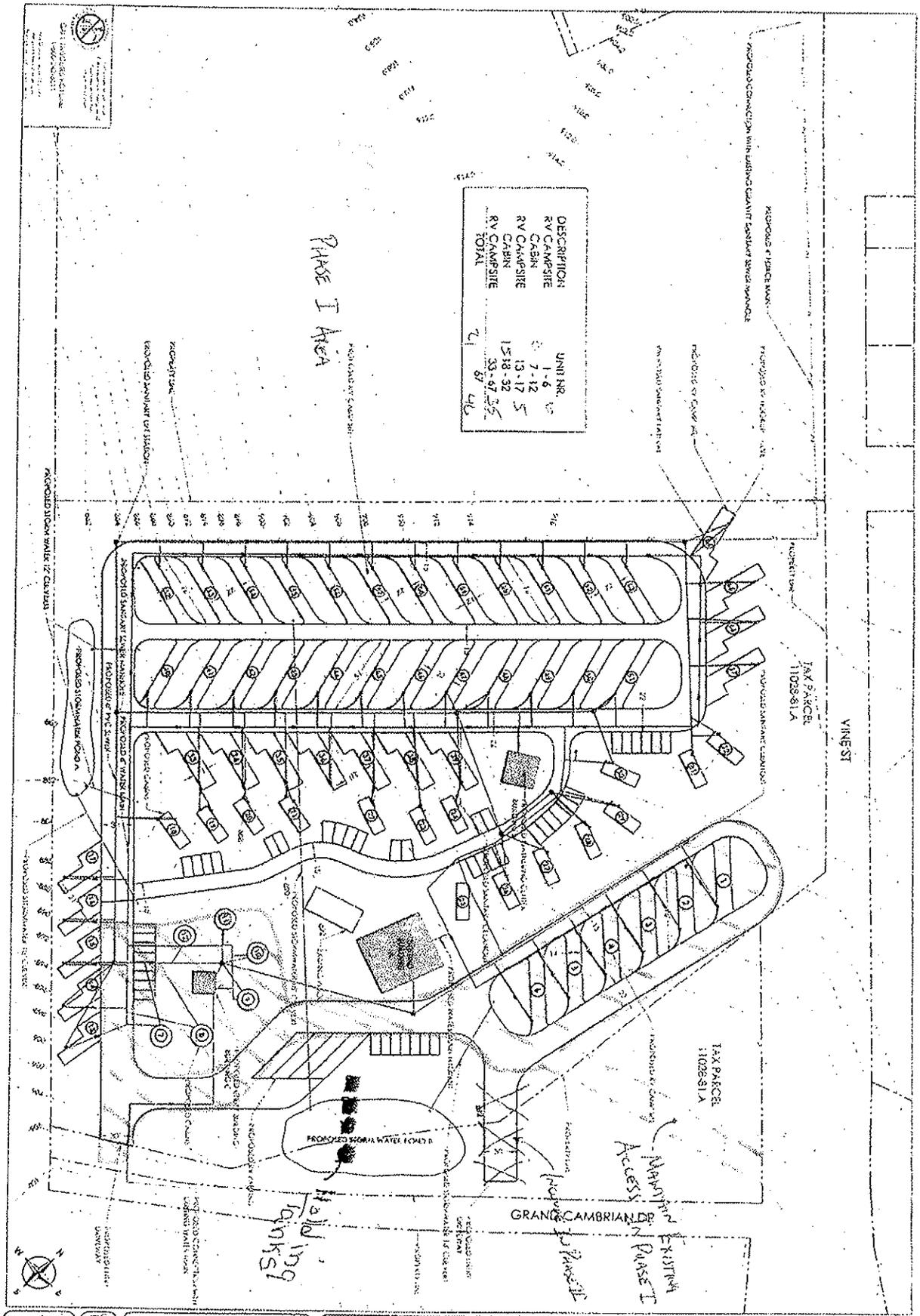
e. The overall appearance of the project

Natural appearance

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.



