

# CITY OF WISCONSIN DELLS MEETING AGENDA

**MEETING DESCRIPTION: LEGISLATIVE COMMITTEE**

**DATE: MONDAY, MARCH 9, 2015 TIME: 6:30PM LOCATION: MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965**

		COMMITTEE MEMBERS	
		Ald. Mike Freel, Chair	Ald. Ed Wojnicz
		Mayor Brian Landers	Ald. Ed Fox
AGENDA ITEMS			
1	CALL TO ORDER AND ATTENDANCE NOTED		
2	APPROVAL OF THE FEBRUARY 9, 2015 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF TAXICAB SERVICE LICENSES RECEIVED FROM THE FOLLOWING FOR THE LICENSING PERIOD OF APRIL 1, 2015 THROUGH MARCH 31, 2016: <ul style="list-style-type: none"> <li>• AAA TAXI OWNED BY ADAM NYKAZA</li> <li>• A-1 WISCONSIN DELLS KANGAROO TAXI OWNED BY JEREMY RINGDAHL</li> <li>• CITY TAXI OWNED BY CALIN BOBEANU</li> <li>• DELLS CAB COMPANY OWNED BY LARRY VOLKEY</li> <li>• SUREWAY TAXI SERVICES OWNED BY MICHAEL COLEMAN</li> <li>• WISCONSIN DELLS TAXI OWNED BY KESHIA GREGERSON</li> </ul>		
4	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY CHEESEY TOMATO LLC, RICK MUELLER AGENT, FOR THE CHEESEY TOMATO AT 27 BROADWAY FOR THE LICENSING PERIOD OF MARCH 24, 2015 THROUGH JUNE 30, 2015		
5	DISCUSSION/DECISION ON APPLICATION FOR CIGARETTE/TOBACCO PRODUCTS RETAIL LICENSE SUBMITTED BY DRAGON BREATH VAPOR LLC FOR 410 ½ BROADWAY (CHALET BUILDING) UNIT #6		
6	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO CREATE CODE SEC. 16.29 REGULATING THE USE AND SALE OF ELECTRONIC SMOKING DEVICES		
7	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO REPEAL AND RECREATE CODE SEC. 19.728 WIRELESS TELECOMMUNICATION MOBILE SERVICE FACILITIES		
8	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO REPEAL AND RECREATE CODE SEC. 9.02(12) KFD VOLUNTEER FUNDS		
9	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO CREATE CODE SEC. 19.812 REGULATING OUTDOOR DISPLAYS OF RETAIL MERCHANDISE		
10	ITEMS FOR REFERRAL TO SUBSEQUENT MEETING		
11	ADJOURNMENT		
		ALD. MIKE FREEL	DISTRIBUTED: 03/06/2015
<p><b>Open Meetings Notice:</b> If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice.</p> <p>Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>			

CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 3

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New  Renewal

Date Submitted: 2-26-2015 Amount Paid: \$ 275.00 Receipt No. 49917

Name of Applicant (Last, First, MI): Nykazim Adams

Address of Applicant: 2910 Wisconsin Dells Pkwy Wisconsin Dells WI 53965

Date of Birth: 8-28-83 Daytime Telephone Number: 608-354-6420

Applicant's Drivers License Number: W220 0088 3308 05 State: WI

Business Name: AAA Taxi Telephone No. 1-877-354-6420

Business Address: 2910 Wisconsin Dells Pkwy Wisconsin Dells WI 53965

Proposed hours of Operation: 24/7

Name of Auto Insurance Carrier: (Attach Proof of Coverage for all vehicles): Northern States

Rate Schedule: 3<sup>00</sup> per person 3<sup>00</sup> per mile

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Nykazim Adams  
Signature of Applicant

2-15-15

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. \_\_\_\_\_ Vehicle Inspection(s) done: \_\_\_\_\_
- License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 20\_\_\_\_
- Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Tri-City Insurance Agency, Inc. 531 Vine Street Wisconsin Dells, WI 53965	<b>CONTACT NAME:</b> Patricia Holton
	<b>PHONE (A/C, No, Ext):</b> 608-254-2521 <b>FAX (A/C, No):</b> 608-254-6491 <b>E-MAIL ADDRESS:</b> pholton@tricityagency.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> National Liability & Fire Ins Co	<b>NAIC #</b>
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED** 608-254-7317  
 AAA Taxi  
 Mark Nykaza dba  
 2960 Wisconsin Dells Parkway  
 Wisconsin Dells, WI 53965

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			70APS042372	06/28/2014	06/28/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

1999 Eldorado #1FDWE30S7XHA75302  
 2004 Ford Econoline # 1FBSS31S54HA95591  
 1999 Ford Van #1FDXE40F9XHB01119  
 2006 Eldorado #1N9TBAC687C084137  
 2000 Thomas Built #1T88R4B15Y1082348

<b>CERTIFICATE HOLDER</b> City of Wisconsin Dells PO Box 655 Wisconsin Dells, WI 53965	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New  Renewal

Date Submitted: 3-3-15 Amount Paid: \$ 325.00 Receipt No. 49972  
#5

Name of Applicant (Last, First, MI): Bingdahl, Jeremy, Steven

Address of Applicant: 227 Canyon Rd. #3 Lake Delton, WI 53940

Date of Birth: 2/27/83 Daytime Telephone Number: 608-432-4627

Applicant's Drivers License Number: R523-4378-3067-09 State: WI.

Business Name: Wisconsin Dells Kangaroo taxi Telephone No. 608-432-4627

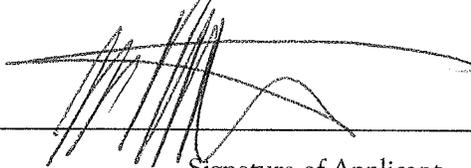
Business Address: P.O. Box 629 Lake Delton, WI 53940

Proposed hours of Operation: 8Am-230Am Sun-Thur  
8Am-330Am Fri & Sat.

