

CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, MAY 18, 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: <ul style="list-style-type: none"> a. Approval of the March 23, April 13 and April 21, 2015 Meeting Minutes b. Schedule of Bills Payable dated May 18, 2015 c. Applications for Bartender Licenses d. Application for a Special Events Permit submitted by JustAgame Fieldhouse for a 5K run event on Friday, June 26, 2015 e. Application for a Special Events Permit submitted by Wisconsin Dells Cross Country Booster Club for a Mud Run Saturday, August 1, 2015 f. Application for a Temporary Class B Beer License submitted by VFW Post 9387 for Taste of the Dells, June 6-7, 2015 			
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	APPLICATIONS FOR RENEWAL OF LODGING FACILITY LICENSES			
RESOLUTIONS				
7	RESOLUTION IN SUPPORT OF LOCAL LAW ENFORCEMENT OFFICERS AND AREA AGENCIES			
8	RESOLUTION TO APPROVE THE POLICY & PROCEDURE FOR DELINQUENT ACCOUNTS RECEIVABLE			
9	RESOLUTION TO APPROVE THE POLICY & PROCEDURE FOR SALE & DISPOSAL OF CITY ASSETS & SCRAPS			
10	RESOLUTION TO APPROVE A DONATION TO THE SAFE-RIDE PROGRAM			
11	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY MT OLYMPUS IN ORDER TO INSTALL CAMPING CABINS AT THE AMERICAN WORLD CAMPGROUND 400 COUNTY A			
12	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY LOST TEMPLE IN ORDER TO CONSTRUCT A GO-CART TRACK AT CURRENT SITE OF THE LOST TEMPLE, 2255 WIS. DELLS PARKWAY			
13	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO GHOST OUTPOST IN ORDER TO ALLOW COMMERCIAL ACTIVITY WITHOUT A PERMANENT STRUCTURE OR WASHROOM, OUTDOOR COMMERCIAL FOOD & BEVERAGE SERVICE, OUTDOOR VENDORS AND WALK-UP SERVICE WINDOW AT 2233 WISCONSIN DELLS PARKWAY;			
14	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY THE GHOST OUTPOST FOR THE ABOVE LISTED PROJECT			

CITY OF WISCONSIN DELLS
OPERATOR'S (BARTENDER) LICENSE APPLICATION

FOR OFFICE USE ONLY

Receipt# 96480
Amount Paid: \$ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2016 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ Date Issued: _____

Police Dept Verification: (2) (no ch) 4-13-15
Police Chief: _____ Approved: [Signature]
Denied: _____

Please Note:

- You must be 18 years of age or older to apply.
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date April 10, 2015

License Applying For:

- New \$60
- Renewal \$60
- Provisional \$10
- Temporary \$10 (Bona Fide Clubs Only)
Date(s) Needed (14 day max.): _____
Limited to one per year. No training course required.

Check the appropriate box that applies to you:

- I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
- I have held an Operator's License within past 2 years (Attach proof)
- I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
- I am enrolled in the Beverage Server Training Course
Class Date and Location: _____
(After completing the course, bring in your certificate to receive license)
- I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:

I herby apply for a license to serve from the date hereof to June 30, 2016, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name A. Ponte Rachael Ann
Last First Middle

Home Address N2799 26th Ave Lyndon Station WI 53944
Street City State Zip

Mail License to (if different from Home Address) _____
Street City State Zip

Previous Addresses within the past 10 years

610 Abby Lane Branson MO, 65616

Drivers License # A153-7218-0569-09 State Issued Wisconsin

Phone Number 608-350-6540 Date of Birth 02/29/1980 Place of Birth Mauston

Physical Description Sex F Race W Height 5'9" Eye Color: Blue Hair Color: Brown

License to be used at (Name of Business) Amber's Resort & Conference Center (Smoky's Restaurant)

(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes ___ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

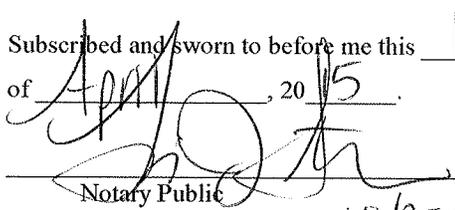
<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

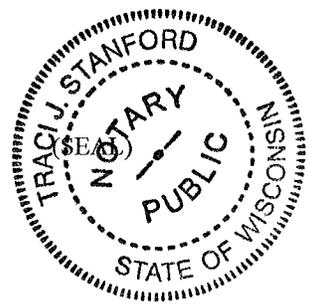
STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant:  Date: 4/10/2015

Subscribed and sworn to before me this 10th day
of April, 2015.

Notary Public
My Commission Expires: 10/25/2015



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
?? 1995/1996	Speeding	Columbia	WI
2005 ??	Driving on suspended.	Van Buren	Michigan

STATE OF WISCONSIN

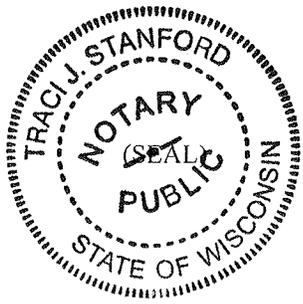
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: Jenna M. Berk Date: 4/16/15

Subscribed and sworn to before me this 16th day of April, 2015.
[Signature]
Notary Public

My Commission Expires: 10/25/2015



**CITY OF WISCONSIN DELLS
OPERATOR'S (BARTENDER) LICENSE APPLICATION**

FOR OFFICE USE ONLY

Receipt# _____ 50836
 Amount Paid: \$ 60.00
 License Exp. Date Provisional: _____ (not more than 60 days)
 Operators-June 30, 2016 (even year)
 Temporary Period _____ (not more than 14 days)
 Council Date Granted: _____
 License #: _____ Date Issued: _____

Police Dept Verification: NOCH 5-6-15 (CC)
 Police Chief: _____ Approved: [Signature]
 Denied: _____

Please Note:

- You must be 18 years of age or older to apply.
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date 5-6-15

License Applying For:

- New \$60
 Renewal \$60
 Provisional \$10
 Temporary \$10 (Bona Fide Clubs Only)
 Date(s) Needed (14 day max.): _____
 Limited to one per year. No training course required.

Check the appropriate box that applies to you:

- I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
 I have held an Operator's License within past 2 years (Attach proof)
 I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
 I am enrolled in the Beverage Server Training Course
 Class Date and Location: _____
 (After completing the course, bring in your certificate to receive license)
 I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:

I herby apply for a license to serve from the date hereof to **June 30, 2016**, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name Bill Chelsey L
 Last First Middle
 Home Address 1510 21st Reedsburg WI 53959
 Street City State Zip

Mail License to (if different from Home Address) _____
 Street City State Zip

Previous Addresses within the past 10 years

Drivers License # B400 1129-0888-03 State Issued WI
 Phone Number 608 434 1080 Date of Birth 10-28-90 Place of Birth Reedsburg WI
 Physical Description Sex F Race White/caucasian Height 5'6 Eye Color: green Hair Color: blonde
 License to be used at (Name of Business) The Keg/Baja Cantina

(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
	under age Drinking ticket	(?) Sauk	WI
	Speeding ticket	Sauk	WI
	Speeding ticket	Sauk	WI
	Seat belt ticket	Sauk	WI
	window tint ticket	Sauk	WI

STATE OF WISCONSIN

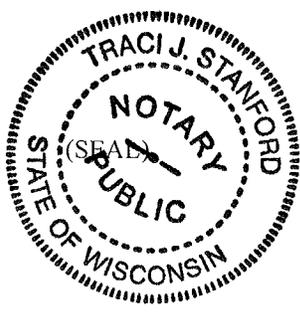
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: Cheng Bi Date: 5-6-15

Subscribed and sworn to before me this 6th day of May, 2015
[Signature]
Notary Public

My Commission Expires: 10/25/2015



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes ___ No X
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No X
- 3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No X
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No X

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

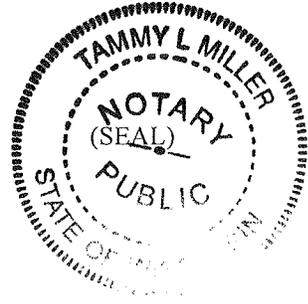
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Signature of Applicant: Vanessa D. Bura Date: 4-8-15

Subscribed and sworn to before me this 8th day of April, 2015.

Tammy L. Miller
Notary Public

My Commission Expires: 4-14-18



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes No

If you answered yes to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
2007	misdemeanor - insufficient funds (worthless check)	Juneau County WI	WI

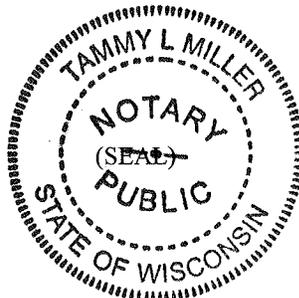
STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: *[Handwritten Signature]* Date: 4/15/15

Subscribed and sworn to before me this 15th day of April, 2015.
Tammy L. Miller
Notary Public
My Commission Expires: 4-14-18



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes ___ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

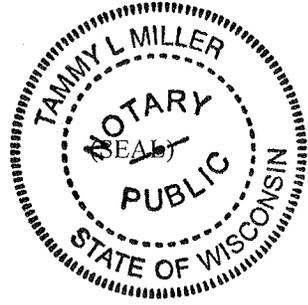
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Signature of Applicant:  Date: 4-21-15

Subscribed and sworn to before me this 21st day of April, 2015.

Tammy L Miller
Notary Public

My Commission Expires: 4-14-18



**CITY OF WISCONSIN DELLS
OPERATOR'S (BARTENDER) LICENSE APPLICATION**

FOR OFFICE USE ONLY

Receipt# 50563
 Amount Paid: \$ 60.00
 License Exp. Date Provisional: _____ (not more than 60 days)
 Operators-June 30, 2016 (even year)
 Temporary Period _____ (not more than 14 days)
 Council Date Granted: _____
 License #: _____ Date Issued: _____

Police Dept Verification: CH SB 4/21/15
 Police Chief: _____ Approved: [Signature]
 Denied: _____

Please Note:

- You must be 18 years of age or older to apply.
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date 04/03/2015

License Applying For:

- New \$60
 Renewal \$60
 Provisional \$10
 Temporary \$10 (Bona Fide Clubs Only)
 Date(s) Needed (14 day max.): _____
 Limited to one per year. No training course required.

Check the appropriate box that applies to you:

- I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
 I have held an Operator's License within past 2 years (Attach proof)
 I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
 I am enrolled in the Beverage Server Training Course
 Class Date and Location: _____
 (After completing the course, bring in your certificate to receive license)
 I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:

I hereby apply for a license to serve from the date hereof to **June 30, 2016**, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name	FOSTER	DWAYNE	DAMION
	Last	First	Middle
Home Address	104 RIDGE DRIVE	WISCONSIN DELLS	WI 53965
	Street	City	State Zip
Mail License to (if different from Home Address)	<u>PO Box 572</u>		
	Street	City	State Zip

Previous Addresses within the past 10 years

104 Ridge Drive Wisconsin Dells WI 53965

Drivers License # 5621-3487-459B State Issued ILLINOIS

Phone Number (608)495-3903 Date of Birth 11/16/1987 Place of Birth _____

Physical Description Sex M Race African Amer Height 6.3 Eye Color: Brown Hair Color: Black

License to be used at (Name of Business) RIB KINGS OF AMERICA Famous Dells

(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes ___ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

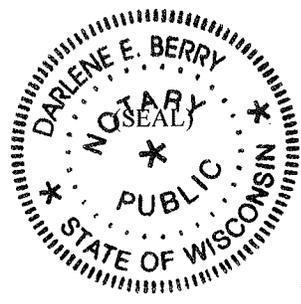
<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

STATE OF WISCONSIN
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant:  Date: 04/13/15

Subscribed and sworn to before me this 13th day
of April, 2015.
Darlene E Berry
Notary Public
My Commission Expires: 06/02/2017



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes ___ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No

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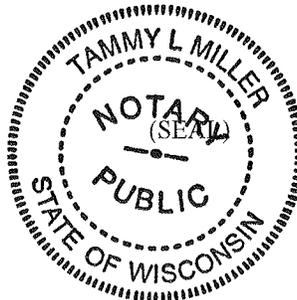
<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

STATE OF WISCONSIN
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: Christal Eumotho Date: 4/16/2015

Subscribed and sworn to before me this 16th day
of April, 2014.
Tammy L. Miller
Notary Public
My Commission Expires: 4-14-18



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
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If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
2000	Escape	Columbia	WI
2006	Battery to Peace Officer	Waukesha	WI

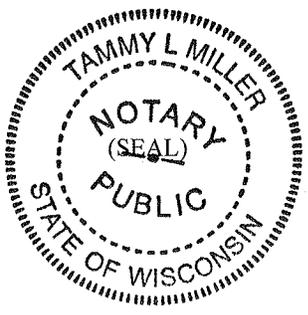
STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant *Anita Tucker* Date: 4-22-15

Subscribed and sworn to before me this 22nd day of April, 2015.
Tammy L Miller
Notary Public
My Commission Expires: 4-14-18



**CITY OF WISCONSIN DELLS
OPERATOR'S (BARTENDER) LICENSE APPLICATION**

FOR OFFICE USE ONLY

Receipt# _____ 50560
 Amount Paid: \$ 100.00
 License Exp. Date Provisional: _____ (not more than 60 days)
 Operators-June 30, 2016 (even year)
 Temporary Period _____ (not more than 14 days)
 Council Date Granted: _____
 License #: _____ Date Issued: _____

Police Dept Verification: +CH SB 4/21/15
 Police Chief: _____ Approved: _____
 Denied: [Signature]

Please Note:

- You must be 18 years of age or older to apply.
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date 4-20-2015

License Applying For:

- New \$60
 Renewal \$60
 Provisional \$10
 Temporary \$10 (Bona Fide Clubs Only)
 Date(s) Needed (14 day max.): _____
 Limited to one per year. No training course required.