DESCRIPTION	UNIT NR.
RV CAMP SITE	1-6
CABIN	7-12
RV CAMP SITE	13-17
CABIN	18-22
RV CAMP SITE	23-27
TOTAL	27

PHASE I AREA

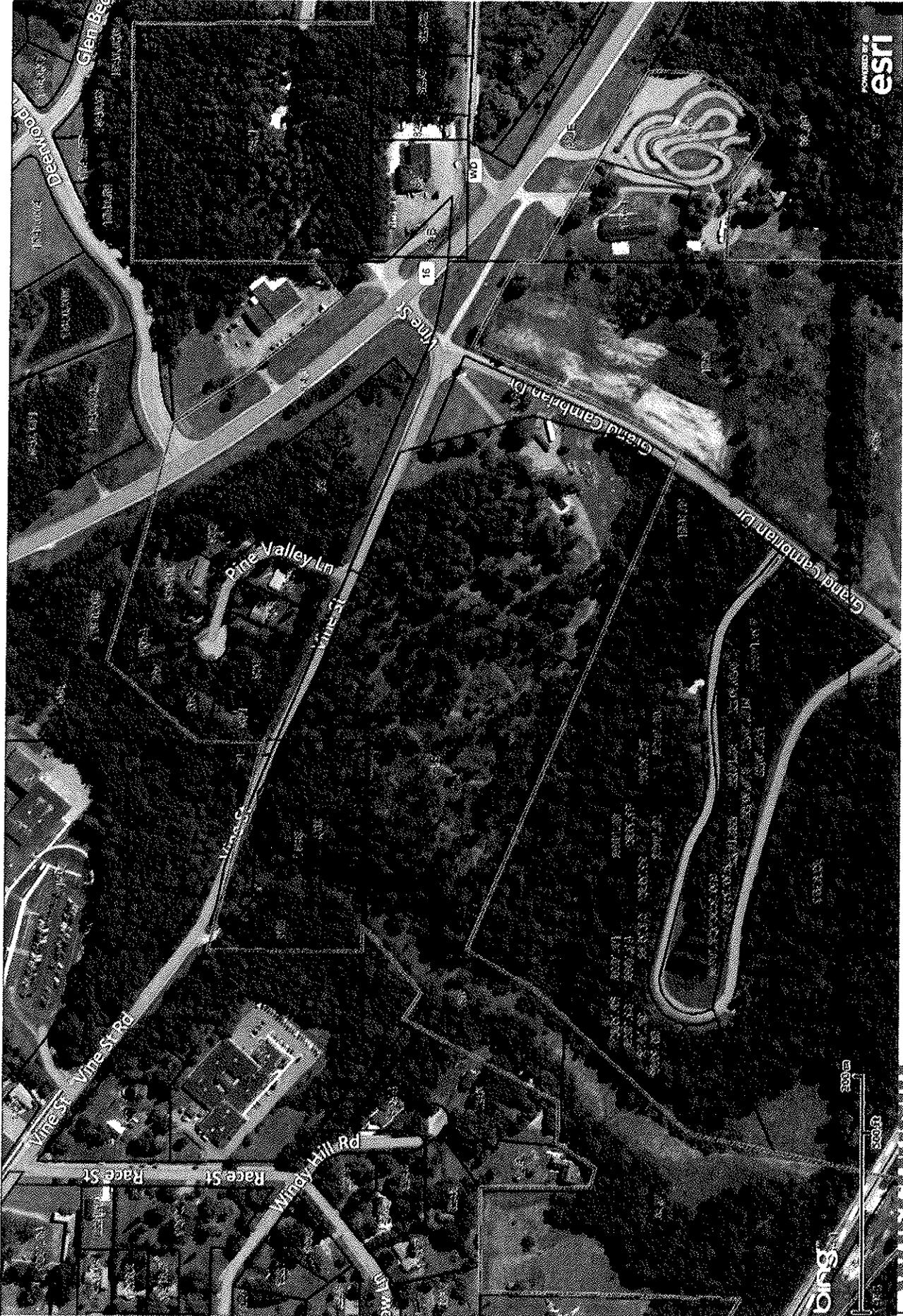
C2.0

PROPOSED SITE PLAN
Southfork Campground
Rkokko, LLC

Town of Newport
Columbia County, Wisconsin

General Engineering Company

11028 S1A Vine St., P.O. Box 11028
Newport, WI 53156



DISCLAIMER: This map is for informational purposes and has not been prepared for, nor is it suitable for legal, surveying, or engineering purposes. Users of this information should review or consult the primary data and information sources to ascertain the usability of the information. The City of Wisconsin Dells makes no warranty, or ascertain the usability of the information. The City of Wisconsin Dells makes no warranty or