Name of Auto Insurance Carrier: (Attach Proof of Coverage): \_\_\_\_\_

Proposed Rate Schedule: 8Am-midnight: \$2 per mile / \$2 per person  
12:01Am-3:30Am- \$3 per mile / \$3 per person - \$10 minimum

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

  
\_\_\_\_\_  
Signature of Applicant

3-3-15  
\_\_\_\_\_  
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. \_\_\_\_\_
- License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 20\_\_\_\_  
Conditions (if any): \_\_\_\_\_
- 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. 01/14





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2015 1:05 PM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>IRV HOUGOM AGENCY</b> 105 S. 7TH ST. LA CROSSE, WI 54601		<b>CONTACT NAME:</b> Northern States Agency, Inc. <b>PHONE (A/C. No., Ext):</b> 6516462651 <b>FAC (A/C. No.):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>DELLS ROO LLC</b> PO BOX 629 LAKE DELTON, WI 53940		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: <b>NATIONAL INDEMNITY COMPANY</b> <b>20087</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

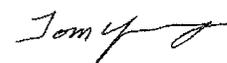
**COVERAGES**      **CERTIFICATE NUMBER:** 95,215      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	<b>AUTOMOBILE AUTHORITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			70APS041129-02	08/01/2014 12:01 AM	08/01/2015 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per Person)	\$ N/A
							BODILY INJURY (Per accident)	\$ N/A
							PROPERTY DAMAGE (Per accident)	\$ N/A
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LAB</b> <input type="checkbox"/> CLAIMS-MADE DEQ    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS	OTH-ER
							E. L. EACH ACCIDENT	\$
							E. L. DISEASE - EA EMPLOYEE	\$
							E. L. DISEASE - POLICY LIMIT	\$
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Vehicle Schedule: see attached

<b>CERTIFICATE HOLDER</b> City of Wisconsin Dells 300 La Crosse Street PO Box 655 WISCONSIN DELLS, WI 53965	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**Vehicle Schedule**

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2000 FORD ECONOLINE 1FBSS31L6YHA19084	N/A		N/A	N/A	N/A	N/A
2005 DODGE CARAVAN 2D4GP44L15R477056	N/A		N/A	N/A	N/A	N/A
2005 DODGE CARAVAN 2D4GP44L15R488512	N/A		N/A	N/A	N/A	N/A
2008 FORD ECONOLINE 1FBSS31L98DB17016	N/A		N/A	N/A	N/A	N/A
2010 FORD E-350 WAGON 1FBSS3BL4ADA52385	N/A		N/A	N/A	N/A	N/A
2009 DODGE GRAND CARAVAN 2D8HN44E79R686687	N/A		N/A	N/A	N/A	N/A

CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New  Renewal

Date Submitted: 2.19.2015 Amount Paid: \$ 300.00 Receipt No. 49836

Name of Applicant (Last, First, MI): Babeonu Colin S

Address of Applicant: 177 Forest Drive Apt 915 Wisconsin Dells WI 53965

Date of Birth: 9.23.77 Daytime Telephone Number: 608 432 2401

Applicant's Drivers License Number: B150 11777343 00 State: \_\_\_\_\_

Business Name: ProInvest LLC dba City Taxi Telephone No. 608 448 1818

Business Address: 177 Forest Drive Apt 915 Wisconsin Dells, WI, 53965

Proposed hours of Operation: 8 am - 3 am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): Castle Pount

Proposed Rate Schedule: 8am - midnight \$1.25 /log drop \$1.92 /mile, \$2.50 per  
midnight - 3am \$1.25 /log drop \$2.90 /mile, \$2.50 per  
discounted rates for J1 students;

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]  
Signature of Applicant

2.19.2015  
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. 02/20/15 RC -CH

License Approved: [Signature] License Valid from 2/25, 20 15 through March 31, 20 16

Conditions (if any): \_\_\_\_\_

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> <b>AdvisorNet Property and Casualty LLC</b> 701 4th Avenue South Suite 1620 <b>Minneapolis MN 55415</b>	<b>CONTACT NAME:</b> Amy Kustrich <b>PHONE (A/C, No, Ext):</b> (866) 896-0281 <b>FAX (A/C, No):</b> (612) 313-7574 <b>E-MAIL ADDRESS:</b> akustrich@advisornetpc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Pro Invest LLC, DBA: City Taxi</b> 177 Forest Drive  <b>Wisconsin Dells WI 53965</b>	<b>INSURER A:</b> American Country Insurance Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 2014-2015** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			WI 1-66-00	7/24/2014	7/24/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Uninsured motorist BI split limit \$ 100,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 2002 Dodge Ram 3500  
 Vin #2B5WB35Y32K138615

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nick Mahlik/AK



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2014

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<b>PRODUCER</b> American Business Ins. Services, Inc.  32107 W. Lindero Canyon Rd #120 Westlake Village, CA 91361	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): (800) 980-1950      FAX (A/C No): E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: CastlePoint National Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC#</b>
<b>INSURED</b> Proinvest, LLC dba City Taxi 177 Forest Drive Apt 915 Wisconsin Dells, WI 53965		

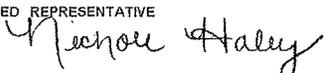
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>BAPBZ0946214</b>	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ <b>100,000</b> BODILY INJURY (Per accident) \$ <b>300,000</b> PROPERTY DAMAGE (Per accident) \$ <b>100,000</b> UM/UM \$ <b>100/300</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 2002 Ford Windstar 2FMZA51452BB22157 & 2005 Ford Crown Victoria 2FAPF71W65X178141  
 2007 Chevrolet 1GNDV23177D101100

\*10 Day Notice of Cancellation in the event of Non-Payment of Premium.

<b>CERTIFICATE HOLDER</b> EVIDENCE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New

Renewal

Date Submitted: 2/24/15 Amount Paid: \$ 275.00 Receipt No. 49894 *ajs*

Name of Applicant (Last, First, MI): Volkey Larry K

Address of Applicant: 918 Capital St. Wisc Dells, WI 53965

Date of Birth: 9-10-63 Daytime Telephone Number: (608) 434-3166

Applicant's Drivers License Number: V420-5316-3330-04 State: WI

Business Name: Dells Cab Telephone No. (608) 434-3166

Business Address: 918 Capital St Wisc. Dells, WI 53965

Proposed hours of Operation: 7AM-3AM extended hours as needed

Name of Auto Insurance Carrier: (Attach Proof of Coverage for all vehicles): American Country Ins Co

Rate Schedule: Dells to Dells \$5 1st person \$2 each additional persons same. Delton to Delton, Dells to Delton, Delton to Dells \$10 1st person \$2 each additional passenger, out of city/village limits \$2 per person \$2 per mile with an \$8 minimum charge

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.