Check the appropriate box that applies to you:

- I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
 I have held an Operator's License within past 2 years (Attach proof)
 I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
 I am enrolled in the Beverage Server Training Course
 Class Date and Location: _____
 (After completing the course, bring in your certificate to receive license)
 I am applying for a Temporary Operator's License

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I herby apply for a license to serve from the date hereof to June 30, 2016, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name Parchem Cora Lee
 Last First Middle
 Home Address 706 4th Avenue Baraboo WI 53913
 Street City State Zip
 Mail License to (if different from Home Address) Same
 Street City State Zip

Previous Addresses within the past 10 years

806 Island Ct Baraboo
206 2nd St Baraboo
Over by Haskins Park Baraboo
 Drivers License # P625-1128-2553-02 State Issued Wisconsin
 Phone Number 608-477-9222 Date of Birth 2-13-82 Place of Birth Baraboo
 Physical Description Sex F Race White Height 5'08" Eye Color: Blue Hair Color: Blk
 License to be used at (Name of Business) Carvelli's Pizza + Pasta House

(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes No

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

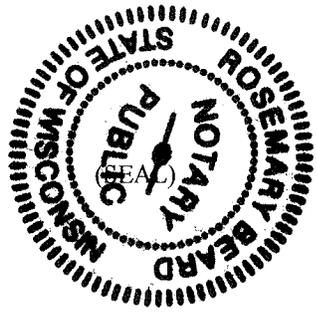
<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
2013	Disorderly Fight with ex almost done. He was at fault but I got charges for not saying anything	Sauk	Wis.

STATE OF WISCONSIN
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: *Jim Parake* Date: 4-9-15

Subscribed and sworn to before me this 9th day
of April, 2015.
Rosemary Beard
Notary Public
My Commission Expires: 5-3-15



(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes No
- 4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes No

If you answered yes to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
6-24-02	Trespassing	Sauk	Wi

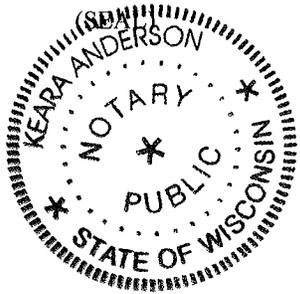
STATE OF WISCONSIN
COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: Justin Stewart Date: 4-6-15
Justin Stewart 4-8-15

Subscribed and sworn to before me this 8 day
of April, 20 15.

Keana Anderson
Notary Public
My Commission Expires: 4/22/17



City of Wisconsin Dells

ITEM 3d

Application for: SPECIAL EVENTS PERMIT

Date From: June 26, 2015 FEE \$160.00 Receipt No. 50840

Name of Applicant: JustAgame Fieldhouse

Address of Applicant: 200 LaCrosse St Dells

Daytime Telephone Number: (608) 253-6787 Email Address: kyler@JustAgameFieldhouse.com

Name & Address of Officers, if Corporation: David and Joy Royston Same address

FOR SPECIAL EVENTS PERMIT:

Type of Event: 5K Run/Outdoor Weenie Roast 7:00 pm

Location of Event: JustAgame Fieldhouse/streets of downtown Dells Route

TBD

Number and Types of Participants: 30-100 Runners

Contact Person: Kyler Royston Telephone No: (608) 432-2082

Fireworks: NO

Sandwich Board Signs: NO



Kyler Royston
Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

Date Approved: _____ day of _____ 20____

Date Denied: _____ Reason(s): _____

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. Rev. 01/10

City of Wisconsin Dells

Application for: SPECIAL EVENTS PERMIT

Date From: Aug 1, 2015 To: Aug 1, 2015 FEE \$160.00 Receipt No. _____

Name of Applicant: Wisconsin Dells Cross Country Booster Club

Address of Applicant: 5652 Oak Hill Ln, WI Dells, WI 53965

Daytime Telephone Number: (608) 432-1952 Email Address: tbraun@sddwd.k12-wi.us

Name & Address of Officers, if Corporation: _____

FOR SPECIAL EVENTS PERMIT:

Type of Event: Mud Run

Location of Event: City Ponds off Hwy 56

Number and Types of Participants: 150 Adult/Youth (12+) Runners

Contact Person: Todd Braun Telephone No: (608) 432-1952

Fireworks: YES or NO

Sandwich Board Signs: YES or NO

FOR PARADE PERMIT:

Assembly Area: _____

Starting Time & Estimated Length: _____

Starting Point: _____

Parade Route: _____

Number of Units: _____

Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

Date Approved: _____ day of _____ 20__

Date Denied: _____ Reason(s): _____

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER LICENSE

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

FEE \$ 10.00

Application Date: 13 MAY 2015

Town Village City of Wisconsin Dells County of Columbia

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

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

at the premises described below during a special event beginning June 6, 2015 and ending June 7, 2015 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Veterans of Foreign Wars Post 9387

(b) Address 609 Wisconsin Avenue, Wisconsin Dells, WI
(Street) Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

~~President~~ JEFFERY J. BOYER, Commander

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: JEFFERY J. BOYER, 40 FAWN DRIVE, BARABEE, WI 53913

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 841 DAK ST

(b) Lot _____ Block _____

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

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

3. NAME OF EVENT

(a) List name of the event Taste of the Dells

(b) Dates of event 6-7 JUNE 2015

DECLARATION

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

Officer Jeffery J. Boyer 13 MAY 15
(Signature/date)

Officer _____
(Signature/date)

(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk May 14, 2015

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

City of Wisconsin Dells

ITEM 6

Application for LODGING FACILITY LICENSE

Date From May 1 2015 to April 30, 20 16 Fee \$ 400.00 Receipt No. 50741 4-30-15
((\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Broken Spur ENT. LLC

Applicant Address: W4505 Gale Ave Mantello WI 53949

Telephone Number: 715-421-6618

Lodging Facility Address: 410 Wisconsin Ave

Number of Sleeping Units: 8

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Patrice Thomas
608-448-5795

Manner in which the facility will be supervised and maintained: _____

Dean Bauknecht
Applicant's Signature
Dean Bauknecht

April 30 2015
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1, 2015 to April 30, 2016 Fee \$ 300.00 Receipt No. 50615 4-24-15
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Dells Boat Tours, LLC

Applicant Address: P.O. Box 630, Wisconsin Dells, WI 53965

Telephone Number: (608) 254-8555

Lodging Facility Address: 519 Bowman Road, Wisconsin Dells, WI 53965

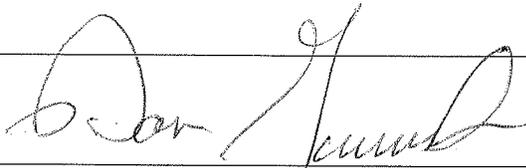
Number of Sleeping Units: Six(6)

Zoning Classification: Residence

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jason Garbacz (608)963-3624

Manner in which the facility will be supervised and maintained: All employees of Dells Boat Tours



Applicant's Signature
Dan Garinski

4/8/15

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____

Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From MAY 1, 2015 to April 30, 2016 Fee \$1375.00 Receipt No. 50622 4-24-15
((\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: FAIRVIEW MOTEL

Applicant Address: 2960 WISCONSIN DELLS PARKWAY

Telephone Number: 608-254-7317

Lodging Facility Address: SAME

Number of Sleeping Units: 40

Zoning Classification: COMMERCIAL
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: MARK or ANNA NYKAZA 608-254-7317

Manner in which the facility will be supervised and maintained: Same as previous years. Everyone
Receives our rules (attached) before moving in. We as owners live on premises and are more able to
Enforce these rules.

Mark Nykaza
Applicant's Signature
Mark Nykaza

2 - 28 - 2015
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From MAY 1, 2015 to April 30, 2016 Fee \$ 1,600.⁰⁰ Receipt No. 50553 ⁴⁻²⁰⁻¹⁵ _(\$50 each for first 15 sleeping units; \$25 each add'l) *js*

Applicant Name: GTAM, LLC.

Applicant Address: P.O. BOX 30 2600 River Road Wrs: Dells, WI 53968

Telephone Number: 608-254-8366

Lodging Facility Address: 2600 River Road Wrs. Dells, WI

Number of Sleeping Units: 49

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: JEFF KAMINSKI 608 448 9622 cell

Manner in which the facility will be supervised and maintained: _____


Applicant's Signature
JEFF Kaminski

4/20/15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1 - 2015 to April 30, 20 16 Fee \$ 750.00 Receipt No. #50501
(\$50 each for first 15 sleeping units; \$25 each add'l) t.m.

Applicant Name: Logging Camp Inc

Applicant Address: 411 Hwy 13 Wis Dells

Telephone Number: 608 254 8717

Lodging Facility Address: 425 Vine St

Number of Sleeping Units: 16

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Dan Sorenson 608 432 2580

Manner in which the facility will be supervised and maintained: All tenants and supervisors work at Paul Bunyan Rest. We have a weekly laundry service for all bedding. All rooms are supplied with cleaning supplies by Paul Bunyan

Trevor Hickey
Applicant's Signature

4-14-15
Date

Trevor Hickey

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1st to April 30, 20__ Fee \$ 750 Receipt No. 50634
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: MNEG Concessions

Applicant Address: 725 Vine St

Telephone Number: 608-253-4100

Lodging Facility Address: 725 Vine St

Number of Sleeping Units: 15

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Zdravko Miroslav Nizman
Frank Fedie - 608-385-5230 608-448-1814

Manner in which the facility will be supervised and maintained: _____

Frank Fedie
Applicant's Signature
Frank Fedie

3-29-15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1, 2015 to April 30, 20 14 Fee \$ 975⁰⁰ Receipt No. 50587 J.M.
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Mt Olympus

Applicant Address: 1881 Wis Dells Parkway Wis Dells WI 53965

Telephone Number: 608-253-8447

Lodging Facility Address: 2137 Wis Dells Parkway

Number of Sleeping Units: 24

Zoning Classification: C-4
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jillian Surman 253-8447

Manner in which the facility will be supervised and maintained: Supervised and maintained by Mt Olympus staff.

Jillian Surman
Applicant's Signature
Jillian Surman

4/17/15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1 2015 to April 30, 20 16 Fee \$ 950 Receipt No. 50589 x.m.
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: MT Olympus

Applicant Address: 1881 Wis Dells Parkway Wis Dells WI 53965

Telephone Number: 608-253-8447

Lodging Facility Address: 2020 Wis Dells Parkway

Number of Sleeping Units: 23

Zoning Classification: C-4
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jillian Surman 253-8447

Manner in which the facility will be supervised and maintained: Supervised and maintained by MT Olympus staff

Jillian Surman
Applicant's Signature
Jillian Surman

4/17/2015
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1, 2015 to April 30, 2014 Fee \$ 1425⁰⁰ Receipt No. 50588 J.M.
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: MT Olympus

Applicant Address: 1881 Wis Dells Parkway Wis Dells WI 53965

Telephone Number: 608-253-8447

Lodging Facility Address: 300 Cty Hwy A

Number of Sleeping Units: 50

Zoning Classification: C-4

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jillian Surman 253-8447

Manner in which the facility will be supervised and maintained: Supervised and maintained by MT Olympus staff

Jillian Surman
Applicant's Signature

4/17/2015
Date

Jillian Surman

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1st 2015 to April 30, 2016 Fee \$ 200 Receipt No. 50403
(\$50 each for first 15 sleeping units; \$25 each add'l) *AS*

Applicant Name: "Paris Investments" Jason Hallowell

Applicant Address: 511 Vine St PO. Box 541

Telephone Number: 608-432-3180

Lodging Facility Address: 511 Vine St

Number of Sleeping Units: 4

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jason 432-3180

Manner in which the facility will be supervised and maintained: _____


Applicant's Signature
Jason Hallowell

3-27-15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: 04/09/15 Inspected by: BOB WAGNER
Recommendations: _____

I RECOMMEND APPROVING THIS LICENSE CST

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1, 2015 to April 30, 2016 Fee \$ 600.00 Receipt No. 50579 *JM.*
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Riverview Boat Line

Applicant Address: 31 Broadway Wise Dells

Telephone Number: 608-254-8336

Lodging Facility Address: 2150 Wise Dells Parkway (700 U.S. Hwy. 12)

Number of Sleeping Units: 12 units

Zoning Classification: A Commercial West
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Eric Helland (REL Manager) @ 963-1630
or Calin Voicu, Managing Partner (Smart Staff LLC) @ 413-928-1626

Manner in which the facility will be supervised and maintained: All 12 units are being
leased to Smart Staff, LLC; DBA All Friends. They rent units to
international students in the (SWT) Summer Work Travel program.
Smart Staff office located @ 21 Broadway; responsible for supervising +
maintenance.

Karen Deonig
Applicant's Signature

4/17/15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1, 2015 to April 30, 2016 Fee \$ 250.00 Receipt No. 50579 *pm.*
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Riverview Boat Line

Applicant Address: 31 Broadway, Wisc. Dells

Telephone Number: 608-254-8330

Lodging Facility Address: 440 Pioneer Dr., Wisc. Dells

Number of Sleeping Units: 5

Zoning Classification: A Commercial West
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Joe Schwöckert (608-963-9671)
or Manager: Eric Helland (608-963-1630)

Manner in which the facility will be supervised and maintained: All tenants will be notified of Management's phone number, posted in commons room. Property will be checked for cleanliness & maintenance.
4 tenants currently, with possible seasonal tenant(s) additionally.