guarantee as to the content, accuracy, timeliness, or completeness of any of the data provided, and assumes no legal responsibility for the information contained hereon.
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POWERED BY
esri

WISCONSIN
Dells

RESOLUTION NO. _____

ITEM 16

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 8, 2015 meeting;

IT APPROVES the Certified Survey Map for Southfork Campground.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2015

Date Passed:

Date Published:

**COLUMBIA COUNTY CERTIFIED
SURVEY MAP No. _____**

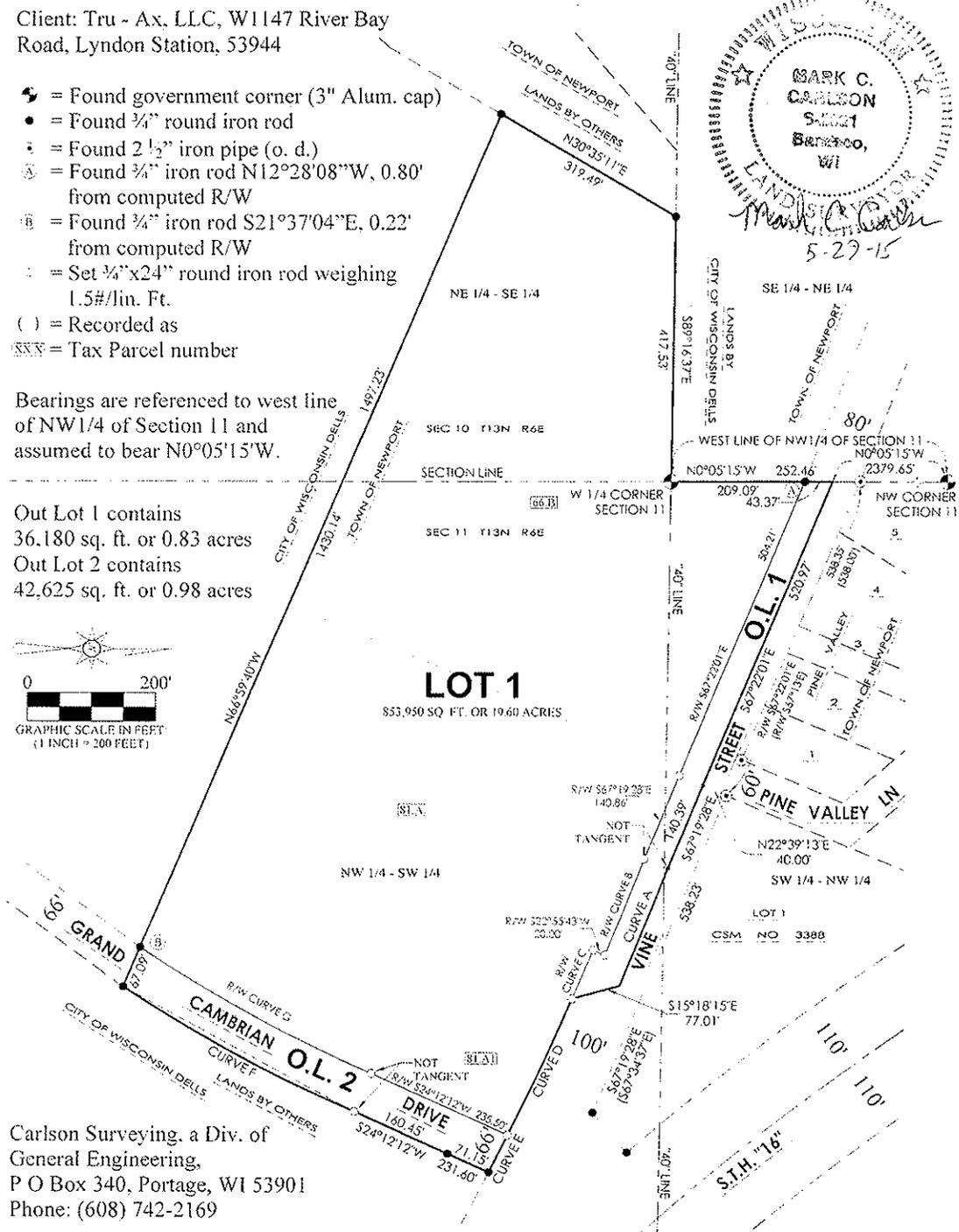
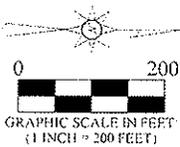
Located in NE1/4-SE1/4, Section 10 and SW1/4-NW1/4,
NW1/4-SW1/4, Section 11, T13N, R6E. City of Wisconsin
Dells. Columbia County. Wisconsin.