Signature of Applicant

2/24/14

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. \_\_\_\_\_ Vehicle Inspection(s) done: \_\_\_\_\_
- License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 20\_\_\_\_
- Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_



# ACORD BUSINESS AUTO SECTION

OP ID: A2

DATE (MM/DD/YY)  
8/22/2014

PRODUCER PHONE (A/C, No, Ext): 502-893-2020  
FAX NO. (A/C, No, Ext): 502-897-1533  
Kiely, Hines & Assoc. Ins.  
6100 Dutchmans Lane 10th Floor  
P O Box 7669  
Louisville, KY 40257-0669  
James A Bohn New

APPLICANT (First Named Insured)  
Dells Cab Company

EFFECTIVE DATE: 8/24/14    EXPIRATION DATE: 8/24/15     DIRECT BILL    PAYMENT PLAN    AUDIT  
 AGENCY BILL

FOR COMPANY USE ONLY

AGENCY CUSTOMER ID: DELLS-2

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ 100,000				
	2 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$ 300,000				
	3 <input type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$ 100,000				
PERSONAL INJURY PROTECTION	5 <input type="checkbox"/> 7 <input type="checkbox"/>	OR EQUIVALENT DEDUCTIBLE NO-FAULT COVERAGE \$	PHYSICAL DAMAGE			
ADDITIONAL P.I.P.	6 <input type="checkbox"/> 7 <input type="checkbox"/>	TOTAL W/C \$ M/E \$	TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$	
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	EACH PERSON \$ 1,000	COMPREHENSIVE	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>		
UNINSURED MOTORIST	2 <input type="checkbox"/> 8 <input type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ 100,000	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/>		
	3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$ 300,000	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>		
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$ 100,000				
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 4 <input type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ 100,000 BI EACH ACCIDENT \$ 300,000 PROPERTY DAMAGE \$ 100,000				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	NUMBER OF	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
			COVERAGE IS: PRIMARY SECONDARY			

ENDORSEMENTS, FORMS, CONDITIONS PIP Per/Acc Limits:

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

DRIVER INFORMATION (Include drivers who frequently use own vehicles)

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE
001	Tasha Bruckert hired 2010	08/07/81		B6268128178707	WI		
002	Kirk R Zagorski hired 2012	07/08/59		Z2625165926802	WI		
003	Pattarin T Ryersons	10/30/84		R6256648489006	WI		
004	Geraldne M Ryerson	12/02/30		R62528330943	IL		
005	Crista Didrickson	05/02/86		D326-1048-6662-02	WI		
006	Christina Brooks	05/02/86		B620-1126-9845-03	WI		

VEHICLE DESCRIPTION

VEH # 003 YEAR 2006 MAKE: Toyota MODEL: Sienna BODY TYPE: V.I.N.: 5TDZA23C66S515628 SYMAGE \$ COST NEW \$

CITY, STATE, ZIP WHERE GARAGED TERR GVW/GCW CLASS SIC FACTOR SEAT CH RADIUS FARTHEST TERM

DRIVE TO WORK/SCHOOL	USE	COMM L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
<input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP			<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

VEHICLE DESCRIPTION (continued)																
VEH #	YEAR	MAKE: Chevy	MODEL: 3500		BODY TYPE:	V.I.N.: 1GBHG31F4X1121822				SYMIAGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED					TERR	GVWIGCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT						
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	UNINS MOTOR	FTW	COLL	\$	\$			COLL			
VEH #	YEAR	MAKE: Chevy	MODEL: Express		BODY TYPE:	V.I.N.: 1GAGG25R5Y1183617				SYMIAGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED					TERR	GVWIGCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT						
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	UNINS MOTOR	FTW	COLL	\$	\$			COLL			
VEH #	YEAR	MAKE: Toyota	MODEL: Sienna		BODY TYPE:	V.I.N.: 4T32F13CW3WU058142				SYMIAGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED					TERR	GVWIGCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT						
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	UNINS MOTOR	FTW	COLL	\$	\$			COLL			
VEH #	YEAR	MAKE:	MODEL:		BODY TYPE:	V.I.N.:				SYMIAGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED					TERR	GVWIGCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT						
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	UNINS MOTOR	FTW	COLL	\$	\$			COLL			
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH accord 46 FOR ADDITIONAL NAMES)																
INTEREST	RANK:	NAME AND ADDRESS			REFERENCE #:	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER							
ADDITIONAL INSURED									LOCATION:	BUILDING:						
LOSS PAYEE									VEHICLE:	BOAT:						
MORTGAGEE									SCHEDULED ITEM NUMBER:							
LIENHOLDER									OTHER							
EMPLOYEE AS LESSOR																
ITEM DESCRIPTION:																
GENERAL INFORMATION																
EXPLAIN ALL "YES" RESPONSES					YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?					X				
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?					X		8. ANY HOLD HARMLESS AGREEMENTS?					X				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?					X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.					X				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?					X		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?					X				
4. ARE ANY VEHICLES LEASED TO OTHERS?					X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?					X				
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?					X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?					X				
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?					X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?					X				
7. ARE ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?					X		14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?					X				
DESCRIPTION OF GARAGE/STORAGE LOCATIONS										MAXIMUM DOLLAR VALUE SUBJECT TO LOSS						
REMARKS																
UNINSURED AND UNDERINSURED MOTORIST'S COVERAGES (Check the appropriate box(es) below and sign where applicable)																
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.																
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORIST'S (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:					<input checked="" type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS. <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.											
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.					1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP 2. I REJECT UM BODILY INJURY COVERAGE 3. I REJECT UIM BODILY INJURY COVERAGE 4. I REJECT UM PROPERTY DAMAGE COVERAGE 5. I REJECT UIM PROPERTY DAMAGE COVERAGE					8/22/19 (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE)						
ACCORD 127 (2/86) ATTACH TO APPLICANT INFORMATION SECTION																

CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New  Renewal

Date Submitted: 2/23/15 Amount Paid: \$ 300.00 Receipt No. 49878

Name of Applicant (Last, First, MI): COHEMAN, MICHAEL R.