Karen Fleming
Applicant's Signature

4/16/15
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From May 1 2015 to April 30, 20 16 Fee \$ 1125.00 Receipt No. 50492-4-13-15
~~2369~~
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Halina Tarnowski

Applicant Address: 612 Vine st.

Telephone Number: 608-254-7606

Lodging Facility Address: 612 Vine st

Number of Sleeping Units: 30

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Halina Tarnowski 608-254-7606
and Zenon Gadomski same phone

Manner in which the facility will be supervised and maintained: An owner's / manager's
residence is at the front of the property.
This is where Halina and Zenon reside during
the facility's open season (spring, summer and fall).

Halina Tarnowski
Applicant's Signature

4-12-2015
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From MAY 1 2015 to April 30, 2016 Fee \$ 700⁰⁰ Receipt No. 508602 ⁵⁻⁸⁻¹⁵ tjs
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: WORLD TRAVELER HOUSING RENTALS LLC

Applicant Address: 726 VINE ST PO BOX 836 WI DELLS

Telephone Number: 608 432 2484

Lodging Facility Address: 726 VINE ST

Number of Sleeping Units: 14

Zoning Classification: COMMERCIAL
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: CHRIS SWART
608 432 2484

Manner in which the facility will be supervised and maintained: FACILITY WILL
CONTINUE TO BE MAINTAINED AND SUPERVISED
TO BE AN ASSET TO THE NEIGHBORHOOD +
COMMUNITY

[Signature] Applicant's Signature Chris Swart 5/1/15 Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

Date From MAY 1, 2015 to April 30, 2016 Fee \$200 Receipt No. 50812 JS
(\$50 each for first 15 sleeping units; \$25 each add'l)
Applicant Name: DAN ZINKE
Applicant Address: 1105 ARROWHEAD CT. WISCONSIN DELLS WI 53965
Telephone Number: 608-254-4204
Lodging Facility Address: 711 ELM ST WIS DELLS
Number of Sleeping Units: 4
Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)
Name & Telephone No. of On-Site Supervisor: NO ON-SITE SUPERVISOR ANY QUESTIONS OR CONCERNS CONTACT DAN ZINKE 254-8313
Manner in which the facility will be supervised and maintained: WEEKLY WALK-THURS



Applicant's Signature

4/3/2015
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: 5/7/15 Inspected by: BOB WAGNER
Recommendations: _____

I RECOMMEND APPROVING THIS LICENSE COT

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

RESOLUTION NO. _____

RESOLUTION IN SUPPORT OF THE LAW ENFORCEMENT OFFICERS OF THE CITY OF WISCONSIN DELLS AND AREA AGENCIES

WHEREAS, annually over 50,000 police officers are injured in the line of duty and over 100 die in the line of duty serving communities; and

WHEREAS, the daily duties of each officer, and the sacrifices of their families, are oftentimes underappreciated and taken for granted;

WHEREAS, the City of Wisconsin Dells relies on the officers and dispatchers of the Wisconsin Dells Police Department to be highly trained, ethical, and courageous in the performance of their duties to keep our citizens and visitors safe; and

WHEREAS, the Wisconsin Dells area is protected and served by surrounding agencies to include the Lake Delton Police Department, Columbia, Sauk, Adams, and Juneau County Sheriff's Offices, Wisconsin State Patrol, the Wisconsin Dept. of Natural Resources, and the Wisconsin Division of Criminal Investigation to support and aid our local police; and

WHEREAS, the month of May is considered to be nationally recognized as a month of law enforcement appreciation and a time of reflection for those who served and continue to serve in this profession;

NOW THEREFORE BE IT RESOLVED that the City of Wisconsin Dells resolves to honor the Wisconsin Dells Police Department, and the law enforcement agencies in our area, through this resolution in support and appreciation for their service and offers a moment of silence to remember those officers who have gone before us.

Dated this _____th day of May, 2015.

Brian L. Landers
Mayor, City of Wisconsin Dells

Attest: _____

Nancy Holzem
City Clerk- Coordinator
City of Wisconsin Dells

ITEM 8

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 May 18, 2015 meeting;

TO APPROVE the Policy & Procedure for Delinquent Accounts Receivable.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 2015
Date Passed:
Date Published:

City of Wisconsin Dells

Policy & Procedure for Delinquent Accounts Receivable

Invoice Terms and Conditions

All invoices are due 30 days from date of the invoice unless otherwise stated. The City reserves the right to place a service charge on past due accounts at the highest rate permitted by law.

Collecting Past Due Accounts Receivables

30 Days past due: Statement issued – marked PAST DUE.

60 Days past due: Statement issued – marked PAST DUE. Include letter offering payment plan.

90 Days past due: Statement issued – marked PAST DUE. Include letter offering payment plan.

120 Days past due: Statement issued. If no payment plan has been negotiated, account will be turned over to collection agency. Send notice to account holder, include final letter offering payment plan.

150 Days past due: Deputy shall notify City Treasurer of accounts past 150 days and determine how each account should be handled.

Possible additional collection methods are as follows:

- Notice from City Attorney/Small Claims
- TRIP/State Debt Collection
- Post notice of delinquent accounts in the local newspaper. (Letter to account holder notifying)
- Place delinquent balance on tax roll as a special assessment if applicable.
- Declare uncollectible. Write off delinquent balance.

*No permits or licenses are issued to anyone who has outstanding debt owed to the City per Municipal Code Sec. 30.10(2)

**Personal Property Tax cannot be written off. Some accounts may qualify for charge backs from other taxing jurisdictions per Wisconsin Statute Section 74.42(1).

Payment plan guidelines:

>\$50 – 2 equal installments

\$50-\$250 – Up to 6 equal payments, paid monthly, minimum of \$20 payment

\$250 & Up – Up to 12 equal payments, paid monthly

Uncollectible Accounts Receivable

Accounts should be written off when all collection procedures required by the City of Wisconsin Dells have been conducted without results and City Treasurer deems the accounts uncollectible.

Uncollectible accounts may be written off the City's accounts receivable software and no longer recognized as collectible receivables for financial reporting purposes, but the legal obligation to pay the debt still remains. Accounts written off remain debts to the City until discharged by the State of Wisconsin or are collected.

In order for the accounts to be written off the City's accounts receivable software, a memorandum must be submitted to the City Treasurer. The memorandum should include the justification for the write off, collection efforts made supported by account detail for approval and posting. The City Treasurer will report all transactions to the Finance Committee for approval of the write off.

Accounts which had no response from past due or demand letters, and are \$100.00 or less may be written off at the City Treasurer's discretion. Accounts in amounts over \$100.00 follow the procedure for collecting past due accounts receivable and must receive Finance Committee approval before a write off can occur.

Accounts past due from individuals or vendors must be submitted to the Department of Revenue for Tax Refund Intercept Program (TRIP) or the State Debt Collection (SDC) for a minimum of one year prior to write off, if eligible. After write off, these accounts continue to be tracked by the Department of Revenue for debt setoff proceedings.

Tax Receivables including Personal Property tax must follow the State of Wisconsin's chargeback policy and cannot be written off.

Establishing an Allowance for Doubtful Accounts

The City Treasurer is responsible for establishing an allowance for doubtful accounts to reflect the amount of accounts receivable that are estimated uncollectible. The establishment of an allowance ensures that the City's receivables are not overstated for financial reporting purposes.

ITEM 9

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 May 18, 2015 meeting;

TO APPROVE the Policy for Sale and Disposal of City Assets.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 2015
Date Passed:
Date Published:

**City of Wisconsin Dells
Policy & Procedure for the Sale and Disposal of City Assets**

City assets will be reviewed twice annually by each Department Head to identified items that are no longer useful to the City. At the discretion of the Department Head, items may be sold, scrapped or disposed of.

Sale of City Assets

Items may be sold by online auction or by a sealed bid process. All items determined to be sold via online auction should be itemized and reported to the Police Chief with a photo. The Police Chief will administer the online auction. Proceeds from online auction items will be credited to the Department which paid for the asset.

City assets that have reached their useful life may be sold to a third party through a sealed bid process. The auction item must be posted as a public notice on the City's website, and on the meeting boards at City Hall, Kilbourn Public Library and Wisconsin Dells Police Department. The City will accept sealed bids for a minimum of two weeks (14 days). The bids will be opened by the City Clerk and the item will be awarded to the highest bidder. In case of a tie bid, the earliest bid date is awarded. Proceeds collected from these items will be credited to the Department which paid for the asset.

Scrap Inventory

Items may be sold for scrap value if the item has been determined to have no useable life to the City in its present condition but is saleable for scrap value. This includes scrap metal and all recyclable products. Scrap metal and can be sold to various local recycling centers for current market value in exchange for cash or check. Proceeds collected from these items will be credited to the Department which paid for the asset.

Disposal of City Assets

Broken or worn-out items having no saleable or scrap value may be disposed of at the discretion of the Department Head. Disposed items are not eligible for employee/community donations.

ITEM 10

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the PARKING BOARD from their May 11, 2015 meeting;

TO APPROVE a \$1000 contribution to the Safe Ride program.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 2015
Date Passed:
Date Published:

RESOLUTION NO. _____

ITEM 11

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 May 6, 2015 2015 meeting;

IT APPROVES the Site Plan application submitted by Mt. Olympus in order to install approximately 20 camping cabins at the American World Campground, 400 County Hwy. A.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 2015
Date Passed:
Date Published:

Site Plan – Camp Cabins
400 CTH A – (Mt. Olympus Campground)
Staff Report for Plan Commission, 05/06/15

The City of Wisconsin Dells Planning & Zoning office has received a Site Plan Permit application from Mt. Olympus to replace a number of their tent rental sites with approximately 20 camp cabins. The cabins would have electricity, but not be equipped with water or sewer. The cabins would only be used for nightly guest rentals, as the tent camping sites were. The cabins are delivered pre-constructed. Bob Wagner has inspected a model site and found it to be satisfactory. The cabins will be placed 10 ft apart and anchored to concrete slabs.

Other site affects are expected to be minimal. The cabins will be set-up instead of the tents that were previously used. Patrons will utilize the common, campground bathroom facilities that were previously constructed on the site.

Chris Tollaksen
City of Wisconsin Dells

SITE PLAN 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 form from the zoning administrator.

- Office Use Only -

Initial application fee	\$300
Receipt number	F5748
Application number	2-2015

1. Applicant information

Applicant name Mt. Olympus Camp Resort

Street address 400 County Rd A

City Wisconsin Dells

State and zip code Wisconsin 53965

Daytime telephone number 608-963-6861

Fax number, if any _____

E-mail, if any adam@mtolympuspark.com

2. Subject property information

Street address	400 County Rd A	
Parcel number	291-0142	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)	Commerical	
Describe the current use	Campground	

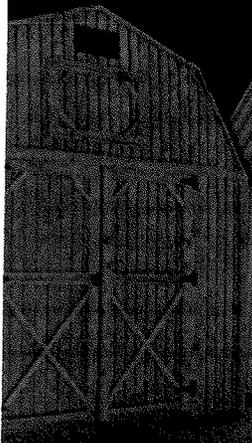
3. Proposed use. Describe the proposed use.

Campground

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

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.

DELIVERY • NO CREDIT CHECK • BUY OR RENT TO OWN



BARN

SIDE LOFTED BARN CABIN

CABIN

rollable door.

6'6" height under loft. Standard with three 2'x3' windows, porch railing, and one 36" nine-light door.

5'2" interior wall height. Standard with three 2'x3' windows, porch railing, and one 36" nine-light door.