Client: Tru - Ax, LLC, W1147 River Bay
Road, Lyndon Station, 53944

- ⊕ = Found government corner (3" Alum. cap)
- = Found 3/4" round iron rod
- ⊖ = Found 2 1/2" iron pipe (o. d.)
- ⊗ = Found 3/4" iron rod N12°28'08"W, 0.80'
from computed R/W
- ⊙ = Found 3/4" iron rod S21°37'04"E, 0.22'
from computed R/W
- ⊘ = Set 3/4"x24" round iron rod weighing
1.5#/lin. Ft.
- () = Recorded as
- XXX = Tax Parcel number

Bearings are referenced to west line
of NW1/4 of Section 11 and
assumed to bear N0°05'15"W.

Out Lot 1 contains
36,180 sq. ft. or 0.83 acres
Out Lot 2 contains
42,625 sq. ft. or 0.98 acres

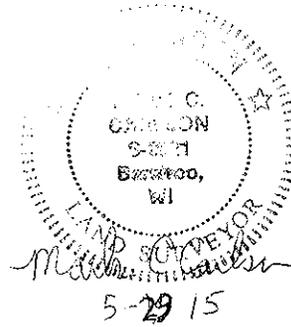


Carlson Surveying, a Div. of
General Engineering,
P O Box 340, Portage, WI 53901
Phone: (608) 742-2169

CURVE TABLE:

CURVE:	RADIUS:	DELTA:	ARC:	CHORD:
A	5730.00'	1°59'10"	198.59'	S67°43'07"E, 198.58'
B	5690.00'	1°38'40"	163.34'	S67°53'38"E, 163.34'
C	5670.00'	0°49'52"	82.25'	S66°39'21"W, 82.25'
D	5670.00'	2°23'10"	236.12'	S65°02'50"E, 236.10'
E	5670.00'	0°40'02"	66.04'	S63°31'14"E, 66.04'
F	2335.01'	10°06'46"	412.15'	S28°09'17"W, 411.61'
G	2269.01'	10°24'48"	412.38'	S28°18'16"W, 411.82'
C + D	5670.00'	3°13'02"	318.37'	S67°27'46"W, 318.32'
D + E	5670.00'	3°03'12"	302.16'	S64°42'49"E, 302.12'

Outlots 1 & 2 are to be deeded to City of Wisconsin Dells.