Address of Applicant: 1110 RACE ST. WISCONSIN DELLS WI, 53965

Date of Birth: Aug. 5, 1940 Daytime Telephone Number: 608-434-5540

Applicant's Drivers License Number: C455-5564-0285-07 State: WI.

Business Name: SUREWAY TAXI SERVICES Telephone No. 253-2129

Business Address: 1110 RACE ST. WISCONSIN DELLS WI, 53965

Proposed hours of Operation: 24/7

Name of Auto Insurance Carrier: (Attach Proof of Coverage for all vehicles): AMERICAN SERVICE INS.

Rate Schedule: \$8.00 + No Higher \$10.00 JAMES A. BOHN

CHILDREN WITH PARENTS RIDE FREE 502-893-2020

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.



Signature of Applicant

2/23/15

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. \_\_\_\_\_ Vehicle Inspection(s) done: \_\_\_\_\_
- License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 20\_\_\_\_
- Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_





SUREW-1

OP ID: A2

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kiely, Hines & Assoc. Ins. 6100 Dutchmans Lane 10th Floor P O Box 7669 Louisville, KY 40257-0669 James A. Bohn	<b>CONTACT NAME:</b> James A. Bohn	
	<b>PHONE (A/C, No., Ext):</b> 502-893-2020	<b>FAX (A/C, No):</b> 502-897-1533
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> American Service Insurance		42897
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Sureway Taxi Service  
 Michael Coleman  
 1110 Race Street  
 Wisconsin Dells, WI 53965

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			WI4000000005-02	08/11/2014	08/11/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

Wisconsin (STATE)

COMPANY NUMBER 12157

COMPANY American Service Insurance [X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER WI4000000005-02

EFFECTIVE DATE 08/11/14

EXPIRATION DATE 08/11/15

YEAR 2002 MAKE/MODEL Dodge

VEHICLE IDENTIFICATION NUMBER 2B8GP54L12R517064

AGENCY/COMPANY ISSUING CARD Kiely, Hines Assoc. Ins. James A. Bohn P O Box 7669 Louisville, KY 40257-0669 502-893-2020 INSURED [ ]

Sureway Taxi Service 1110 Race Street Wisconsin Dells, WI 53965

INSURANCE IDENTIFICATION CARD

Wisconsin (STATE)

COMPANY NUMBER 42897

COMPANY American Service Insurance [X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER WI4000000005-02

EFFECTIVE DATE 08/11/14

EXPIRATION DATE 08/11/15

YEAR 1997 MAKE/MODEL Mercury Grand Ma

VEHICLE IDENTIFICATION NUMBER 2MELM74WXVX660241

AGENCY/COMPANY ISSUING CARD Kiely, Hines Assoc. Ins. James A. Bohn P O Box 7669 Louisville, KY 40257-0669 502-893-2020 INSURED [ ]

Sureway Taxi Service 1110 Race Street Wisconsin Dells, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

Wisconsin (STATE)

COMPANY NUMBER 42897

COMPANY American Service Insurance [X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER WI4000000005-02

EFFECTIVE DATE 08/11/14

EXPIRATION DATE 08/11/15

YEAR 1997 MAKE/MODEL Ford

VEHICLE IDENTIFICATION NUMBER 1FBJS31SOVHB83414

AGENCY/COMPANY ISSUING CARD Kiely, Hines Assoc. Ins. James A. Bohn P O Box 7669 Louisville, KY 40257-0669 502-893-2020 INSURED [ ]

Sureway Taxi Service 1110 Race Street Wisconsin Dells, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

SUREW-1

TR

Wisconsin (STATE)		INSURANCE IDENTIFICATION CARD	
COMPANY NUMBER 12157	COMPANY American Service Insurance	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER WI4000000005-02	EFFECTIVE DATE 08/11/14	EXPIRATION DATE 08/11/15	
YEAR 2001	MAKE/MODEL Chrysler	VEHICLE IDENTIFICATION NUMBER 2C8GP54L41R141879	
AGENCY/COMPANY ISSUING CARD Kiely, Hines Assoc. Ins. James A. Bohn P O Box 7669 Louisville, KY 40257-0669 502-893-2020			
INSURED <input type="checkbox"/>			
Sureway Taxi Service 1110 Race Street Wisconsin Dells, WI 53965			
SEE IMPORTANT NOTICE ON REVERSE SIDE			

Wisconsin (STATE)		INSURANCE IDENTIFICATION CARD	
COMPANY NUMBER 42897	COMPANY American Service Insurance	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER WI4000000005-02	EFFECTIVE DATE 08/11/14	EXPIRATION DATE 08/11/15	
YEAR 2000	MAKE/MODEL Ford	VEHICLE IDENTIFICATION NUMBER 1FMRE11L5YHB25480	
AGENCY/COMPANY ISSUING CARD Kiely, Hines Assoc. Ins. James A. Bohn P O Box 7669 Louisville, KY 40257-0669 502-893-2020			
INSURED <input type="checkbox"/>			
Sureway Taxi Service 1110 Race Street Wisconsin Dells, WI 53965			
SEE IMPORTANT NOTICE ON REVERSE SIDE			

CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New

Renewal

Date Submitted: 2-27-15 Amount Paid: \$ 425.00 Receipt No. 49943 (4M)

Name of Applicant (Last, First, MI): GREGGARSON, KESHIA, M.