36 mo.	48 mo.
\$109.03	\$98.13
\$121.06	\$108.96
\$134.72	\$121.25
\$147.45	\$132.71
\$152.55	\$137.29
\$190.97	\$171.88
\$160.42	\$144.38
\$178.01	\$160.21
\$193.29	\$173.96
\$232.64	\$209.38
\$268.29	\$241.46
\$330.79	\$297.71
\$352.08	\$316.88
\$379.63	\$341.67
\$339.12	\$305.21
\$431.48	\$388.33
\$473.38	\$426.04
\$509.03	\$458.13

Size	Price	36 mo.	48 mo.
10X20	\$4,905	\$227.08	\$204.38
12X20	\$5,795	\$268.29	\$241.46
12X24	\$6,595	\$305.32	\$274.79
12X32	\$7,935	\$367.36	\$330.63
12X36	\$8,495	\$393.29	\$353.96
12X40	\$9,245	\$428.01	\$385.21
14X24	\$8,155	\$377.55	\$339.79
14X32	\$10,145	\$469.68	\$422.71
14X36	\$11,045	\$511.34	\$460.21
14X40	\$11,835	\$547.92	\$493.13

Size	Price	36 mo.	48 mo.
8X12	\$2,655	\$122.92	\$110.63
8X16	\$3,095	\$143.29	\$128.96
10X16	\$3,675	\$170.14	\$153.13
10X20	\$4,495	\$208.10	\$187.29
12X16	\$4,255	\$196.99	\$177.29
12X20	\$5,030	\$232.87	\$209.58
12X24	\$5,645	\$261.34	\$235.21
12X32	\$6,815	\$315.51	\$283.96
12X36	\$7,615	\$352.55	\$317.29
12X40	\$8,100	\$375.00	\$337.50
14X24	\$7,395	\$342.36	\$308.13
14X32	\$8,920	\$412.96	\$371.67
14X36	\$9,855	\$456.25	\$410.63
14X40	\$10,780	\$499.07	\$449.17

LOFTED BARN GARAGE

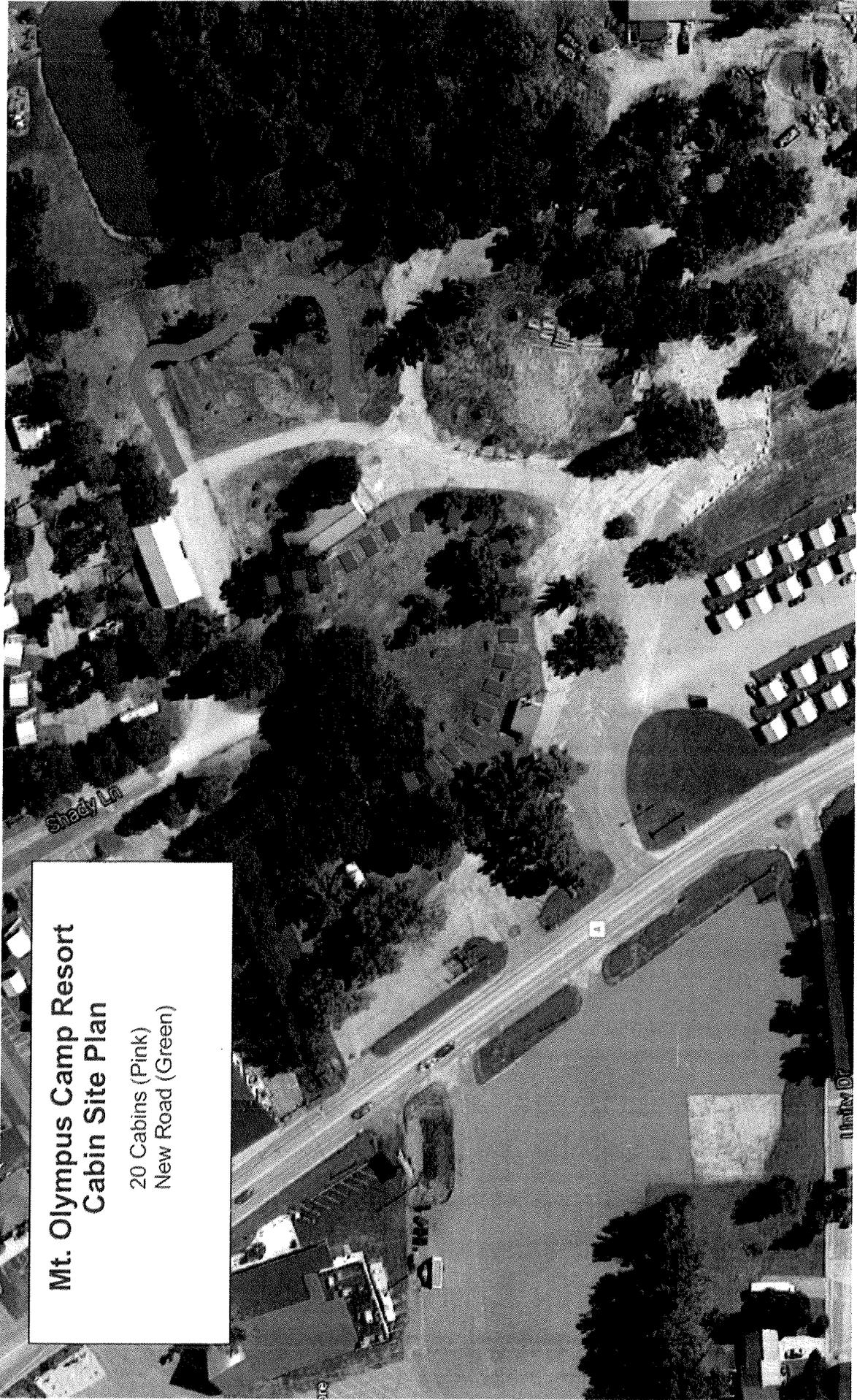
6'6" height under loft. Standard with 9' roll-up door, one 36" solid door, and one 2'x3' window.

Size	Price	36 mo.	48 mo.
12x20	\$5,780	\$267.59	\$240.83
12x24	\$6,560	\$303.70	\$273.33
12x32	\$7,940	\$367.59	\$330.83
12x36	\$8,410	\$389.35	\$350.42
12x40	\$9,005	\$416.90	\$375.21
14x24	\$8,105	\$375.23	\$337.71
14x32	\$10,125	\$468.75	\$421.88
14x36	\$11,045	\$511.34	\$460.21
14x40	\$11,690	\$541.20	\$487.08



ing. Our no strings
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eep your building.





**Mt. Olympus Camp Resort
Cabin Site Plan**
20 Cabins (Pink)
New Road (Green)

RESOLUTION NO. _____

ITEM 12

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 May 6, 2015 2015 meeting;

IT APPROVES the Site Plan application submitted by Lost Temple in order to construct a go-cart track at 2255 Wisconsin Dells Parkway through the existing Lost Temple attraction.

Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 2015
Date Passed:
Date Published:

Site Plan – Amusement Ride

2255 Wisconsin Dells Parkway – (currently Lost Temple pyramid)

Staff Report for Plan Commission, 05/06/15

The City of Wisconsin Dells Planning & Zoning office has received a Site Plan Permit application from Lost Temple to construct a Go-Cart track at 2255 Wisconsin Dells Parkway. The applicant would like to set up the pyramid as a drive through for a Go-Cart track to replace the existing walk through attraction.

The property is zoned C-4 Commercial-large scale, which permits by-right an Amusement Ride.

The City Commercial Building inspector Bob Wagner will ensure building issues are appropriately addressed.

Other site affects are expected to be minimal. A track will be constructed and patrons will ride rather than walk through the attractions.

Chris Tollaksen
City of Wisconsin Dells

SITE PLAN 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 form from the zoning administrator.

- Office Use Only -

Initial application fee	\$300
Receipt number	50747
Application number	3-2015

1. Applicant information

Applicant name	Lost Temple
Street address	1881 Wisconsin Dells Parkway
City	Wisconsin Dells
State and zip code	Wisconsin 53965
Daytime telephone number	608-963-6861
Fax number, if any	
E-mail, if any	adam@mtolympuspark.com

2. Subject property information

Street address	633 Wisconsin Dells Parkway	
Parcel number	109-00000	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)	Commercial	
Describe the current use	Walk Thru Attraction	

3. Proposed use. Describe the proposed use.

Go-Kart Track

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

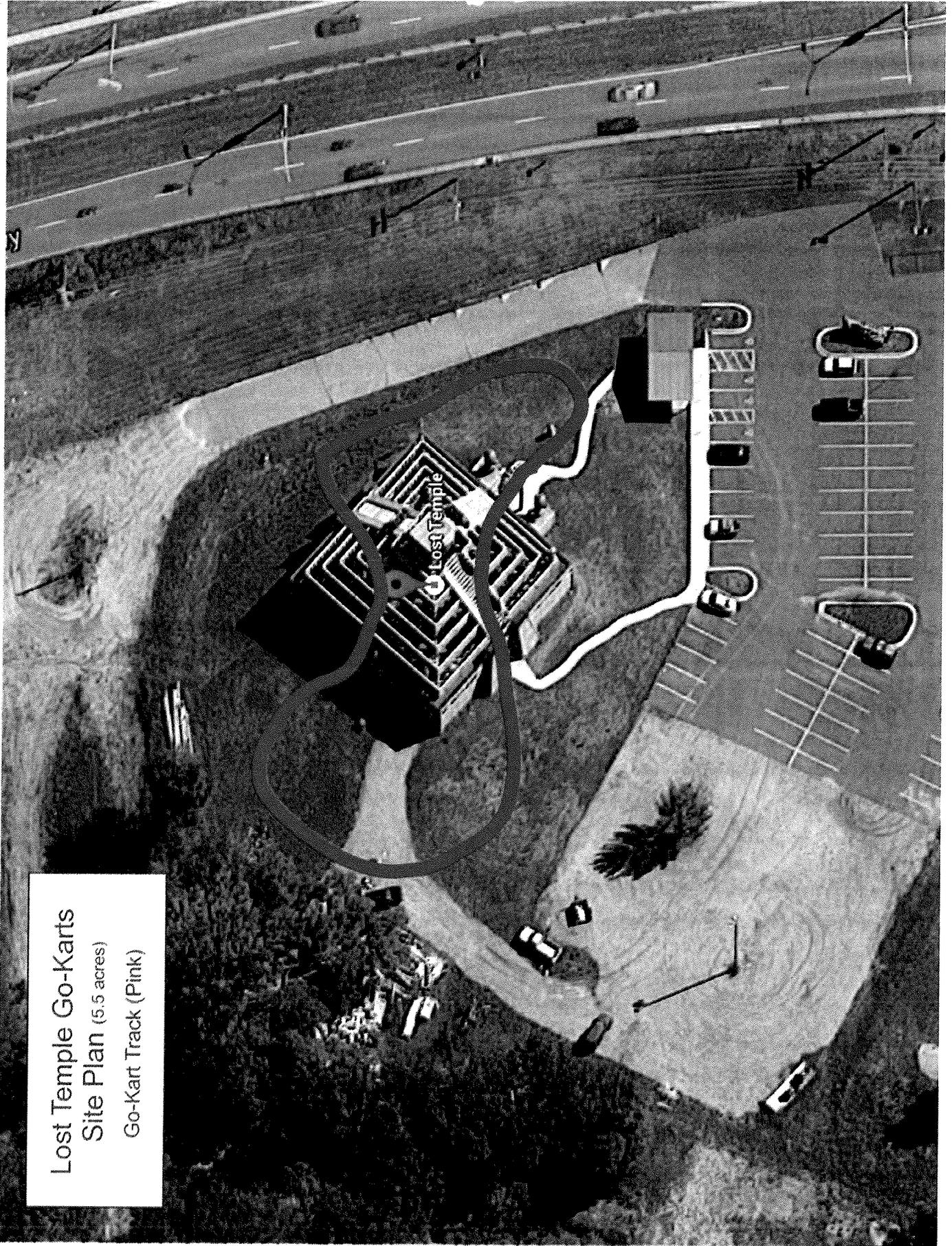
10am-9pm

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.

Lost Temple Go-Karts

Site Plan (5.5 acres)

Go-Kart Track (Pink)



ITEM 13

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their May 6, 2015 meeting;

IT APPROVES a Conditional Use Permit to Ghost Out Post in order to allow Commercial Activity Without a Permanent Structure, Outdoor Commercial Food & Beverage Service, Outdoor Vendors and Walk-up Service Windows at 2233 Wisconsin Dells Parkway, with the contingencies listed in the City Planner's staff report.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: May 18, 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 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	506116
Application number	_____

1. Applicant information

Applicant name	Ghost Outpost
Street address	2233 Wisconsin Dells Parkway
City	Wisconsin Dells
State and zip code	WI 53965
Daytime telephone number	(608) 254-1730
Fax number, if any	_____
E-mail, if any	_____

2. Subject property information

Street address	2233 & 2255 Wisconsin Dells Parkway	
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.	
Current zoning classification(s)	C-4 Commercial, large scale	
Describe the current use	Amusement Ride Walk-thru attractions	

3. Proposed use. Describe the proposed use.

Outdoor commercial food and beverage service.
 Outdoor vender
 Walk-up service window
 Commercial use without a permanent structure

We would like to provide concession stands to patrons visiting our property.
 We would also like to provide some outdoor retail sales, which would include activity based retail sales.

Our initial project would be to construct a Tiki bar with a permanent picnic shelter or possibly a tent behind the haunted house.
 We hope to add a BBQ and potentially other food service kiosks.

We would also like to construct a "dig site" and "Gem stone mining" trough in front of the pyramid.
 The dig site which would be a large sand pit where patrons would dig for buried items to purchase.
 The Gem stone mining would involve a water trough, where patrons would purchase bags of sand and would use the water to sift away the sand and reveal the gem stones.

The sand water would NOT be directed to the City sanitary sewer system. The sand water would be discharged to a settling area to remove the sand and the water would either be recycled into the trough or allowed to infiltrate into the ground.

2233 Wisconsin Dells Parkway

Conditional Use Permit – Outdoor commercial food and beverage service, Outdoor vender, Walk up service window, and Commercial use without a permanent structure

Staff Report for Plan Commission, 05/06/15

The Planning & Zoning office has received a Conditional Use Permit application from the Ghost Outpost to allow outdoor sales on their property, tax parcel 0109. The initial use is expected to be a Tiki Bar to be constructed behind (west) of the Ghost Out-post haunted house. A tent may be set up to provide an outdoor seating/drinking area. The site map provided shows the location of these facilities. The applicant has stated they may also want to use non-permanent structure for merchandise sales, possibly including sales in the form of activities such as a Dig site or Gem Stone mining. The Dig site would essentially be a sand box where patrons would dig for the item they purchase. The Gem Stone mining would utilize a water trough and screens to expose gem stones or other items from the sand.

The Tiki bar would be expected to provide seating for around 50 people. A tent with picnic tables or other seating may be utilized. A bar requires a bathroom for every 40 people.

The Ghost Out-post haunted house has stated it has a capacity of approximately 30 persons. The haunted house would require 1 bathroom every 65 people

The two bathrooms would be adequate for 80 people in a bar seating and 130 people in the haunted house setting. The occupant load of the bar and haunted house is expected to be approximately 70 people.

There are 4 additional bathrooms in the pyramid.