SURVEYOR'S CERTIFICATE:

I, Mark C. Carlson, professional land surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in NE1/4-SE1/4, Section 10 and SW1/4-NW1/4, NW1/4-SW1/4, Section 11, T13N, R6E, City of Wisconsin Dells, Columbia County, Wisconsin bounded by the following described line:

Beginning at the W1/4 corner of said Section 11; thence N0°05'15"W along the west line of said SW1/4-NW1/4, 252.46 feet to the centerline of Vine Street; thence S67°22'01"E along said centerline, 520.97 feet; thence S67°19'28"E along said centerline, 140.39 feet; thence Southeasterly on a curve to the right, radius 5730.00 feet, whose chord bears S67°43'07"E, 198.58 feet; thence S15°18'15"E, 77.01 feet to south line of Vine Street; thence Southeasterly along said south line on a curve to the right, radius 5670.00 feet, whose chord bears S64°42'49"E, 302.12 feet to the east line of Grand Cambrian Drive; thence S24°12'12"W along said east line, 231.60 feet; thence Southwesterly along said east line on a curve to the right, radius 2335.01 feet, whose chord bears S28°09'17"W, 411.61 feet; thence N66°59'40"W, 1497.23 feet; thence N30°35'11"E, 319.49 feet; thence S89°16'37"E, 417.53 feet to point of beginning.

Said described parcel contains 21.41 acres and is subject to easements of record.

That I have complied with the provisions of Chapter 236.34 Wisconsin Statutes, A-E 7 of the Wisconsin Administrative Code and the subdivision regulations of the City of Wisconsin Dells and Columbia County to the best of my knowledge, information and belief in surveying, mapping and dividing the same.

That such plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof made.

That I have made such survey under the direction of Wayne Schult.



5-29-15
Date

Mark C Carlson
Mark C. Carlson

CITY OF WISCONSIN DELLS APPROVAL:

Resolved by the Common Council of the City of Wisconsin Dells, Wisconsin that this Certified Survey Map, filed by Wayne Schult, client is hereby approved and accepted by the City.

Dated: _____ day of _____, 2015.

Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the _____ day of _____, 2015.

City Clerk

City Engineer

ITEM 17

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin,

IT APPROVES the Downtown Review Committee members as follows:

- Public Works Committee Chairperson – Ald. Dar Mor as Chairman
- CDA Representative – Ben Borchert
- BID Representative – Dan Gavinski
- Business Owner #1 – Jackie Morse
- Business Owner #2 – Maria Roscholt

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2015
Date Passed:
Date Published:

ITEM 18

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin,

IT ADOPTS "Consistency with Brooks Report Recommendations" as the interim Downtown Design Review Standards.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2015
Date Passed:
Date Published:

RESOLUTION NO. _____

ITEM 19

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based on the recommendation of the BID Committee from the June 10, 2015 meeting;

IT APPROVES the Public Restroom Agreement between the Wisconsin Dells BID Committee and DUKW LLC.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2015

Date Passed:

Date Published:

**Public Restroom Agreement
DUKW and Wisconsin Dells BID**

This Agreement is by and between the following parties:

- City of Wisconsin Dells and its Business Improvement District Committee (BID)
- DUKW, LLC (DUKW)

Recitals

- A. DUKW is a party to an agreement which permits public access and use of restroom facilities in the building premises at 105 Broadway; Tax Parcel Number: 11291-604.04
- B. DUKW will share its access and use privileges with BID and the general public pursuant to this agreement.

Agreement

1. For a term of _____ years beginning July 1, 2015 and ending June 30, 2016 BID and the general public shall have access and use of the restrooms in the 105 Broadway parcel pursuant to and consistent with DUKW's rights and privileges.
2. Every three months, during the term of this agreement, beginning July 1, 2015 BID shall pay to DUKW \$3810. The payment amount shall increase by two percent (2%) annually beginning July 1, 2016
3. The payment by BID to DUKW shall compensate DUKW for its care, maintenance and cleaning of the restrooms which shall be the sole responsibility of DUKW.
4. Upon 90 days notice, in writing, BID or DUKW may terminate this agreement at any time for any reason in its sole discretion; and, this agreement shall terminate immediately upon termination of DUKW's access and use privileges.