Address of Applicant: PO BOX 752 ; WISCONSIN DELLS, WI 53965

Date of Birth: 03/07/1989 Daytime Telephone Number: (608) 253-7433

Applicant's Drivers License Number: G1626-5138-9587-05 State: WI

Business Name: WISCONSIN DELLS TAXI Telephone No. (608) 253-7433

Business Address: PO BOX 752 ; WISCONSIN DELLS, WI 53965

Proposed hours of Operation: Sunday - Thursday 7a-2:30a  
Friday - Saturday 7a-3:30a

Name of Auto Insurance Carrier: (Attach Proof of Coverage for all vehicles): \_\_\_\_\_

Rate Schedule: Before Midnight - \$2.00/person + \$2.00/mile  
After Midnight - \$3.00/person + \$3.00/mile  
\$10.00 min charge

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Keshia Gregerson  
Signature of Applicant

2/26/2015  
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. \_\_\_\_\_ Vehicle Inspection(s) done: \_\_\_\_\_

License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 20\_\_\_\_

Conditions (if any): \_\_\_\_\_

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

# Taxicab Service Vehicle List

Company Name: WISCONSIN BELLS TAXI

Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
02	HONDA	ODYSSEY	5FNRL187X2B007743	451 RRY	7				2-27-15 R# 40943
03	CHEVY	EXPRESS	1GAKG39U831144649	711 RRY	15				
06	GMC	SAVANNAH	1GJGG25U96116181	504 PXL	12				
00	CHEVY	SAVANNAH	1GJHG39R34130930	382 PAK	15				
03	HONDA	ODYSSEY	5FNRL18003B052002	873-TKJ	7				
04	GMC	VAN	1GTHG35U141192492	190 UMT	12				
08	Dodge	CARAVAN	1D8HN44H78B125316	273NG2	7				
08	Dodge	CARAVAN	2D8HN44HX8R778966	790 VPS	7				
08	Chevy	VAN	1GJHG39K881151901	987 WCB	15				
08	GMC	VAN	1GDJG316X81125710	300 VNW	15				

T/M



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> AdvisorNet Property and Casualty LLC 701 4th Avenue South Suite 1620 Minneapolis MN 55415	<b>CONTACT NAME:</b> Natalie Burkart	
	<b>PHONE (A/C, No, Ext):</b> (866) 896-0281	<b>FAX (A/C, No):</b> (612) 313-7574
<b>E-MAIL ADDRESS:</b> nburkart@advisornetpc.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> American Country Insurance Co.		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** CERTIFICATE NUMBER: 2014-2015 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		WI 1-34-01	6/1/2014	6/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 300,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 2002 Honda Odyssey 5FNRL187X2B007743; 2006 GMC Savana G2500 1GJGG25U961116181; 2000 GMC Savana G3500 1GJHG39R3Y1139930; 2003 Chevy Express G3500 1GANG39U831144649; 2003 Honda Odyssey 5FNRL18003B052002; 2004 GMC Savannah 1GTHG35U141192492; 2008 Dodge Grand Caravan 1D8HN44H78B125316; 2008 Dodge Caravan 2D8HN44HX8R778966; GMC Van 1GJHG39K881151901; 2008 GMC Savana 1GDJG316X81125710

<b>CERTIFICATE HOLDER</b>  Proof of coverage	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  D Burkart CPCU/NAT

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning March 24 20 15 ;  
ending June 30 20 15

Applicant's Wisconsin Seller's Permit Number: <u>456-1028592637-02</u>	
Federal Employer Identification Number (FEIN): <u>46-5567296</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>33.32</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>33.32</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	\$ <u>80.64</u>

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Rick Mueller  
Cheesey Tomato LLC

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Owner</u>	<u>Ricky J. Mueller</u>	<u>213 Windy Hill Rd</u>	<u>Wisc. Dells, WI. 53965</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		<u>Rick Mueller</u>		
Directors/Managers				

3. Trade Name ▶ The Cheesey Tomato Business Phone Number 608 432-3305  
4. Address of Premises ▶ 27 Broadway Wisc. Dells Post Office & Zip Code ▶ Wisconsin Dells 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 5/2014 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

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

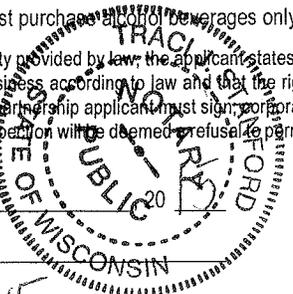
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on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

10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? \_\_\_\_\_
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of February 2015  
[Signature]  
(Clerk/Notary Public)



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

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

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

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>2-19-2015</u>	Date reported to council/board <u>2-23-2015</u>	Date provisional license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted _____	Date license issued _____	License number issued _____	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Cheesey Tomato LLC  
(registered name of corporation/organization or limited liability company)

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

The Cheesey Tomato  
(trade name)

located at 27 Broadway Wisconsin Dells, WI. 53965

appoints Rick Mueller  
(name of appointed agent)

213 Windy Hill Rd. Wisconsin Dells  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 53 yrs.

Place of residence last year 213 Windy Hill Rd, Wisc. Dells

For: Cheesey Tomato LLC  
(name of corporation/organization/limited liability company)

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

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Rick Mueller, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 2/19/15 Agent's age 53  
(signature of agent) (date)

213 Windy Hill Rd, Wisc. Dells Date of birth 9/23/61  
(home address of agent)

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

**ITEM 5**  
MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1028314793-02**

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Dragon Breath Vapor LLC</b>		Federal Employer Identification No. (FEIN) <b>47-1569488</b>
Trade or Business Name (if different than Legal Name)		Telephone Number <b>(608) 742 7977</b>
Business Address (License Location) <b>410 1/2 Broadway #16</b>		Business Telephone ( )
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		County <b>Columbia</b>
City <b>Wise Dells</b>	State <b>WI</b>	ZIP Code <b>53965</b>
Mailing Address (if different than Business Address) <b>N6522 US Hwy 51 #A5</b>		City <b>Portage</b>
		State <b>WI</b>
		ZIP Code <b>53901</b>

Organization (check one)

Sole Proprietor       Wisconsin Corporation – Enter date incorporated: August 2014

Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?       YES       NO

Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco/index.html](http://www.doj.state.wi.us/dls/tobacco/index.html) may be sold in Wisconsin?

