

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, JUNE 8, 2015 **TIME:** 7:30PM **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 APRIL 13, 2015 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR LICENSE SUBMITTED BY TIMBER FALLS FOOD LLC, ANDREW WATERMAN AGENT, FOR KICKERS, 951 STAND ROCK RD, (FORMERLY ALAMO SMOKEHOUSE) FOR THE LICENSING PERIOD OF JUNE 16, 2015 THROUGH JUNE 30, 2015		
4	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2015 THROUGH JUNE 30, 2016: <ul style="list-style-type: none"> a. CLASS A BEER LICENSE b. CLASS A BEER & CLASS A LIQUOR LICENSES c. CLASS B BEER LICENSES d. CLASS B BEER & CLASS C WINE LICENSES e. CLASS B BEER & CLASS B LIQUOR LICENSES f. QUOTA PLUS CLASS B BEER & CLASS B LIQUOR LICENSES 		
5	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF CIGARETTE AND TOBACCO SALES LICENSES		
6	DISCUSSION/DECISION ON APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE RECEIVED FROM TIMBER FALLS FOR THE LICENSING PERIOD OF JULY 1, 2015 THROUGH JUNE 30, 2016		
7	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES		
8	ITEMS FOR REFERRAL TO SUBSEQUENT MEETING		
9	ADJOURNMENT		
ALD. MIKE FREEL			
DISTRIBUTED & POSTED: 06/05/15			
<p>Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>			

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 16, 2015 ending June 30, 2015

TO THE GOVERNING BODY of the: [X] City of Wisconsin Dells

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

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (\$8.33), Class C wine, Class A liquor, Class B liquor (\$41.67), Reserve Class B liquor, Class B (wine only) winery, Publication fee (\$14.00), TOTAL FEE (\$64.00).

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [X] 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): ▶ ACAPMO Timber Falls Food LLC

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Lists Mark Christopher Schmitz, Phillip Joe Schmitz, Andrew W. Waterman, and John D. Waterman.

3. Trade Name ▶ Kickers Business Phone Number (608) 253-7233

4. Address of Premises ▶ 951 STARD ROCK RD. Post Office & Zip Code ▶ Wi Dells, WI 53965

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORED IN BEER COOLER AND LIQUOR LOCK UP

10. Legal description (omit if street address is given above): SERVED IN RESTAURANT AND OUTDOOR PATIO

- 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [] No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (FTB form 5630.5) before beginning business? [X] Yes [] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME this 4 day of MAY, 2015. [Signature] (Clerk/Notary Public) My commission expires March 24, 2017

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

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk (5-29-15), Date reported to council/board, 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 City of WISCONSIN DEUS County of SAUK

The undersigned duly authorized officer(s)/members/managers of TIMBER FAUN FOOD LLC
(registered name of corporation/organization or limited liability company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

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

appoints ANDREW W. WATOWAN
(name of appointed agent)
441 ALLEN DR. BARABES, 53913
(home address of appointed agent)

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

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

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

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

Place of residence last year 441 ALLEN DR. BARABES, 53913

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

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

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

ACCEPTANCE BY AGENT

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

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

X [Signature] 5/4/2015 Agent's age 42
(signature of agent) (date)
441 ALLEN DR. BARABES 53913 Date of birth 1/25/73
(home address of agent)

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

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

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



5-21-15

To the City of Wisconsin Dells:

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

Food LLC / Kicklers

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

Thank you for your quick action.

A handwritten signature in cursive script that reads "Thomas E. Heller".