5. The restrooms shall be open to the general public at all times that they are open to patrons of DUKW.
6. DUKW shall cooperate with BID to erect and maintain signs which provide directions to the public restrooms.
7. At all times during the term of this agreement, the public restrooms and access thereto shall comply with the applicable provisions of the Americans with Disabilities Act.
8. DUKW and BID shall have and maintain in full force and effect public liability and property damage insurance with respect to the use of the restroom facilities. Such policies shall name both DUKW and the City as insureds and shall have limits of at least \$1,000,000.00 for injury or death to one person; \$3,000,000.00 for any incident; and, \$100,000.00 with respect to property damage. Upon demand, each party shall provide proof of insurance to the other.
9. This Agreement shall bind the parties, its successors and assigns.
10. No modification, alteration or amendment to this agreement shall be binding upon any party hereto until such modification, alteration or amendment is reduced to writing and executed by both parties hereto.
11. The laws of the State of Wisconsin shall govern this agreement. Venue for any disputes regarding this agreement shall be the Circuit Court for Columbia County.
12. If any provisions of this agreement shall be held or deemed to be or shall, in fact, be inoperative or unenforceable as applied in any particular case in any jurisdiction or jurisdictions or in all jurisdictions, or in all cases because it conflicts with any other provision or provisions hereof or any constitution or statute or rule of public policy, or for any other reason, such circumstance shall not have the effect of rendering the provision in question inoperative or unenforceable in any other case or circumstance, or of rendering any other provision or provisions herein contained invalid, inoperative or unenforceable to any extent whatever.
13. DUKW represents and warrants that it has the right to share its access and use privileges pursuant to this agreement.

13. The execution of this Agreement was authorized by the Wisconsin Dells Common Council on _____, 2015.
14. This agreement replaces and supercedes a certain 2004 Public Restrooms Agreement between Paul Olson and the City of Wisconsin Dells covering the subject matter of this agreement. As between Olson and the City of Wisconsin Dells, Olson is hereby released from the terms of that agreement.

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DRAFT
June 4, 2015

DUKW, LLC

Dated: _____, 2015

By: _____
Name: _____
Its: _____

CITY OF WISCONSIN DELLS

Dated: _____, 2015

Brian Landers, Mayor

Dated: _____, 2015

Nancy Holzem, Clerk

Dated: _____, 2015

Kelli Trumble, Business Improvement
District Committee Chair

City of Wisconsin Dells

ORDINANCE NO. _____

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

SECTION I: PURPOSE

This ordinance establishes a six (6) month moratorium on the issuance of Chapter 22 (sign code) permits in the C-2 District (Downtown Commercial). The purpose of the moratorium is to maintain the status quo and prevent creation or enlargement of nonconforming uses pending a complete review.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 22.075 is created.

SECTION III: PROVISION AS CREATED:

22.075 C-2 Moratorium

- (1) The Building Inspector shall not accept, process or issue permits for new, expanded or enlarged signs or other advertising structures in the C-2 district.
- (2) This moratorium shall expire December 31, 2015 unless terminated sooner or extended.
- (3) The purpose of this ordinance is to maintain the status quo pending the completion, report and recommendations of a downtown design review project.
- (4) This ordinance does not apply to the normal repair and maintenance of signs or Advertising structures

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

June 8, 2015

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 22.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____

June 8, 2015

ORDINANCE NO. _____
(Downtown Review Committee)

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

SECTION I: PURPOSE

The purpose of the ordinance is to create a Downtown Design Review Committee.

SECTION II: PROVISIONS CREATED

Municipal Code Sections 19.260 through 19.299 are created.

SECTION III: PROVISIONS AS CREATED

19.260 Establishment

A Downtown Design review committee is established to undertake the responsibilities herein defined and as allowed by state law.