There is parking on-site for approximately 70 parking spaces. This supplies parking for 210 people. There is also a gravel parking lot on site that could handle another 48 cars. The pyramid expects to convert to a 30 cart go-cart track. The total occupancy of the site is approximately 110, which requires 34 parking stalls.

Suggested Considerations in reviewing the Conditional Use Request:

- 1) All associated license are obtained and in good standing.
- 2) CUP probably should be only issued for one year. To evaluate the operation and impacts of existing City ordinances. To see whether it's necessary to encourage a longer-term investment.
- 3) Adequate restrooms to be provided and open when in operation. This can be provided by the haunted house and/or pyramid bathrooms.

Prepared by:

Chris Tollaksen

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 May 6, 2015 2015 meeting;

IT APPROVES the Site Plan Application submitted by Ghost Outpost for outdoor concession stands and outdoor retail activity including a tiki bar and picnic area.

Brian L. Landers, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: May 18, 2015

Date Passed:

SITE PLAN 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 form from the zoning administrator.

- Office Use Only -

Initial application fee	\$300
Receipt number	
Application number	

1. Applicant information

Applicant name Ghost Outpost

Street address 2233 Wisconsin Dells Parkway

City Wisconsin Dells

State and zip code WI 53965

Daytime telephone number (608) 254-1730

Fax number, if any _____

E-mail, if any STollaksen@intraxinc.com

2. Subject property information

Street address	2233 Wisconsin Dells Parkway	
Parcel number	291-0109-00000	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)	C-4 Commercial, large scale	
Describe the current use	Amusement Ride Walk-thru attractions	

3. Proposed use. Describe the proposed use.

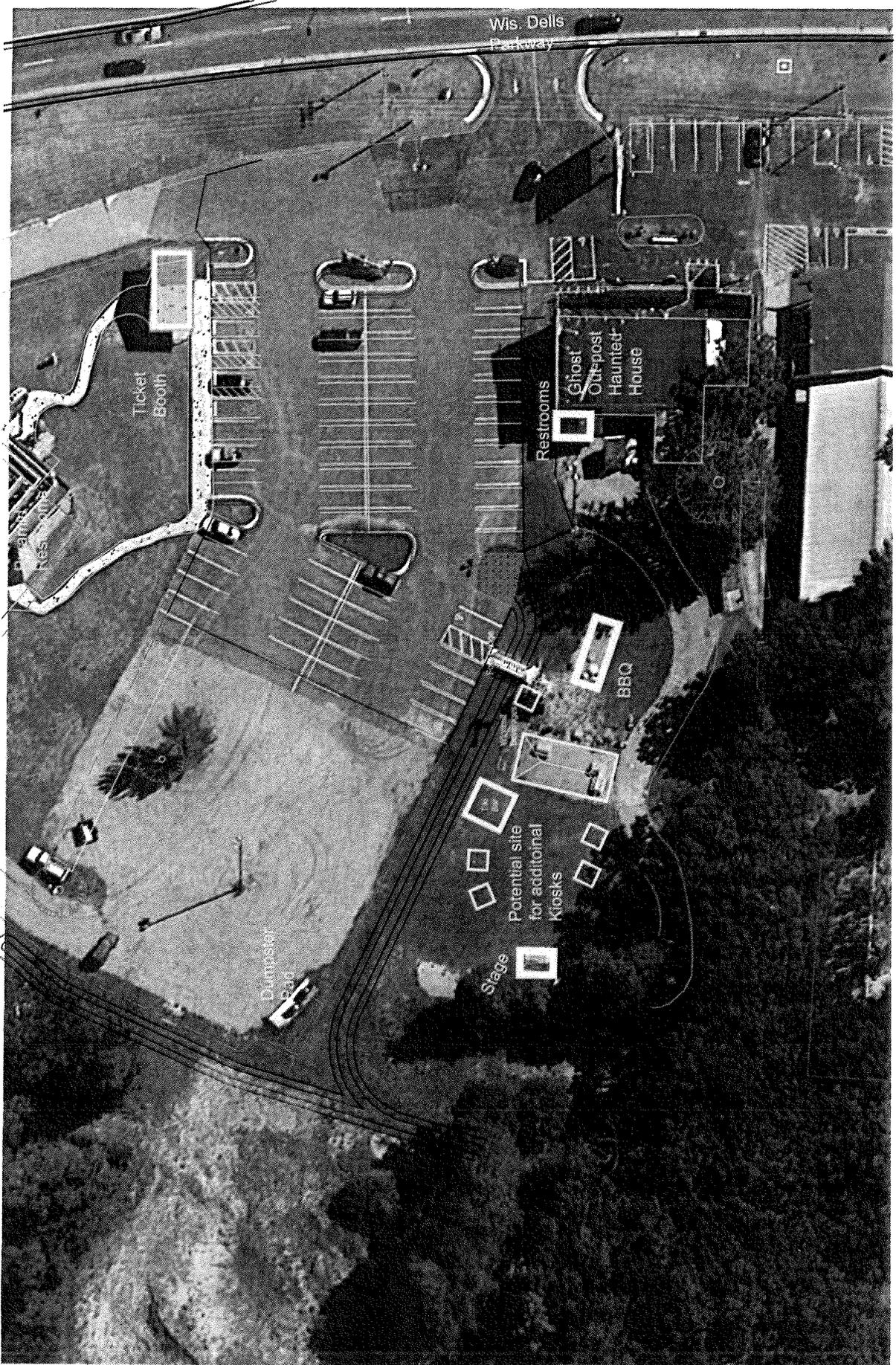
Outdoor commercial food and beverage service.
 Outdoor vender
 Walk-up service window
 Commercial use without a permanent structure

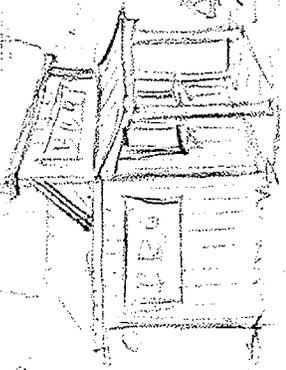
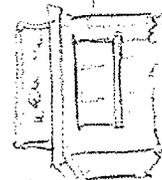
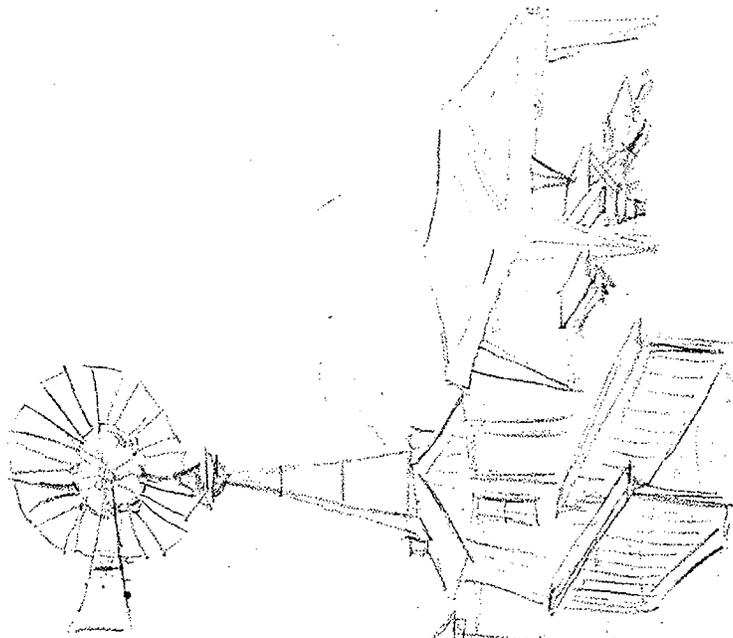
We would like to provide concession stands to patrons visiting our property.
 We would also like to provide some outdoor retail sales, which would include activity based retail sales.

Our initial project would be to construct a Tiki bar with a permanent picnic shelter or possibly a tent behind the haunted house.
 We hope to add a BBQ and potentially other food service kiosks.

We would also like to construct a "dig site" and "Gem stone mining" trough in front of the pyramid.
 The dig site which would be a large sand pit where patrons would dig for buried items to purchase.
 The Gem stone mining would involve a water trough, where patrons would purchase bags of sand and would use the water to sift away the sand and reveal the gem stones.

The sand water would NOT be directed to the City sanitary sewer system. The sand water would be discharged to a settling area to remove the sand and the water would either be recycled into the trough or allowed to infiltrate into the ground.





3-1-1908



RESOLUTION NO. _____

ITEM 15

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

IT APPROVES a Conditional Use Permit to VIDA Holdings LLC, to allow a Group Lodging Facility at 1247 River Road with the contingencies listed in the Staff Report.

Plan Commission recommendation was to deny so super-majority 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: May 18, 2015
Date Passed:

Conditional Use Permit – Vida Holding Employee Housing
1247 River Rd., 1029 Capital St., 613 Vine St.
Staff Report for Plan Commission, 5/06/15

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Vida Holdings for Group Lodging Facilities at 1247 River Rd., 1029 Capital St., and 613 Vine St.

This past winter there was a water leak at 613 Vine St. While visiting the facility I was made aware that the current tenants would be moving out to make room for summer employees in the house. I determined that the owner of the property also owned 2 other houses in town, and notified the owners of the requirement for a Conditional Use Permit to operate a Group Lodging Facility. The City of Wisconsin Dells defines a single family as a group of related people, or a group of no more than 4 unrelated people. When a single family home is used to house more than 4 unrelated people, a Group Lodging CUP is required.

Current City Ordinance requires 50 sq ft per person in the sleeping room. The City has encouraged new facilities to provide 100 sq ft per person in facilities that contain only sleeping quarters, such as a motel. However, consideration has been given for homes with separate living and dining space to allow closer to 50 square feet in the sleeping rooms.

City standards require 1 parking stall for each 400 sq ft in each sleeping room.

City standards require at least 1 bathroom for 8 occupants.

The facility occupancy has been requested as follows:

1247 River: 1st floor – BR1 = 132 sq ft – 2 beds; BR2 = 143 sq ft – 2 beds

2nd floor – BR3 = 120 sq ft – 2 beds; BR4 = 132 sq ft – 2 beds

Total = 8 occupants, 4 bedrooms, 60-70 sq ft per occupant, 1 bathroom, 1 shower

This facility has a large garage that should be capable of addressing any parking requirements.

1029 Capital: 1st floor – BR1 = 110 sq ft – 2 beds; BR2 = 110 sq ft – 2 beds

2nd floor – BR3 = 166 sq ft – 3 beds; BR4 = 166 sq ft – 2 beds

Total = 9 occupants, 55-83 sq ft per occupant, 2 bathroom, 2 shower.

This facility has a 2 car garage that could be considered inadequate if off-street parking were required for 4 cars (1 per sleeping room).

613 Vine: 1st floor – BR1 = 120 sq ft – 2 beds; BR2 = 120 sq ft – 2 beds; BR3 = 306 sq ft – 4 beds

2nd floor – BR4 = 156 sq ft – 2 beds

Total = 10 occupants, 60-78 sq ft per occupant, 2 bathroom

This facility has a large garage that should be capable of addressing any parking requirements.

Pre-inspections have been performed on all of the facilities. As single family homes the facilities were found to be in good condition. Therefore, the main concern would be the increased occupancy in these

homes. 1247 River and 1029 Capital are in established family residential neighborhoods. 613 Vine has a housing facility across the street, but is surrounded on the other three sides by residential houses.

These rooms are on the small side. These facilities have kitchens, living rooms, and porch and/or deck spaces that can be used as a common recreational area. These facilities have outdoor yard space, but none of them have privacy fencing to provide a buffer between them and the surrounding residences.

As with any other lodging facility, the management of the facility is of the utmost importance. The fact that the owner/operator of the facility does not intend to reside on the premises raises a significant concern about potential nuisances. The applicant has indicated that there will be a general manager in the area, and each facility will have at least one tenant who will be considered the manager of that particular facility. At the very least, a clear contact to a responsible party must be provided to the City, so any concerns that arise can be immediately addressed. The on-site manager must be responsible enough to ensure that the facility does not become a chronic nuisance. Even if nuisances are resolved immediately, the re-occurrence of nuisances would be considered a sign of poor management and grounds for revocation of any permit that may be granted.

The applicant has indicated that they intend to rent this facility in year round. It should be clear to them that year round rental can involve multiple inspections, with additional inspection fees. These inspections would be to ensure that the facilities are not allowed to degrade throughout the year. It should also be required that if the facility is to be rented in the winter months, the facility must be in compliance with the state rental weatherization program.

If a permit is issued for a Group Lodging Facility, it should be very clear to the applicant that such approval is contingent on continued diligence to the proper management of the facility. If the facility is deemed to become a nuisance to the neighborhood, the permit may be revoked.

It should also be noted that any approval of the Group Lodging Facility use is granted solely to the current applicant, and cannot be transferred to another party. Any sale of the property will immediately terminate the permit, and any subsequent operator will be required to obtain a separate CUP for this facility.

As these houses are mostly surrounded by established family residences, this property does not seem well suited for this use. If management of the property is not consistently maintained at a very high level this facility could become a nuisances to neighboring properties.

If this facility were to become a nuisance to this area it could have a negative effect on the development of the neighborhood.