Thomas E. Heller

To: Mayor Landers, Legislative Committee, Common Council, Nancy Holzem

From: Traci J. Stanford, Deputy Clerk/Treasurer

Date: June 1, 2015

Re: Fermented Malt Beverage and Intoxicating Liquor License Applications

The following are changes from last year on Liquor/Beer/Wine applications:

CLASS "B" FERMENTED MALT BEVERAGE

- Double S BBQ, LLC – Double S BBQ Texas Brisket Shack
No license renewal.
- MF Interiors LLC – Robin's Nest Restorations
No license renewal.
- Stromberg Wei LLC – Wei's Chinese Restaurant
Michael Stromberg, Agent
New business, April 15, 2015
- Wisconsin Dells Home Talent Baseball – Rivermen
New Agent: Kevin M. Donnelly

CLASS "B" FERMENTED MALT BEVERAGE AND "CLASS C" WINE

- Cheesey Tomato LLC – The Cheesey Tomato
Rick Mueller, Agent
License period beginning: March 24, 2015
- MZ Food LLC – Pizza Villa
New Agent: Miroslav Karov – Under new management
- Rib Kings of America, Inc. – Famous Dave's BBQ
New Agent: Rares Farcas
- San Antonio Mexican Restaurant LLC - San Antonio Mexican Restaurant/El Rey Bar
Luis A Martinez, Agent
Added 740 Eddy Street – El Rey Bar to premises description

"CLASS B" FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

- Polynesian Acquisition Partners, LLC – Polynesian Water Park Resort
Christopher Santuae, Agent
Previously KAL Development Corp. – Polynesian Hotel
- Six K's Keg, Inc. – The Keg Bar & Grill
Keith Koehler, Agent
Added 720 Oak Street to premises description

*Class A Beer License for Loon Lake Cigar back
in Randy's name instead of his wife's.*

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ MARTIN, DEBRA LYNN W5064 HWY B RIO, WI 53960

RANDY LEE

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

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

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

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

C. 1. Trade Name ▶ LOON LAKE CIGAR Business Phone Number (608) 254-8598

2. Address of Premises ▶ 721 SUPERIOR STREET Post Office & Zip Code ▶ WIS DELLS WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 721 SUPERIOR WIS DELLS WI 53965

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

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

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

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

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

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

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

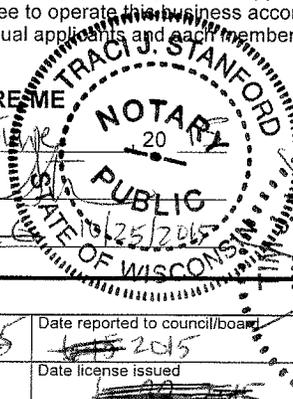
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April 2015

(Clerk/Notary Public)



[Signature]

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

[Signature]

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

My commission expires 12/25/2015

TO BE COMPLETED BY CLERK

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

ITEM 4a

Applicant's Wholesaler's Permit No.: <u>456000051185104</u>	FEIN Number: <u>391882088</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

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

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

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

PENDING CHARGE

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Travel Mart Inc. Address of Corporation/Limited Liability Company PO Box 120 Wis Dells WI 53965. All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

C. 1. Trade Name Broadway Travel Mart Business Phone Number 608-253-2091. 2. Address of Premises 802 Broadway Post Office & Zip Code Wis Dells WI 53965.

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 23rd day of April, 2015. [Signature] (Clerk/Notary Public) My commission expires 11/8/15

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

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 120 Wis Dells WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Gussel</u>	<u>25 Siskiwit Cr</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>David Gussel</u>	<u>N897 1st Rd</u>	<u>Briggsville, WI 53920</u>
Secretary/Member	<u>Joseph Gussel</u>	<u>421 Church St</u>	<u>Wis Dells, WI 53965</u>
Treasurer/Member	<u>Bernard E. Gussel Jr.</u>	<u>505 Cedar St</u>	<u>Wis Dells, WI 53965</u>
Agent	<u>Darcy Cooper</u>	<u>W1526 Trout Rd</u>	<u>Wis Dells, WI 53965</u>

Directors/Managers

C. 1. Trade Name Lower Dells Travel Mart

Business Phone Number 608-254-7097

2. Address of Premises 710 Trout Rd

Post Office & Zip Code Wis Dells WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 20 15

[Signature]
(Clerk/Notary Public)

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

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

My commission expires 4/8/15

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-24-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Travel Mart Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 120 Wis Dells WI 53965