19.261 Authority

- (1) **Generally.** The Downtown Design review committee shall serve in an advisory role to the building official, plan commission and common council.
- (2) **Jurisdiction.** The Downtown Design review committee shall review all projects that involve signage, construction, and/or maintenance in the C-2 Commercial downtown Zoning District.
- (3) **Right to enter property.** The Downtown Design review committee, along with its individual members and consultants, may enter upon land which is the subject of a pending conditional use application it has authority to act on.
- (4) **Conditional use applications.** The Downtown Design review committee shall review, hear, and make recommendations to the plan commission on those conditional use applications it has authority to act on.
- (5) **Standards.** The Downtown Design review committee shall have the power and authority to enact Design Standards to assist in reviewing a development application it has authority to act on.
- (6) **Comprehensive plan amendments.** The Downtown Design review committee may recommend changes to the city's comprehensive plan which are intended to safeguard the quality and character of the Zoning Districts within its jurisdiction. .
- (7) **Code amendments.** The Downtown Design review committee may develop recommended changes to this code and/or the sign code which are intended to safeguard the quality and character of the Zoning Districts within its jurisdiction. .

19.262 Composition and appointment of members

- (1) The committee shall consist of five (5) voting members. Voting members shall include: the Public Works Committee Chair; the Business Improvement District Committee Chair, or designee; the Community Development Authority Chair, or designee; and two (2) C-2 District real property owners or tenants (to be appointed by the Mayor).
- (2) Committee members appointed by the Mayor will serve staggered three (3) year terms. For the initial appointment, one member will be identified to serve a two (2) year term.

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19.263 Officers

The Public Works Committee Chair shall serve as chair of the Downtown Design review committee.

19.264 Committee procedures

- (1) The Downtown Design review committee shall review all projects involving signage, construction and/or maintenance, including: all new building construction, any exterior alteration or additions to existing buildings, all new signage or decorations, changes to existing colors.
- (2) The Downtown Design review committee shall evaluate projects on a case by case basis to ensure the exterior architectural appeal and functional plan of the proposed project will not, within the discretionary judgment of the committee, be contrary to generally accepted design standards or to the underlying aesthetic values of the downtown business district.
- (3) If the Committee denies, modifies, or conditions an application, it shall give written notice of the action, reasons and rationale to the applicant and the building official.
- (4) Decision of the Downtown Design review committee will be forwarded to the permitting body.
 - (a) Conditional Use Permit and Site Plan Permit reviews will be forwarded to the Plan Commission, to be included in its recommendation to the Common Council.
 - (b) Building Permit and Sign Permit reviews will be forwarded to the Building Official to approve or deny the permit.

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19.265 Meeting minutes

The Downtown Design review committee shall keep minutes of its proceedings, showing the vote of each voting member upon each question, or, if absent or failing to vote, indicating such fact. Minutes once approved by the committee shall be filed with the city clerk and shall constitute a public record.

19.266 Schedule of meetings

Meetings shall be held at the call of the chairperson and at such other times as the Downtown Design review committee may determine.

19.267 Voting and quorum

- (1) **Requirements for quorum.** A quorum shall consist of 3 voting members.
- (2) **Requirements for voting.** A decision of the committee shall be by majority vote of the members present at a meeting in which a quorum is in attendance and voting.

19.268 to 19.269 reserved

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

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 as provided by statute.

SECTION VII:

This ordinance becomes a part of Wisconsin Dells Code, Chapter 19.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED:
FIRST READING PASSED:
SECOND READING PASSED:
PUBLISHED:

ORDINANCE NO. _____
(Amends Sign Ordinance)

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

SECTION I: PURPOSE

The purpose of this ordinance is to amend the sign ordinance to incorporate the Downtown Design Review Committee.