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

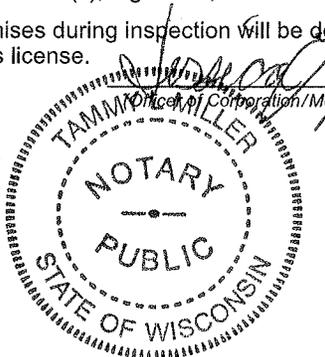
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 27<sup>th</sup> day of February, 2015

Jammy L Miller  
Clerk / Notary Public

My commission expires 4-14-18



Shane Vedvik, Agent  
118 N. Main Street  
Pardeeville, WI

Home	About	Products	Staff
------	-------	----------	-------

### *Our Story*

Dragon Breath Vapor was started by friends who all quit smoking and switched to vaping. We decided that everyone should be able to benefit from quitting smoking. We learned everything we could about vaping and scraped together some cash. Then we started Dragon Breath. Welcome to our dream, where no one is beholden to cigarettes, where you can pick the flavor of your eLiquid from a wide variety of American made eLiquids, where you can find replacements for atomizers instead of throwing away a whole tank and replacing it.

We carry the best hardware available for beginning vapers, and we carry it at the lowest possible prices. Our eLiquid is made on site from USP graded ingredients. It's the best available eLiquid, and it's exclusive to Dragon Breath Vapor.

### *The Shop*

We enjoy building relationships with our customers, so we have a lounge like atmosphere. There's a love seat for watching television, a game table/build area, soda and water for sale and always good people to chat with. The Portage store also has a small collection of board games for use by customers and we host a bi-weekly Vampire: the Masquerade game. There's even talk of starting a Dungeons & Dragons campaign.

### *Wisconsin Dells Shop*

Unfortunately, we don't have as much room in the Dells Shop, so we won't have the same lounge atmosphere, but we will be offering the same high quality low price items!

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City of Wisconsin Dells

ORDINANCE NO. \_\_\_\_\_  
(Electronic Smoking Devices)

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

SECTION I: PURPOSE

This ordinance regulates the use and sale of electronic smoking devices. Electronic smoking devices are currently unregulated and have been proven to emit nicotine, ultra-fine particles, volatile and organic compounds and other toxins. Inhalation of nicotine is proven to be dangerous to everyone, especially children and pregnant women. Exposure to ultrafine particles may exacerbate respiratory illness, such as asthma and may constrict arteries which could trigger a heart attack. The volatile organic compounds, such as formaldehyde and benzene, found in electronic smoking device aerosols as well as conventional cigarette smoke, are proven carcinogens.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 16.29 is created.

SECTION III: PROVISION AS CREATED:

**16.29 ELECTRONIC SMOKING DEVICES**

- (1) Definition.
  - (a) "Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that may be used by a person to simulate smoking through inhalation of vapor or aerosol from the product. This includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.
- (2) Use Prohibited. No person may use an electronic smoking device in any place in the City where smoking of tobacco products is prohibited by law.

(3) Retail Sales.

- (a) No person shall sell, give or furnish or cause to be sold, given or furnished an electronic smoking device or electronic smoking device paraphernalia to a natural person under 18 years of age in any place within the City of Wisconsin Dells.
- (b) Self service displays of electronic smoking devices or electronic smoking device paraphernalia are prohibited.

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 16.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_  
PUBLISHED: \_\_\_\_\_  
PASSED: \_\_\_\_\_

3/5/2015

City of Wisconsin DellsORDINANCE NO. \_\_\_\_\_  
(Wireless telecommunications mobile service facilities)

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

SECTION I: PURPOSE

State law largely pre-empts municipal regulation of cell towers. For example, local height limits, aesthetic criteria and zoning regulations are generally "off limits". This ordinance provides a measure of local oversight consistent with state law. It is primarily procedural rather than substantive; designed to assure that applicants observe the minimal permitted review criteria.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 19.728 is repealed and recreated.

SECTION III: PROVISION AS CREATED:**19.728 Wireless Telecommunication Mobile Service Facilities**

- (1) Purpose. This section is intended to regulate mobile service facilities to the full extent allowed by Wis. Stat. §66.0404 and other applicable laws. Nothing herein is intended to regulate or to authorize the regulation of mobile services facilities in a manner that is preempted or prohibited by Wis. Stat. §66.0404 or other applicable laws.
- (2) Definitions.
  - (a) "Class 1 collocation" means the placement of a new mobile service facility on an existing support structure such that the owner of the facility does not need to construct a free standing support structure for the facility but does need to engage in substantial modification.
  - (b) "Class 2 collocation" means the placement of a new mobile service facility on an existing support structure such that the owner of the facility does not need to construct a free standing support structure for the facility or engage in the substantial modification.

- (c) "Mobile service facility" means the set of equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and associated equipment that is necessary to provide mobile service to a discrete geographical area but does not include the underlying support structure.
- (d) "Mobile service support structure" means a freestanding structure that is designed to support a mobile service facility.
- (e) "Substantial modification" means the modification of a mobile service support structure, including the mounting of an antenna on such a structure, that does any of the following:
  - 1. For structures with an overall height of 200 feet or less, increases the overall height of the structure by more than 20 feet.
  - 2. For structures with an overall height of more than 200 feet, increases the overall height of the structure by 10 percent or more.
  - 3. Measured at the level of the appurtenance added to the structure as a result of the modification, increases the width of the support structure by 20 feet or more, unless a larger area is necessary for collocation.
  - 4. Increases the square footage of an existing compound to a total area of more than 2,500 square feet.
- (f) "Support structure" means an existing or new structure that supports or can support a mobile service facility, including a mobile service support structure, utility pole, water tower, building, or other structures.

(3) New towers and facilities. The siting and construction of new mobile service support structures and facilities shall be subject to the following requirements:

- (a) Application process. The applicant shall submit a written application which shall include all of the following information:
  - 1. The name and business address of, and the contact individual for, the applicant.
  - 2. The location of the proposed support structure.