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Gussel</u>	<u>25 Siskiwit Cr</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>David Gussel</u>	<u>N897 1st Rd</u>	<u>Briggsville, WI 53920</u>
Secretary/Member	<u>Joseph Gussel</u>	<u>421 Church St</u>	<u>Wis Dells, WI 53965</u>
Treasurer/Member	<u>Bernard E. Gussel Jr.</u>	<u>505 Cedar St</u>	<u>Wis Dells, WI 53965</u>
Agent	<u>Joshua Stevens</u>	<u>W10445 State Hwy 16 #33</u>	<u>Portage, WI 53901</u>

C.1. Trade Name R&G Travel Mart Business Phone Number 608-254-5077
 2. Address of Premises 611 N Frontage Rd #2 Post Office & Zip Code Wis Dells WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 20 15

[Signature]
(Clerk/Notary Public)

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

My commission expires 11/8/15

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-24-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50621

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 120 Wis Dells WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Gussel</u>	<u>25 Siskiwit Cr</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>David Gussel</u>	<u>N897 1st Rd</u>	<u>Briggsville, WI 53920</u>
Secretary/Member	<u>Joseph Gussel</u>	<u>421 Church St</u>	<u>Wis Dells, WI 53965</u>
Treasurer/Member	<u>Bernard E. Gussel Jr.</u>	<u>505 Cedar St</u>	<u>Wis Dells, WI 53965</u>
Agent	<u>Darcy Cooper</u>	<u>W1526 Trout Rd</u>	<u>Wis Dells, WI 53965</u>

C. 1. Trade Name Travel Mart Shell

Business Phone Number 608-254-4488

2. Address of Premises 2415 Wis Dells Parkway

Post Office & Zip Code Wis Dells WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 20 15

[Signature]
(Clerk/Notary Public)

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

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

My commission expires 11/8/15

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-24-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Please see attached Corporate Rider.		
Vice President/Member	_____		
Secretary/Member	<u>John Mann</u>	<u>1409 Royal Oak Lane</u>	<u>Glenview, IL 60025</u>
Treasurer/Member	_____		
Agent	▶ <u>Dana Weiland, Store Manager</u>		
Directors/Managers	_____		

C. 1. Trade Name ▶ Walgreens #06885

Business Phone Number 608-254-5760

2. Address of Premises ▶ 300 Hwy 13

Post Office & Zip Code ▶ Wisconsin Dells, WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of July, 2015

(Clerk/Notary Public)

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

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

My commission expires _____

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-27-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Ref 50658

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

"OFFICIAL SEAL" NOTARIAL PUBLIC STATE OF WISCONSIN

RH50377

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

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

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

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

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

2. Address of Premises 216 WASHINGTON AVE. Post Office & Zip Code WIS DELLS 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored.
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses...
6. b. Are charges for any offenses presently pending...
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license?
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee?
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above?
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

SUBSCRIBED AND SWORN TO BEFORE ME this 12th day of April 2015 My commission expires 10/2/2015

Signatures of Daniel G. Zinke and Charla E. Zinke with titles: Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual

TO BE COMPLETED BY CLERK: Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk

ITEM 4c

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company HAROLD B LARKIN POST 187

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Ray Thompson	S 108 Old Hwy 12 Wisc Dells Wisc	53965
Vice President/Member	Ed Fox	1002 Washington Ave Wisc Dells Wisc	53965
Secretary/Member	Henry Lukasavage	370 Wisc Dells Pkwy Wisc Dells Wisc	53965
Treasurer/Member	Aaron Castle	1085 Clara Ave Wisconsin Dells Wisc	
Agent	Gary Thompson		

Directors/Managers

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

2. Address of Premises 609 Wisconsin Ave Post Office & Zip Code Wisc Dells 53965

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

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

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

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

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

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

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

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

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

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

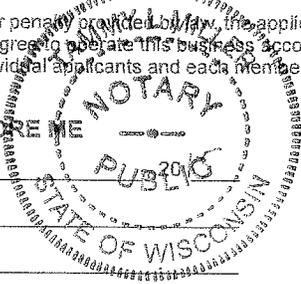
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of April

Jammy L Miller
(Clerk/Notary Public)

My commission expires 4-14-18



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

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

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

TO BE COMPLETED BY CLERK

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

R# 50443

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456-0000163146-04</u>		FEIN Number: <u>39-1646468</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	114	

Complete A or B. All must complete C.