While there are legitimate concerns with the high occupancy and commercial type use of these facilities in residential areas, it should be noted that this application is not required for these facilities to be rented to seasonal employees. This permit, and the subsequent license and oversights are only required if these facilities are occupied by more than 4 individuals. While higher density occupancy would appear conducive to increase nuisances, 4 individuals in a poorly managed facility could also be a nuisance. If there are significant concerns with the management of the occupant of these facilities, denial of this permit may be counter-productive. While the City has nuisance ordinances that can be applied to any

residence, single family residents can be more difficult to police. By granting a special occupancy permit, the City can impose conditions on the applicant that may provide additional incentive for the facility to be properly managed. A possible option would be to limit the occupancy of these facilities to 5 or 6 occupants, thus keeping the occupancy at a reasonable level, but maintaining City oversight of the facility. This could include a condition prohibiting guests to the facility after a certain time of night. Perhaps there could be a condition that any nuisance calls from neighbors will result in a citation being issued immediately.

It has been noted that the facility at 613 Vine St. is the only facility that has been occupied since the applicant purchased these properties in the fall of 2014. The facility was occupied by 4 individuals, so no permit was required. The facility was subject to multiple nuisance calls. It was reported that once the owners were contacted about the nuisances, they took steps to correct the issue and which appear to have worked.

Conditions that have been applied to other Group lodging facility CUPs include:

1. Permit is valid only with the applicant and is non-transferrable.
2. If maintenance and supervision of the facility is not maintained at a satisfactory level, as determined by the City in its sole judgment, citations may be issued immediately and the permit may be revoked.
3. Any parking issues that arise must be addressed to the satisfaction of the City.

Chris Tollaksen
City of Wis. Dells Public Works



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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	\$625.00
Receipt number	52644
Application number	_____

1. Applicant Information

Applicant name VIDA HOLDINGS LLC
 Street address W1155 RVOYS LANE
 City MONTELLO
 State and zip code WI 53949
 Daytime telephone number 847-361-5969 (Ave) / 224-558-3211 (Mtl)
 Fax number, if any 847-803-8570
 E-mail, if any VIDAholdings@yahoo.com

2. Subject property information

Street address	<u>1247 RIVER RD. Wisconsin Dells WI</u>	
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.	
Current zoning classification(s)	<u>RESIDENTIAL Home</u>	
Describe the current use	<u>RENTAL RESIDENTIAL PROPERTY</u>	

3. Proposed use. Describe the proposed use.

TO BE USED AS A RENTAL HOUSE: FOR EITHER SEASONAL EMPLOYEES OR REGULAR FAMILIES

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

RENTAL PROPERTY

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.

N/A

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

N/A

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

None

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

Suits it Fine

d. Effects of the proposed use on the natural environment

None

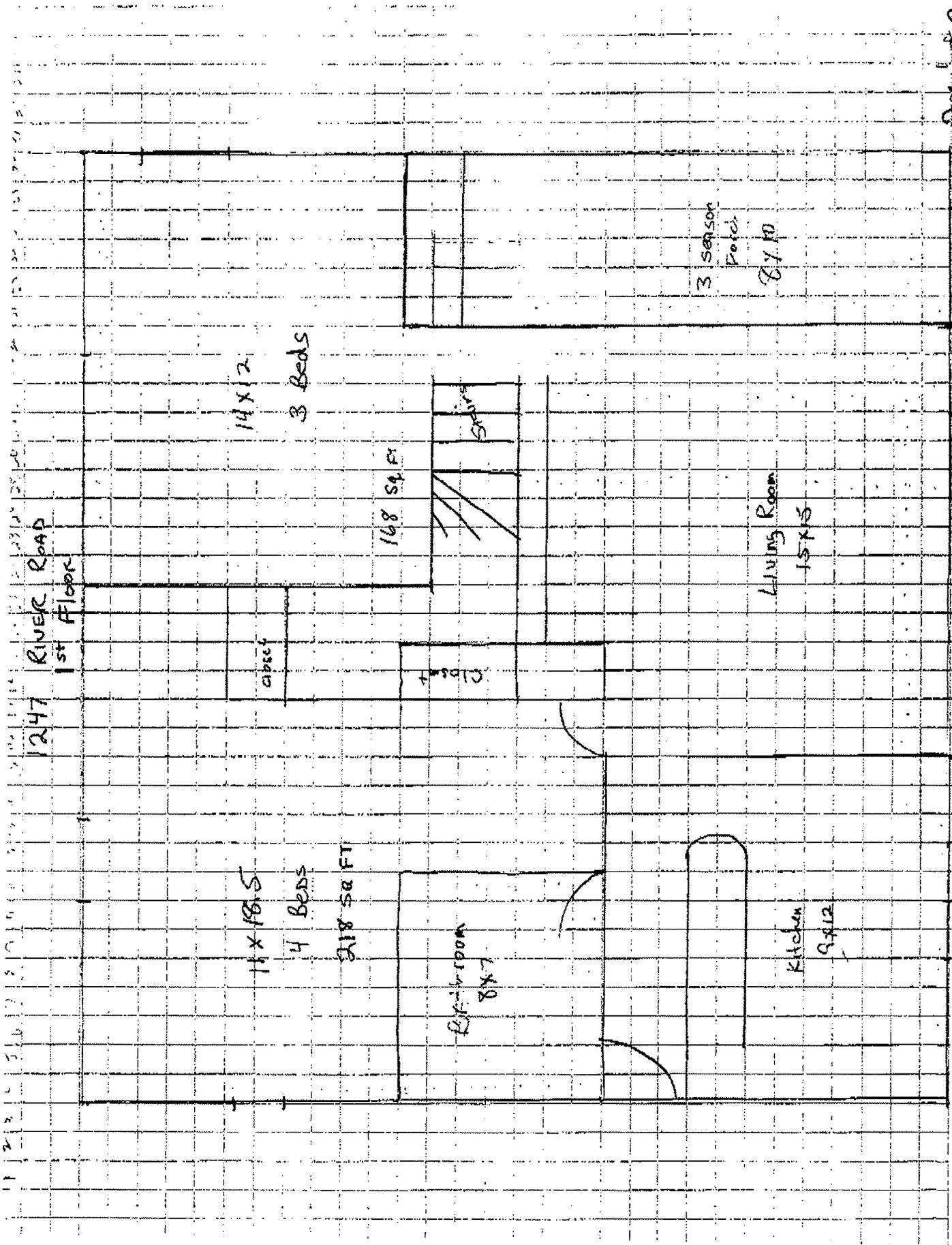
e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

None

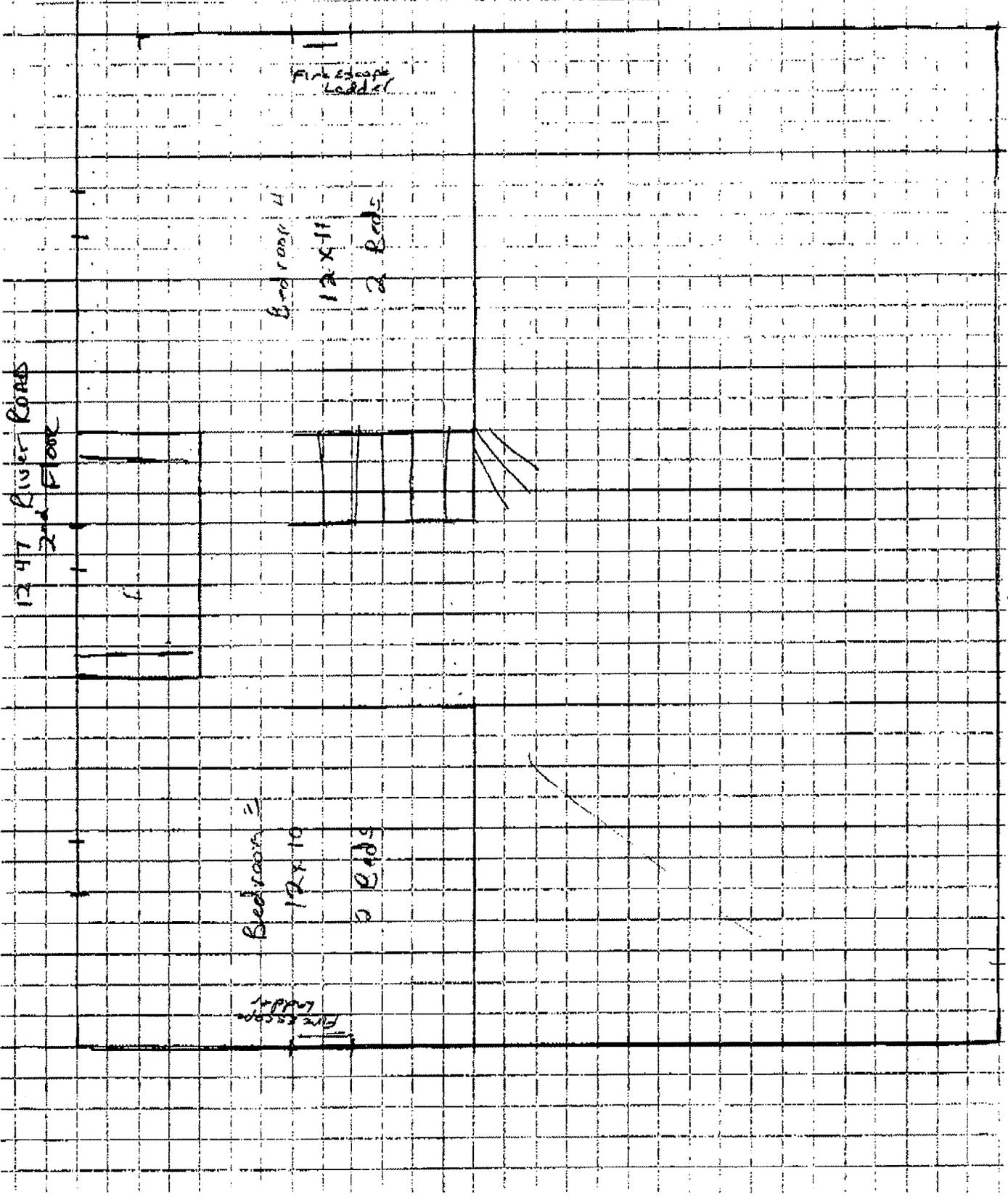
f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

None

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



1247 River 1st Floor



1247 RIVER 2ND FLOOR

RESOLUTION NO. _____

ITEM 16

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

IT APPROVES a Conditional Use Permit to VIDA Holdings LLC, to allow a Group Lodging Facility at 1029 Capital Street with the contingencies listed in the Staff Report.

Plan Commission recommendation was to deny so super-majority 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: May 18, 2015

Date Passed:



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Wisconsin
Delo

CONDITIONAL USE APPLICATION

Wisconsin Dells, Wisconsin

Version: May 21, 2007

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 808-263-2642. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	50644
Application number	

1. Applicant information

Applicant name VIDA HOLDINGS LLC
 Street address WISS RUDFS LANE
 City MONTELLO
 State and zip code WI 53949
 Daytime telephone number 847-361-5969 (own) / 224-558-3211 (rent)
 Fax number, if any 847-803-8571
 E-mail, if any VIDAHoldings@Yahoo.Com

2. Subject property information

Street address	<u>1029 CAPITAL ST. WISCONSIN DELLS. WI</u>
Parcel number	<small>Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.</small>
Current zoning classification(s)	<u>RESIDENTIAL HOME</u>
Describe the current use	<u>RENTAL RESIDENTIAL PROPERTY.</u>

3. Proposed use. Describe the proposed use.

TO BE USED AS A RENTAL HOUSE FOR EITHER SEASONAL EMPLOYEES OR REGULAR FAMILY

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

RENTAL PROPERTY.

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.

N/A

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	N/A
b.	Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site	NONE
c.	The suitability of the subject property for the proposed use	SUITS IT FINE
d.	Effects of the proposed use on the natural environment	NONE
e.	Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances	NONE
f.	Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district	NONE
g.	Effects of the proposed use on the city's financial ability to provide public services	