3. The location of the mobile service facility.
  4. A construction plan which describes the tower, equipment, network components, antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment to be placed on or around the new tower.
  5. An explanation why the applicant chose the proposed location, and why the applicant did not choose collocation, including a sworn statement from the responsible party attesting that collocation within the applicant's service area would not result in the same mobile service functionality, coverage, and capacity; is technically infeasible; or is economically burdensome.
- (b) Fee. Any petition shall be accompanied by a fee in the amount set out in a City fee schedule. Costs incurred by the city in obtaining legal, planning, engineering and other technical and professional advice in connection with the review of the conditional use and preparation of the conditions to be imposed shall be charged to the petitioner. Such fee shall not exceed the limits established by Wis. Stat. §66.040(4)(d). (Note: current limit is \$3,000.00)
- (c) Determination of completeness within ten days of submittal. The building inspector shall review the application and determine whether the application is complete. If the application includes all of the foregoing information, the application shall be found to be complete. The building inspector shall notify the applicant in writing within ten days of receiving the application if it is found not to be complete, and such notice shall specify in detail the required information that was incomplete. Applicants are allowed to resubmit their applications as often as necessary until it is complete.
- (d) Conditional use review procedure. The mobile service support structure shall be a conditional use, subject to the ordinary conditional use regulations and procedures of this chapter.
- (e) Requirements.
1. Before a new tower site is requested, all the existing tower facilities shall be considered and evaluated. If an existing facility cannot be used, a justification report, citing the reasons it cannot be used must be provided with the application as described in subsection 3(a)5 above.

2. All new antenna support structures shall be mono-poles; which are defined as a smooth tapered pole, without stepped sections or guy wires.
3. All new antenna support structures shall be constructed to a standard that permits the collocation of a minimum of three telecommunication company facilities on a single tower.
4. All antennas and/or towers and other communications equipment shall be removed from the site within 60 days of use termination by the telecommunications company.
5. All antenna support structures shall meet the following conditions and requirements:
  - a. The proposed antenna or antenna structure and/or towers shall not result in restriction or interference with air traffic or air travel to or from any existing or proposed airport.
  - b. **There shall be a setback of sufficient radius around the antenna structure that its collapse will be contained on the property and not affect regularly occupied buildings on the subject site. This requirement may be waived upon presentation of written consent by adjoining owners and occupants.**
  - c. No form of advertising shall be allowed on the antenna, antenna structure, base, framework or other buildings or facilities associated with the use.
  - d. All cable to and from the antenna and/or antenna structure shall be installed underground unless the antenna is mounted on a building where cable will go directly into the structure.
  - e. The site and all structures shall have monthly maintenance and an annual investigation of structural stability.

f. Exhibits of the proposed tower structure design and design of the maintenance building and site shall be attached to the conditional use permit document.

6. Site restrictions are as follows:

a. The exterior of all buildings shall be architecturally compatible and consistent with surrounding building and structures and constructed in accordance with the plan approved appropriately and shall be neatly maintained at all times.

b. The telecommunications facilities may not include offices, vehicle storage, or outdoor storage or broadcast studios; except for emergency purposes or other uses that are not needed to send or receive transmission as determined by the City.

c. There shall be adequate space on site to accommodate maintenance vehicles.

d. A site grading and storm water drainage plan shall be reviewed and approved by the building inspector.

e. Areas not used for parking or drives shall be landscaped according to the plan approved.

f. Parking lot and security lighting is to be installed and maintained in a manner that will avoid glare or excessive illumination spilling over on adjoining properties.

g. **No mobile service support structure shall be located on a lot in a residence district, unless the lot is greater than two (2) acres in area and the principal use is other than residential.**

h. Mobile service support structures towers, guy wires, appurtenant equipment and building shall comply with the yard and set back requirements of the zoning district in which they are located.

7. Telecommunications companies that are parties to conditional use permits shall warrant the safety of the technology of the facilities and hold the City, its officers, and employees harmless for any claims or losses to the city or its residents; including reasonable attorney fees arising from, or related to, the use of the facilities.
8. The telecommunications company shall provide a bond, naming the city as beneficiary, in the penal amount of \$20,000.00 sufficient to assure removal of the antenna, antenna support structures, facility buildings, fences and driveways, and restoration of the site, as near as practicable, to its current condition.
9. Any other condition recommended by the plan commission and approved by the Common Council.

(f) Limitations upon authority. The city review and action in the matter shall be subject to the limitations imposed by Wis. Stat. §66.0404(4). In the event the applicant believes the city has exceeded its authority in this regard, the applicant shall notify the city in writing and the city reserves the right to reconsider the matter, to ensure that applicable laws are followed.

(4) Modifications. The construction of modifications to an existing mobile service support structure or mobile service facility shall be subject to the following requirements:

(a) Substantial modifications.

1. Application and review process. A substantial modification is regulated the same as a new structure or facility, as described in subsection 3(a) above, except that the required plans should describe the proposed modifications, rather than describe the new structure or facility.

(b) Non-substantial modifications.

1. Application information. The applicant shall submit a written application that describes the applicant's basis for concluding that the modification is not substantial, and all of the following information:

(a) The name and business address of, and the contact individual for, the applicant.

- (b) The location of the affected support structure.
  - (c) The location of the proposed facility.
2. Fee. Any petition shall be accompanied by a fee in the amount established by the City fee schedule. Costs incurred by the city in obtaining legal, planning, engineering and other technical and professional advice in connection with the review of the application and preparation of the conditions to be imposed shall be charged to the petitioner. Such fee shall not exceed the limits established by Wis. Stat. §66.404(4)(d). (Note: current limit is \$500.00)
  3. Completeness determination within five days. The building inspector will determine whether the application is complete. If the application includes all of the foregoing information, the application shall be found to be complete. The department of community development must notify the applicant in writing within five days of receiving the application if it is found not to be complete, specifying in detail the required information that was incomplete. The applicant may resubmit as often as necessary until it is complete.
  4. Determination. The building inspector shall make a decision on the application within 45 days of receipt of a complete application, unless the time is extended by the petitioner. The decision shall be stated in writing. If approval is not granted, the reasons therefore will be included in such record.
  5. Limitations upon authority. The city review and action in the matter shall be subject to the limitations imposed by Wis. Stat. §66.404(4), and such other laws as may apply which may include 47 USCA § 1455. In the event the applicant believes the city has exceeded its authority in this regard, the applicant shall notify the city in writing and the city reserves the right to reconsider the matter, to ensure that applicable laws are followed.