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

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

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

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

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Snack Bar

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 21 day of April, 2015
Marcus Kenblowski
Notary Public
State of Wisconsin
(Clerk/Notary Public)
My commission expires 5/13/2018

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-27-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50782 + 50783

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

Medrano, Juan C

324 1/2 Broadway, Wisconsin Dells, WI 53965

Late Fee \$ 50.00
164.00

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

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member

Juan C Medrano

324 1/2 Broadway

St Louis Dells WI 53965

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C.1. Trade Name Colotlan Mexican Restaurant

Business Phone Number 608-254-8208

2. Address of Premises 324 Broadway

Post Office & Zip Code Wis Dells 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 5th day of April, 2015
(Signature)
Clerk/Notary Public
My commission expires 10/25/2015

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-4-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K # 50508

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-1027293276-03</u>		FEIN Number: <u>27-3443884</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

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

President/Member Tanya Marie Krause 1113 Broadway Wis Dells, WI 53965

Vice President/Member Eddie Walter Krause III 1113 Broadway Wis Dells, WI 53965

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Tanya Marie Krause

Directors/Managers _____

C. 1. Trade Name ▶ Arbors Hideaway Business Phone Number 608-253-2623

2. Address of Premises ▶ 1113 Broadway Post Office & Zip Code ▶ 53965

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

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

5. Legal description (omit if street address is given above): All property @ 1113 Broadway

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

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

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

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

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

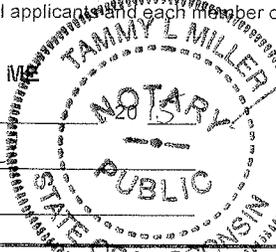
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April
Tammy L. Miller
(Clerk/Notary Public)



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

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

My commission expires 4-14-18

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-2015</u>	Date reported to Board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SHERWOOD FOREST DELLS, LLC

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member BRADLEY LEONARD GUSSEL 121 STAND BELKRD WISCONSIN DELLS, WI 53965

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent BRADLEY LEONARD GUSSEL

Directors/Managers _____

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

2. Address of Premises 2852 WISCONSIN DELLS PARKWAY Post Office & Zip Code WISCONSIN DELLS, 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of July 2015

My commission expires 10/25/2015

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

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

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

TO BE COMPLETED BY CLERK

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

R # 50776

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>466-1028115549-02</u>	<u>46-2435629</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
TOTAL FEE	\$ <u>114</u>

R# 50753

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No. FEIN Number: <u>456000187320104 770631036</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Loony Bin LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 401 WI Ave WI Dells 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Member Christopher Tollaksen</u>	<u>401 WI Ave</u>	<u>WI Dells 53965</u>
Vice President/Member	<u>Member Stacie Tollaksen</u>	<u>401 WI Ave</u>	<u>WI Dells 53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Stacie Tollaksen</u>		
Directors/Managers			

C. 1. Trade Name ▶ Ghost Outpost Business Phone Number 608 259-2127

2. Address of Premises ▶ 2233 Wisconsin Dells Pkwy Post Office & Zip Code ▶ WI Dells 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 30th day of April, 2015
Jammy K. Miller
(Clerk/Notary Public)

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-30-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2015 ending: 6-30-2016
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ► Wisconsin Dells Home Talent Baseball - Rivermen

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kevin M Donnelly	540 West 2nd Street	Reedsburg WI 53959
Vice President/Member	David Donnelly	N880 County Road N	Wis Dells WI 53965
Secretary/Member	Zach Zamzow	527 Race Street Apt 7	Wis Dells WI 53965
Treasurer/Member	Aaron VanSchoyck	<u>715020202 5th St</u>	Wis Dells WI 53965
Agent	Kevin M Donnelly	540 West 2nd Street	Reedsburg WI 53965
Directors/Managers	Bradley Davis	912 Cynthia Lane	Wis Dells WI 53965