1029 Capital Street
1st Floor

Bedroom 1
10x11
2 Beds

Bedroom
7x7

Bed room 2
10x11
2 Beds

Living Room
17x13

Kitchen
11x9

Close
Closet

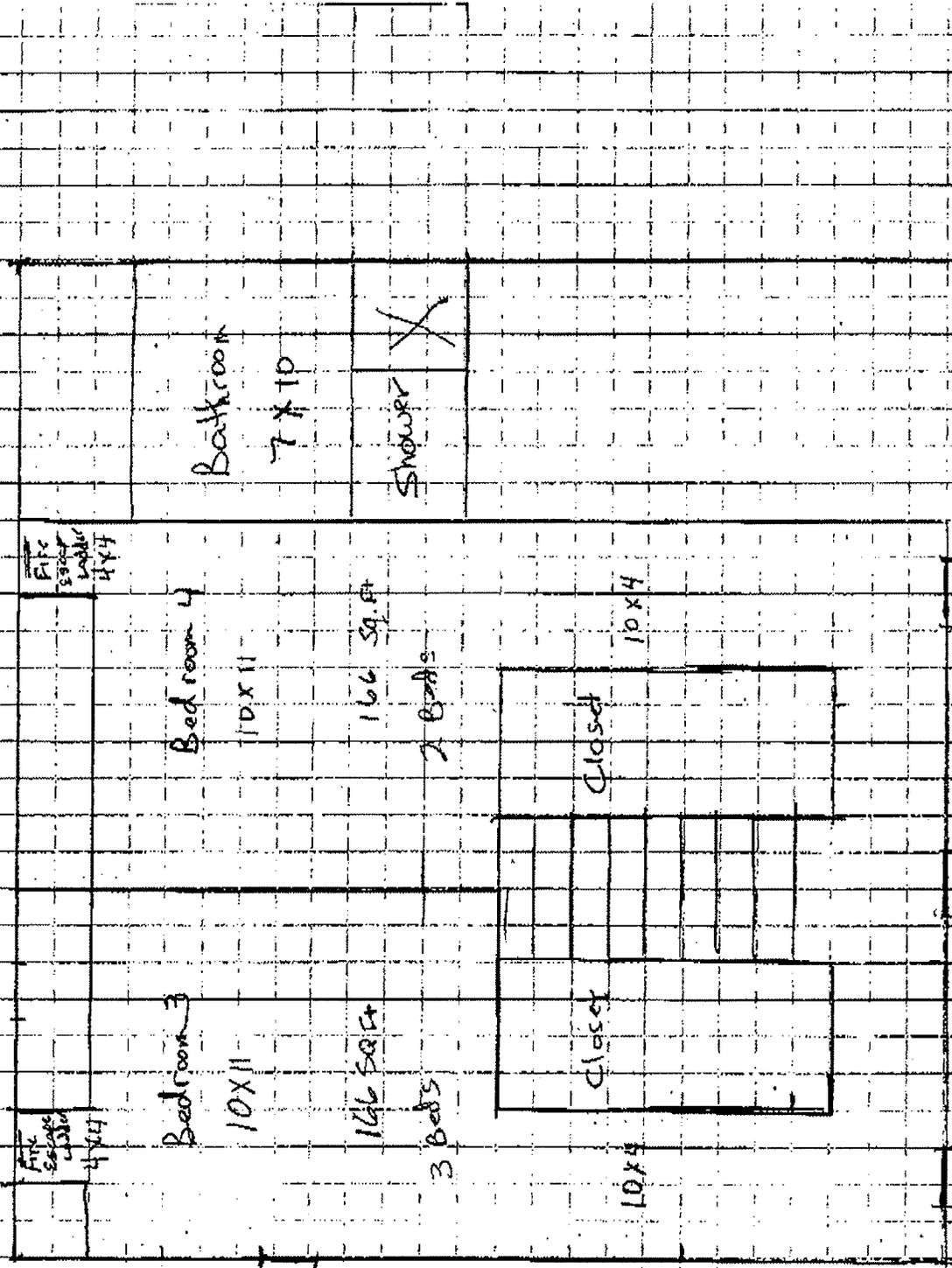
Stairs
to
Second
Floor

Stairs
to
Second
Floor

1029 CAPITAL 1st Floor

VISA Holdings LLC

1029 Capital Street
2nd Floor



1029 CAPITAL 2ND FLOOR

2 of 2

RESOLUTION NO. _____

ITEM 17

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

IT APPROVES a Conditional Use Permit to VIDA Holdings LLC, to allow a Group Lodging Facility at 613 Vine Street with the contingencies listed in the Staff Report.

Plan Commission recommendation was to deny so super-majority 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: May 18, 2015

Date Passed:



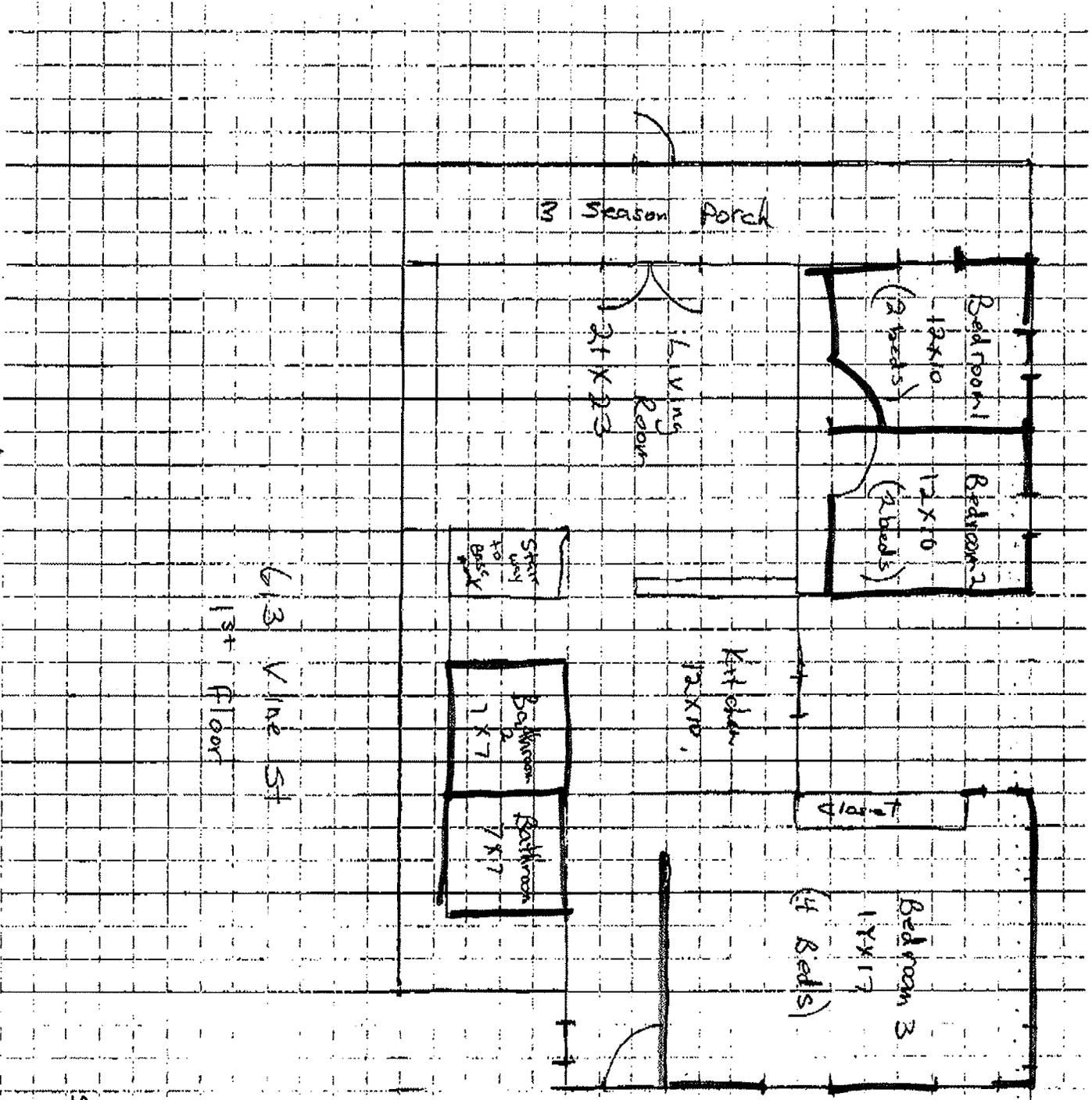
Wisconsin Dells

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613 VINE 1st Floor

613 Vine St
1st Floor

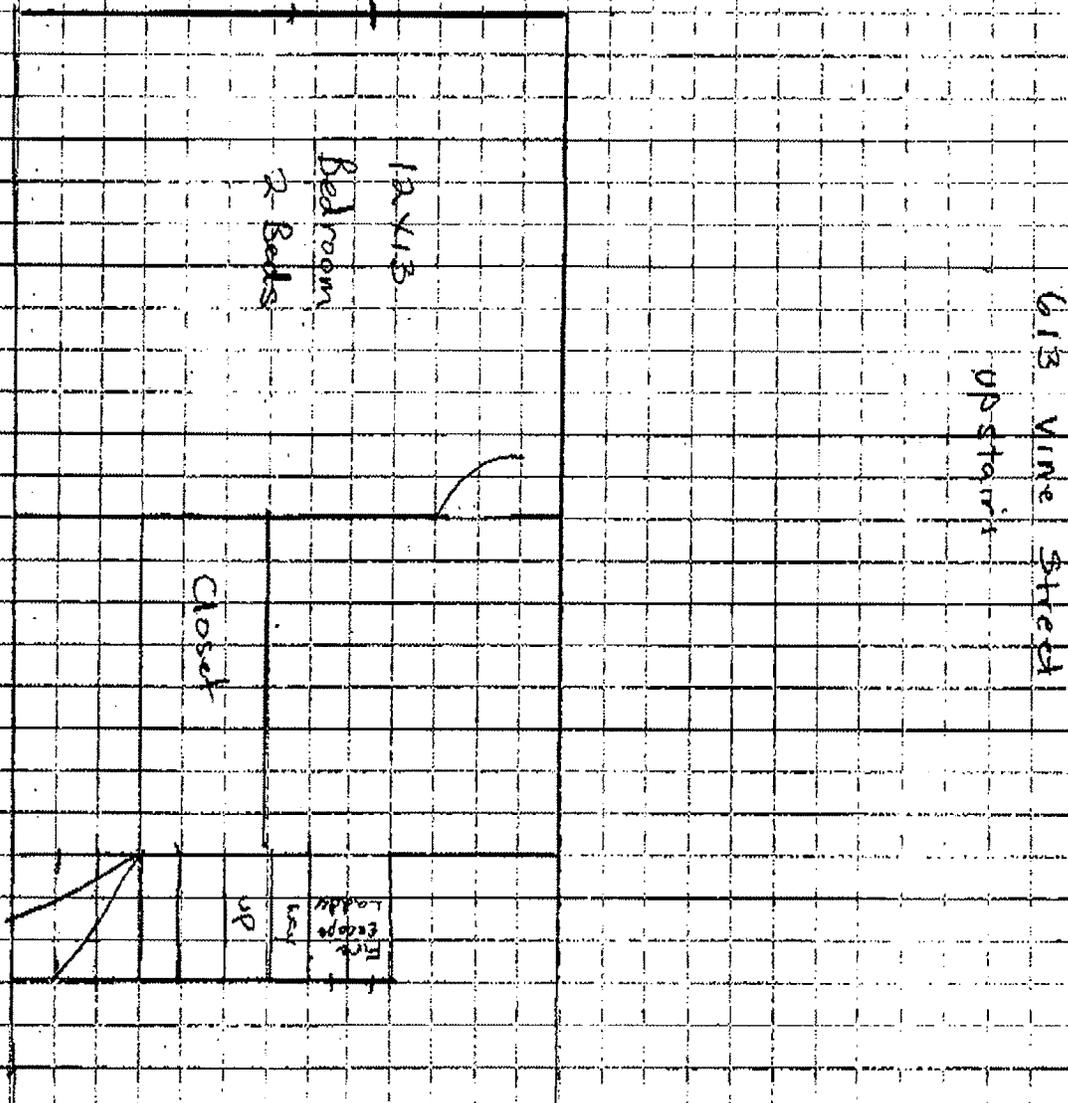


VIDA Holdings LLC

Scale = 2'

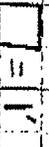
Page 1 of 2

613 VINE 2ND FLOOR



Vida Holdings LLC

Scale



Page 2 of 2

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	5684
Application number	_____

1. Applicant information

Applicant name VIDA HOLDINGS LLC
 Street address W1155 RUDYS LANE
 City MONTELLO
 State and zip code WI 53949
 Daytime telephone number 847-361-5969 / 224-558-3211
 Fax number, if any 847-803-8571
 E-mail, if any VIDAHOLDINGS@YAHOO.COM

2. Subject property information

Street address	<u>613 VINE ST, WISCONSIN DELLS, WI</u>
Parcel number	<small>Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.</small>
Current zoning classification(s)	<u>RESIDENTIAL HOUSE.</u>
Describe the current use	<u>RENTAL RESIDENTIAL PROPERTY.</u>

3. Proposed use. Describe the proposed use.

TO BE USED AS A RENTAL HOUSE FOR EITHER SEASONAL EMPLOYEES OR REGULAR FAMILY

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

RENTAL PROPERTY.

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

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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.

N/A

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
N/A

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site
None

c. The suitability of the subject property for the proposed use
SUITS IT FINE

d. Effects of the proposed use on the natural environment
None

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances
None

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district
None

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

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 18

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC WORKS COMMITTEE from their May 18, 2015 meeting;

IT APPROVES the request from the American Legion to place 50 American flag pole attachments on downtown light poles with the understanding that the American Legion is to be responsible for the flags and the maintain them.

Brian L. Landers, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays _____ abst.

Date Introduced: May 18, 2015

Date Passed:

Date Published:

ORDINANCE NO. A-765
(Southfork Annexation - MBR No. 13839)

ITEM 19

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

SECTION 1: Territory Annexed by Direct Annexation.

In accordance with Wis. State Statute sec. 66.0217(2) and the Petition for Direct Annexation by Unanimous Consent filed with the City Clerk on the 2nd day of March, 2015, by property owner Tru-Ax LLC, Rhonda Oines, the following described territory in the Town of Newport, Columbia County, Wisconsin is hereby annexed in to the City of Wisconsin Dells, Wisconsin and the zoning map as set forth in section 19.612 of the Wisconsin Dells Municipal Code is hereby permanently amended to include the property set forth below. Total acres of said property is 23. Population is 0. Annexation boundary map is attached as Exhibit A. Legal description is attached as Exhibit B. Upon annexation, said property will become part of City of Wisconsin Dells Ward 1.

SECTION 2: Effect of Annexation.

From and after the effective date of this ordinance, the territory described in Section 1 shall be a part of the City of Wisconsin Dells for any and all purposes provided by law, and all persons residing within such territory shall be subject to all ordinances, rules and regulations governing the City of Wisconsin Dells.

SECTION 3. Temporary Zoning Classification.

The territory annexed to the City of Wisconsin Dells shall by this ordinance be temporarily zoned C-4 Commercial-Large Scale.

SECTION 4. Severability.

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 5. Effective Date.