SECTION II: PROVISIONS RENUMBERED, CREATED AND AMENDED

1. Municipal Code Sec. 22.04 is amended.
2. Municipal Code Sec. 22.07(1)(b) is renumbered to 22.07(1)(c).
3. Municipal Code Sec. 22.07(1)(b) is created.
4. Municipal Code Sec. 22.26(6) is amended.
5. Municipal Code Sec. 22.26(8) is amended

SECTION III: PROVISIONS AS RENUMBERED, CREATED AND AMENDED

22.04 Permit Required. Except as provided in sec. 22.13, it shall be unlawful for any person to erect, relocate or structurally alter, within the City of Wisconsin Dells, any sign or other advertising structure as defined in this ordinance, without first obtaining an erection permit from the Building Inspector and making payment of the fee required by sec. 22.08. All illuminated signs shall, in addition, be subject to the provisions of the Electrical Code and its requisite permit fees. No permit is required for repair, repainting or maintenance which does not entail structural change; or, for change of copy, message, or face panel. In the C-2 Commercial Downtown Zoning District, change of copy, message or face pane is subject to review by the Downtown Design Review Committee.

22.07 Permit Issuance.

(1) Upon the filing of an application for an erection permit, the Building Inspector shall, not sooner than two (2) working days and not later than seven (7) working days:

(a) Examine the plans and specifications and the premises upon which the proposed structure shall be erected.

(b) For applications in the C-2 Commercial Downtown Zoning district, refer the sign to the Downtown Design Review Committee per Article 3 Division 5 of the Zoning Code (Ordinance Chapter 19)

(c) Issue a permit if the proposed structure complies with the requirements of this ordinance and all other laws and ordinances of the City of Wisconsin Dells.

(6) Inspection. Projecting structures shall be inspected every two (2) years by the ~~Director of Public Works~~ City Planner/Zoning Administrator or by a person designated by the ~~Director of Public Works~~ City Planner/Zoning Administrator to perform the inspection. Inspection fees shall be established by a resolution approved by the Common Council pursuant to Code sec. 2.05.

(8) Projecting Structure Approval.

- (a) This section shall govern the issuance of a permit to construct or erect a projecting structure.
- (b) Applications for permits to construct projecting structures shall be submitted pursuant to Code sec. 22.05.
- (c) The Building Inspector shall determine if the application is complete. Incomplete applications shall be returned to the applicant for resubmission.
- (d) Completed applications shall be referred to the ~~BID~~ Downtown Design Review Committee. The ~~BID~~ Design Review Committee shall review applications for projecting structures within 30 days of the day on which a completed application is submitted. The ~~BID~~ Design Review Committee shall approve or disapprove applications based upon design and construction criteria to be promulgated by the ~~BID~~ Design Review Committee.
- (e) Decisions of the ~~BID~~ Design Review Committee may be appealed to the Board of Appeals.
- (f) Projecting structures in the STH right-of-way are subject to WisDot approval. All projecting structures may be subject to other agency approvals.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

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 as provided by statute.

SECTION VII:

This ordinance becomes a part of Wisconsin Dells Code, Chapter 22.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED:
FIRST READING PASSED:
SECOND READING PASSED:
PUBLISHED:

March 10, 2015

City of Wisconsin Dells

ORDINANCE NO. _____
(Business Improvement District)

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

SECTION I: PURPOSE

Wisconsin Dells created a Business Improvement District in 1998 when the City Council adopted a Resolution accepting an operating plan and operating budget. The plan and budget have been reviewed and approved annually as part of the City budget process. This Ordinance formalizes the BID's planning, budget and operational processes.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 1.11 is created.

SECTION III: PROVISION AS CREATED:

1.11 BUSINESS IMPROVEMENT DISTRICT

- (1) The duly established, constituted and operational business improvement district shall have the powers and duties enumerated in Wis. Stat. sec. 66.1109, as provided in the operating plan and as generally provided in this code of ordinances.
- (2) The business improvement district shall be managed by a board of directors which is responsible for development, modification and implementation of the operating plan and budget.
- (3) The board shall consist of seven (7) members appointed by the Mayor and confirmed by the Common Council. Six (6) of the members shall serve staggered terms of three years; and, a member of the Common Council shall be appointed annually. A majority of the board shall own or occupy real property in the district.
- (4) The mayor shall designate the chair and vice chair of the board.

- (5) In conjunction with the City's annual budget cycle, the board shall report on the district's activities, accomplishments and goals.
- (6) The board may adopt bylaws and operating procedures in furtherance of its powers and duties.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

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 1.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____