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 19.

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_

PUBLISHED: \_\_\_\_\_

PASSED: \_\_\_\_\_

City of Wisconsin Dells

ORDINANCE NO. \_\_\_\_\_  
(Fire Volunteer Funds)

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

SECTION I: PURPOSE

Kilbourn Fire Department (KFD) maintains a separate financial account for its fundraising activities. KFD is not organized as a separate legal entity and uses the city's EIN. State law allows municipalities to enact an ordinance that authorizes municipal fire volunteer funds to be maintained in a separate account in the department's name and subject to the department's control. This ordinance implements the statutory grant of authority.

SECTION II: PROVISION REPEALED AND RECREATED

Wisconsin Dells Code sec. 19.02 (12) is repealed and recreated.

SECTION III: PROVISION AS REPEALED AND RECREATED:

**9.02(12) VOLUNTEER FUNDS**

(1) Definitions.

- (a) "KFD Volunteer Funds" means funds of the city that are raised by members of the Kilbourn Fire Department (KFD), by volunteers, or by donation to the fire department for the benefit of KFD.
- (b) "Public Depository" means a federal or state credit union, federal or state savings and loan association, state bank, savings and trust company, federal or state savings bank, or national bank in this state which receives or holds any public deposits or the local government pooled investment fund.
- (c) "Fire Department" means the Kilbourn Fire Department.
- (d) "Fire Chief" means the Fire Chief of the Kilbourn Fire Department.

(2) Account.

- (a) The KFD Fire Chief or Chief's designee is authorized to deposit KFD volunteer funds in an account in the name of the Kilbourn Fire Department in any public depository. The fire department, through the chief or chief's designee, shall have exclusive control over the expenditure of volunteer funds of the department.
- (b) Unencumbered funds in the KFD Volunteer funds account shall not lapse to any general fund of the City and shall not be held in consideration or as part of the Fire Department's general operations budget.

(3) Limitation on Volunteer Funds.

- (a) Withdrawals and expenditures may be made for any purpose that promotes the ability of the fire department to provide services for which it is organized as determined by the department pursuant to its rules or bylaws.
- (b) The fire department is subject to the following reporting and auditing requirements:
  - 1. The chief or designee shall provide the city treasurer with annual statements of the department's fire volunteer funds as of the end of December of each calendar year. The statements shall include detailed itemization of all receipts, expenditures, and the balance on hand at the end of the year. The source of all funds and the identity of the payee for each distribution shall be disclosed.
  - 2. Fire volunteer department accounts shall be included in the annual audit of city funds and shall be audited in the same manner as other city funds.

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 ~~19~~.<sup>9</sup>

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_

PUBLISHED: \_\_\_\_\_

PASSED: \_\_\_\_\_

## City of Wisconsin Dells Resolution

DRAFT

### Recitals:

- A.) Kilbourn Fire Department (KFD) through its generations of volunteers and officers has provided invaluable public service to the Wisconsin Dells community and area.
- B.) KFD has provided charitable and other public service work in addition to fighting fires and rendering emergency aid and assistance.
- C.) KFD's reach extends beyond the corporate boundaries of the City to neighboring townships.
- D.) Neighboring townships have compensated and contributed to the City and KFD in consideration for such services.
- E.) It is important and necessary to acknowledge the services provided by KFD to the Wisconsin Dells area and to establish that consideration paid for KFD services shall be dedicated and reserved for KFD's budget.

**NOW THEREFORE BE IT RESOLVED** by the City of Wisconsin Dells Common Council that:

Payments received by the City of Wisconsin Dells from municipalities served by KFD for the provision of emergency and fire services to the public in those municipalities shall be reserved for use by the City in connection with the KFD budget and for no other purpose.

Dated: \_\_\_\_\_, 2015.

**CITY OF WISCONSIN DELLS**

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Brian L. Landers, Mayor

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Nancy R. Holzem, City Clerk

March 5, 2015

City of Wisconsin Dells

ORDINANCE NO. \_\_\_\_\_  
(Outdoor Displays)

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

SECTION I: PURPOSE

This ordinance regulates outdoor displays of wearing apparel and accessories.

SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 19.812 is repealed and recreated.

SECTION III: PROVISION AS CREATED:

**19.812 Outdoor Display of Wearing Apparel and Accessories**

- (1) Clothing and accessories sold in a store may be displayed on mannequins outside of the store on adjacent private property; not upon the public right-of-way.
- (2) Each store may have two mannequins upon which clothing and accessories are displayed.
- (3) The City Zoning Administrator shall establish rules and issue annual licenses for the outdoor display of apparel and accessories. A license fee may be established by resolution.

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 19

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_  
PUBLISHED: \_\_\_\_\_  
PASSED: \_\_\_\_\_

DRAFT

# Alternate "B"

March 6, 2015

City of Wisconsin Dells

ORDINANCE NO. \_\_\_\_\_  
(Outdoor Displays)

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

## SECTION I: PURPOSE

This ordinance regulates outdoor displays of retail merchandise.

## SECTION II: PROVISION CREATED

Wisconsin Dells Code sec. 19.812 is repealed and recreated.

## SECTION III: PROVISION AS CREATED:

### **19.812 Outdoor Display of Retail Merchandise**

- (1) Retail merchandise for sale in a store may be displayed outside of the store on adjacent private property; not upon the public right-of-way.
- (2) The following exterior display devices may be used: mannequins, no more than two per store front, for apparel and accessories; and, fixtures, no more than one per store front, such as benches, shelves and carts with the following maximum dimensions: length-four (4) feet, width-one (1) foot, height-four (4) feet.
- (3) All sales must be consummated inside the adjacent store.
- (4) The City Zoning Administrator shall establish rules and issue annual licenses for outdoor display devices and fixtures. A license fee may be established by resolution.

## 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 19

\_\_\_\_\_  
Brian L. Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_  
PUBLISHED: \_\_\_\_\_  
PASSED: \_\_\_\_\_

DRAFT