This ordinance shall take effect upon passage and publication as provided by law and becomes part of the Zoning Map for the City of Wisconsin Dells.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED: April 13, 2015

FIRST PASSED: April 13, 2015

SECOND READING PASSED:

Tax Parcel Map

EXHIBIT

A

MAP SCALE 1:11,931

SOURCE Columbia County Land Information
www.co.columbia.wi.us/ColumbiaCounty/LandInformation

DATE March 4, 2015

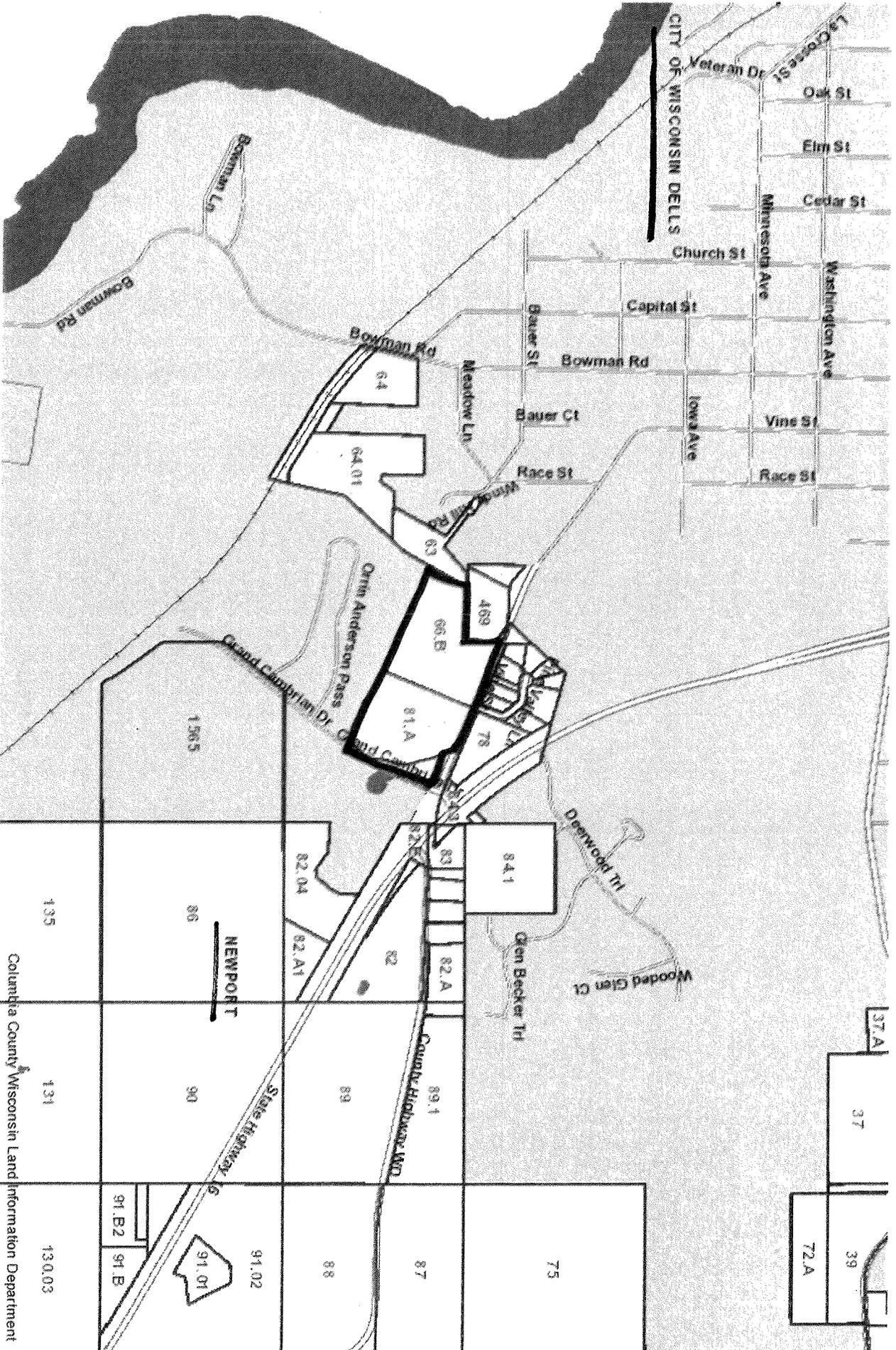


EXHIBIT B
73830

DESCRIPTION OF PARCEL A:

Part of the SW $\frac{1}{4}$ -NW $\frac{1}{4}$ and NW $\frac{1}{4}$ -SW $\frac{1}{4}$, Section 11 and NE $\frac{1}{4}$ -SE $\frac{1}{4}$, Section 10, T13N, R6E, Town of Newport, Columbia County, Wisconsin bounded by the following described line: Beginning at a point that is on the E-W quarter line of Section 10 and 13.71 chains east of the northwest corner of said NE $\frac{1}{4}$ -SE $\frac{1}{4}$; thence EAST on said quarter line to the E $\frac{1}{4}$ corner of said Section 10; thence NORTH on the west line of said Section 11, 254.1 feet to the center line of Vine Street; thence S67°13'E, 511.0 feet along said center line of Vine Street; thence S22°47'W, 715.00 feet; thence N67°13'W, 840 feet, more or less, to a point that is S30°W from the point of beginning; thence N30°E, 328 feet, more or less to the point of beginning.

Said parcel contains 10.7 acres, more or less, and is subject to highway and other easements of record.

DESCRIPTION OF PARCEL B:

Part of the NW $\frac{1}{4}$ -SW $\frac{1}{4}$, Section 11, T13N, R6E, Town of Newport, Columbia County, Wisconsin bounded by the following described line: Commencing at the W $\frac{1}{4}$ corner of said Section 11; thence North, 254.1 feet along the west line of said Section 11 to the center line of Vine Street; thence S67°13'E along said center line of Vine Street, 861.0 feet; thence S15°13'E, 383.6 feet; thence S15°14'W, 171.0 feet; thence S6°07'W, 80.0 feet; thence S36°22'W, 171.2 feet to the point of beginning; thence N36°22'E, 171.2 feet; thence N6°07'E, 80.0 feet; thence N15°14'E, 171.0 feet; thence N15°13'W to the southerly line of STM 16 (recorded as USH 16) as recorded in Records 196 page 165; thence Southeasterly along said southerly line of STM 16 to the northwest corner of land described in Records 157 page 269, also being on the easterly R/W line of Lynch Road; thence S23°56'45"W along said easterly R/W line, 231.60 feet; thence Southerly on a curve to the right, radius 2335.01 feet, to a point that is S67°13'E from the point of beginning; thence N67°13'W, 33 feet, more or less, to the point of beginning.

Said parcel contains 1.8 acres, more or less, and is subject to highway and other easements of record.

DESCRIPTION OF PARCEL C:

Part of the NE $\frac{1}{4}$ -SE $\frac{1}{4}$, Section 10 and NW $\frac{1}{4}$ -SW $\frac{1}{4}$, Section 11, T13N, R6E, Town of Newport, Columbia County, Wisconsin bounded by the following described line: Commencing at the E $\frac{1}{4}$ corner of said Section 10; thence SOUTH along the section line, 819.07 feet; thence S78°50'E, 13.58 feet; thence S86°22'E, 319.98 feet; thence N71°11'E, 216.67 feet; thence S75°10'E, 212.58 feet to the point of beginning and the southeast corner of lands owned by James Flock described in Records 362 page 581; thence N75°10'W, 212.58 feet; thence S71°11'W, 216.67 feet; thence N86°22'W, 319.98 feet; thence N78°50'W, 384.80 feet; thence N64°46'W, 448 feet, more or less, to west line of Aqua Ducks land; thence N42°E along said west line, 134 feet, more or less, to an angle point in said west line; thence N30°E, 200 feet, more or less, to a point that is N67°13'W from the point of beginning; thence S67°13'E, 1430 feet, more or less, to the point of beginning.

Said parcel contains 7.8 acres and is subject to easements of record.

An agreement has been signed by Ronnie Flock and Ken Carlson to exclude setting stakes on all of the above parcels except the south line of Parcel C.

SURVEYORS CERTIFICATE:

I, Kenneth G. Carlson, registered land surveyor, hereby certify that I have surveyed, staked and mapped the above described parcels and have complied with the provisions of A-E 7 of the Wisconsin Adm. Code to the best of my knowledge, information and belief.

June 3, 1991
Date

Kenneth G. Carlson
Kenneth G. Carlson



ORDINANCE NO. A-766
(Southfork Permanent Zoning for Annexation)

ITEM 20

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

SECTION I: PURPOSE

The purpose of this ordinance is to establish permanent zoning on recently annexed lands.

SECTION II: PROVISIONS AMENDED

The zoning map for the City of Wisconsin Dells as set forth in the official map provided for in the Wisconsin Dells Code of Ordinances is hereby permanently amended so as to zone the territory as provided below.

SECTION III: PROPERTY PERMANENTLY ZONED

The following property is hereby permanently zoned C-4 Large Scale Commercial upon annexation into the City of Wisconsin Dells:

Columbia County Tax Parcel: 11028-81A, 11028-81A.1 and 11028-66.B

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 Zoning Map for the Wisconsin Dells.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED: April 13, 2015

FIRST READING PASSED: April 13, 2015

SECOND READING:

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-767

ITEM 21

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

INTENT:

This ordinance updates the City's mobile home code section to reflect current state law and rules.

SECTION II: PROVISION CREATED

Wisconsin Dells Code secs. 16.03(1) and 16.03(2) are re-titled and amended.
Wisconsin Dells Code secs. 16.03(10)(c) and 16.03 (17)(c) are created.

SECTION III: SECTION AS CREATED

A. 16.03 Manufactured and Mobile Home Communities.

(1) Purpose.

(a) It is the intent and purpose of this section to regulate manufactured and mobile home communities in the City of Wisconsin Dells to provide adequate standards to protect the public health, safety, convenience and general welfare, consistent with Wis. Stat. Sec. 66.0435 and Wis. Admin. Code Chap. SPS 326.

(b) No person shall establish, operate or maintain, or permit to be established, operated or maintained upon any property owned, leased or controlled, a manufactured and mobile home community within the limits of the City without having first secured a license. The license year shall be from July 1 to June 30 and may be renewed under the provisions of this section for additional periods of one year.

(c) The application for a license or renewal shall be filed with the City Clerk and shall be accompanied by the fee in the amount set forth in City Fee Schedule. A fee shall be paid for each transfer of a license. A license may not be transferred or assigned to a new owner.

(2) Definitions.

The definitions of Wis. Stat. Sec. 66.0435 and Wis. Admin. Code Chap. SPS 326 are adopted by reference as if fully set forth.

B. Code Section 16.03(10)(c) is created.

(c) No person shall park any mobile home on any platted street, alley, highway or other public right-of-way.

C. Code Section 16.03(17)(c) is created.

- (17) Bond. The Fee required by code sec. (1)(c) shall be accompanied by a surety bond in the amount of Five Thousand and 00/100 Dollars (~~\$5,000.00~~). The bond shall guarantee the collection by the licensee of the monthly parking permit fee provided for insubsec.15 and the payment of such fees to the City, the payment by the licensee of any fine or forfeiture including legal costs imposed upon or levied against said licensee for a violation of the ordinances of the City pursuant to which such license is granted, and shall also be for the use and benefit and may be prosecuted and recovery had thereon by any person who may be injured or damaged by reason of the license violating the provisions of this section.

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: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 16.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED: April 13, 2015
First Reading Passed: April 13, 2015
Second Reading Passed:
Published: April 22, 2015

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-768
(Smoking and Smoking Products)

ITEM 22

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

SECTION I: PURPOSE

This ordinance is a recodification of the City Code Section regarding smoking and smoking products. It reflects the state smoking ban and recent regulation of nicotine products.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 18.06 is repealed and recreated.

SECTION III: PROVISION AS CREATED:

18.06 Smoking and Smoking Products

- (1) Smoking Prohibited. Wis. Stat. sec. 101.123, State Smoking Prohibition, as amended from time to time is adopted by reference.
- (2) Tobacco on school property. Wis. Stat. sec. 120.12(20) is adopted by reference.
- (3) Minors.

(a) Definitions in this subsection:

1. "Cigarette" has the meaning given in Wis. Stat. sec. 139.30(1m).
2. "Minor" means a person who is less than 18 years of age.
3. "Law Enforcement Officer" has the meaning given in Wis. Stat. sec. 30.50(4s).
4. "Tobacco Products" has the meaning given in Wis. Stat. sec. 139.75(12).
5. "Nicotine Product" has the meaning given in Wis. Stat. sec. 134.66(1)(f).

(b) Except as provided in subsection (c), no minor may do any of the following:

1. Buy or attempt to buy any cigarette, tobacco product or nicotine product.
2. Falsely represent their age for the purpose of receiving any cigarette, tobacco product, or nicotine product.
3. Possess any cigarette, tobacco product or nicotine product.

- (c) A minor may purchase or possess cigarettes, tobacco products or nicotine products for the sole purpose of resale in the course of employment during their working hours if employed by a retailer licensed under Wis. Stat. sec. 134.65(1)
- (d) A law enforcement officer shall seize any cigarette, tobacco product or nicotine product involved in any violation of subsection (2) committed in their presence.
- (e) No person may procure for, sell, dispense, furnish or give away any cigarette, tobacco products or nicotine product to a minor.

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 18.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

INTRODUCED: April 13, 2015
First Reading Passed: April 13, 2015
Second Reading Passed:
Published: April 22, 2015

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 12 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 March 16, 2016 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.

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: _____