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

Business Phone Number 608-432-1576

2. Address of Premises ► 510 Veterans Memorial Drive

Post Office & Zip Code ► Wisconsin Dells WI 53965

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

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

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

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

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

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

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

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

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

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

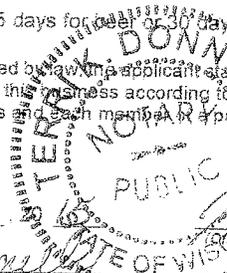
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April

Terri K Donnelle Terri K Donnelle
(Clerk/Notary Public)

My commission expires 8-27-2017



Kevin M Donnelly
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Bradley Davis
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

R# 50738 Exempt

Applicant's Wisconsin Seller's Permit Number: <u>000000000000</u>	
Federal Employer Identification Number (FEIN): <u>72-1583644</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>114.00</u>

2# 50718

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>W56102857143302</u>		FEIN Number: <u>46-5056112</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ <u>Stromberg Wei, Lisa</u>	<u>2235 Paris Rd</u>	<u>Reedsburg, WI 53959</u>
<u>Stromberg, Michael, Edwin</u>	<u>2235 Paris Rd</u>	<u>Reedsburg, WI 53959</u>

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

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

C. 1. Trade Name ▶ Wei's Chinese Restaurant Business Phone Number 608-844-2534
 2. Address of Premises ▶ 630 S Frontage Rd Wisconsin Dells Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Wei's Chinese Restaurant building + outdoor patio
5. Legal description (omit if street address is given above): 630 S-Frontage Rd Wisconsin Dells, WI 53965
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Have not sold alcohol yet N/A Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 29th day of August, 2015

 (Clerk/Notary Public)

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

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

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

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 50729

Applicant's WI Seller's Permit No.: <u>456-1027217378-09</u>		FEIN Number: <u>90-0640113</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
TOTAL FEE	\$ 114		

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 14217 50th ST MAUSTON, WI 53948
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DAMON R ZUMWALT</u>	<u>555 W GRAND BLVD ORLAND BEACH, FL 32174</u>	
Vice President/Member	<u>LAURE C MASSEY</u>	<u>14204 HWY 32E MAUSTON, WI 53948</u>	
Secretary/Member			
Treasurer/Member			
Agent	▶ <u>Chris Lecuire</u>		
Directors/Managers			

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360
2. Address of Premises ▶ 1770 S HWY 13 WISCONSIN DELLS, WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDG & GROUNDS LOCATED @ 1770 S HWY 13
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of April, 20 15
Darla S Hood Notary Public
(Clerk/Notary Public)
 My commission expires Sept 18, 2018 State of Wisconsin
Darla S Hood (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: <u>456102859263702</u>		FEIN Number: <u>465567296</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input checked="" type="checkbox"/>	Class C wine	\$	100
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	214

Late Fee \$50.00

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Owner, Mueller, Ricky J</u>	<u>213 Windy Hill Road, Wis Dells, WI</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Rick Mueller</u>		
Directors/Managers	_____		

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

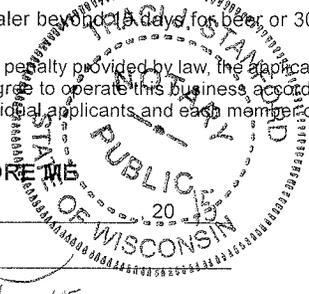
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Back Porch + River Deck Enclosed Area
5. Legal description (omit if street address is given above): 27 Broadway, Wis. Dells
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. N/A Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer, or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of May, 2015

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



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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-5-14</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

KF 507d3 4-7-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-0000335996-04</u>	
Federal Employer Identification Number (FEIN): <u>39-1164838</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
TOTAL FEE	\$ 214

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Family Chef, Inc.

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

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

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

C. 1. Trade Name ▶ Mitzi's American Grill

Business Phone Number 608 254-7969

2. Address of Premises ▶ 1101 Broadway

Post Office & Zip Code ▶ WI Dells, WI 53965

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

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

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

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

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

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

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

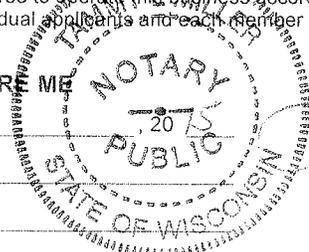
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 7th day of April
Sammy Miller
(Clerk/Notary Public)
My commission expires 4-14-18



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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-7-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50766

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-1023161211-02416-1889781</u>		FEIN Number: _____	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input checked="" type="checkbox"/> Class C wine	\$	100	
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	214	

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Family Law Center, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 924 Capital St
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Nicholas Moore</u>	<u>924 Capital St Wisconsin Dells WI 53905</u>	
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Nicholas Moore</u>	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name MKS Machine Any Class Shop Business Phone Number 608 678 2300
 2. Address of Premises 208 Broadway Post Office & Zip Code 53905

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 1st day of May, 2015
Jammy L Miller
 (Clerk/Notary Public)
 My commission expires 4-14-18

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

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

R# 50514

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-1023133130-02</u>		FEIN Number: <u>45-377-0764</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input checked="" type="checkbox"/> Class C wine	\$ 100		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
TOTAL FEE	\$ 214		

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
<u>Hidalgo Capital LLC</u>		

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

Title	Name (inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>(Owner Manager) Luisa Hidalgo</u>	<u>910 River Rd</u>	<u>Wis Dells WI 53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Randy Glesche</u>		
Directors/Managers	<u>Dirk Schulte</u>		

C. 1. Trade Name ▶ The White Rose Inn Business Phone Number 608-253-1999
 2. Address of Premises ▶ 910 River Rd + Contiguous Prop. Post Office & Zip Code ▶ 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) White Rose Inn, Banquet room,
- 5. Legal description (omit if street address is given above): restaurant, patio, Sherman House
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (609) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 9 day of APRIL, 20 15
[Signature]
 (Clerk/Notary Public)
 My commission expires 10/05/2018

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/15/2015</u>	Date reported to council/board	Date license granted
License number issued <u>4342-5256-7530-04</u>	Date license issued <u>1/21/2015</u>	Signature of Clerk / Deputy Clerk

R#50373

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Hubbert Creek Lodge and Suites LLC

Address of Corporation/Limited Liability Company DBA AMERICAN INN OF WISCONSIN DELLS
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Name (Inc. Middle Name) Home Address Post Office & Zip Code

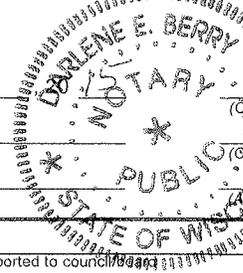
C. 1. Trade Name AMERICAN LODGE AND SUITES Business Phone Number 608 754 1700
2. Address of Premises 550 STATE HWY 13 Post Office & Zip Code Box 45 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored.
5. Legal description (omit if street address is given above): Hotel, Lodge & Conference facilities, pool
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses...
6. b. Are charges for any offenses presently pending...
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license?
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee?
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above?
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

SUBSCRIBED AND SWORN TO BEFORE ME

this 31st day of March
Darlene E. Berry (Clerk/Notary Public)
My commission expires 06/02/2017



TO BE COMPLETED BY CLERK

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

LICENSE REQUESTED table with columns TYPE and FEE. Includes Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
4967028505384-047-2324647			
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input checked="" type="checkbox"/> Class C wine	\$ 100		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
TOTAL FEE	\$ 214		

Complete A or B. All must complete C.

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>member Edouard Nizamov</u>	<u>725 Vine St, Wisc Dells</u>	<u>53965</u>
Vice President/Member	<u>member MIROSLAV KAROV</u>	<u>725 Vine St, Wisc Dells</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>MIROSLAV KAROV</u>		
Directors/Managers			

C. 1. Trade Name PIZZA VILLA Business Phone Number 608-294-8334
 2. Address of Premises 437 Superior St, Wisc Dells Post Office & Zip Code Wisc Dells 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 13th day of April, 2015
Karen Harris
(Clerk/Notary Public)
 My commission expires 11-21-17

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Overland LLC db/a Rocky RocoCo
 Address of Corporation/Limited Liability Company (if different from licensed premises) N1551 Sunset Dr. Lodi WI 53555
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Kim M. Reeve</u>	<u>N1507 Sunset Dr</u>	<u>Lodi WI 53555</u>
Vice President/Member	<u>Roland A. Mauer</u>	<u>N1711 Ryan Rd</u>	<u>Lodi WI 53555</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Kim M. Reeve</u>	_____	_____
Directors/Managers	_____	_____	_____

- C. 1. Trade Name Rocky RocoCo Business Phone Number 608-253-7125
 2. Address of Premises 1012 Standrock Rd Post Office & Zip Code Wisconsin Dells WI 53915
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Front counter - Back cooler - Dining Room - Kitchen - Pool
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2778] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of April, 2015
Diane M. Turp (Clerk/Notary Public)
Kim Reeve (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
_____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
_____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-2015</u>	Date reported to council/board _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

R# 50490

Applicant's WI Seller's Permit No. <u>4516 102 747635D 103</u>	FEIN Number: <u>95-2403815</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ _____
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
<input type="checkbox"/> Class B (wine only) winery	\$ _____
Publication fee	\$ 14
TOTAL FEE	\$ 214

R# 50564

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Rib Kings of America INC dba Famous I
Address of Corporation/Limited Liability Company (if different from licensed premises) _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member	Shlomi Fedida	429 Broadway Wisconsin Dells WI	53965
Secretary/Member			
Treasurer/Member			
Agent	Justin J Stewart Kares Farcas	47869 Virginia Street Reedsburg WI	53965
Directors/Managers		<u>177 Forest Drive Apt 901, Wis Dells WI</u>	<u>53965</u>

C. 1. Trade Name Famous Dave's BBQ Business Phone Number 608 253 -6683
2. Address of Premises 435 Broadway Wisconsin Dells WI Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire building at 435 Broadway
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of April 2015, Vanessa O. Deonarin Singh State of Florida
(Clerk/Notary Public) 12 EE 351570 Expires: November 14, 2016
My commission expires Nov 14, 2016
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-20-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 4-1-2015 ending: 6-30-2016
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company San Antonio Mexican Restaurant LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 395 Wisconsin Dells WI 53965
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Luis A Martinez</u>	<u>415 6th ave Burdoo WI</u>	<u>53913</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Luis A Martinez</u>	<u>415 6th ave Burdoo WI</u>	<u>53913</u>
Directors/Managers			

C. 1. Trade Name San Antonio Mex Restaurant Business Phone Number 608 254-5798
 2. Address of Premises 742 and 740 Eddy St Wisconsin Dells WI Post Office & Zip Code 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 30th day of April

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

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

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

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

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

RA 5075

Applicant's WI Seller's Permit No.: <u>456 1026198 331-00</u>	FEIN Number: <u>45-3462656</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>214.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: <u>456-1020420960-02</u>		FEIN Number: <u>39-1928009</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input checked="" type="checkbox"/> Class B liquor	\$ 500		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
TOTAL FEE	\$ 614		

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

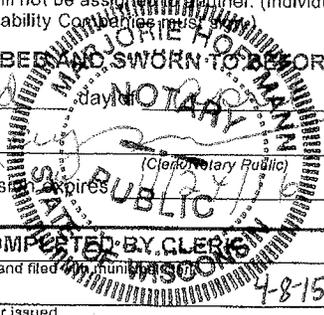
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Apple Hospitality Group, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 Pewaukee Rd, Suite 200, Waukesha, WI 53188
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>CEO/President Mark Louis Dillon</u>	<u>34737 Elm Street, Oconomowoc, WI 53006</u>	
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Ronald Therkelsen, 457 Suszycki Drive, Mauston, WI 53948</u>		
Directors/Managers	_____		

C. 1. Trade Name Applebee's Business Phone Number 608-254-6900
 2. Address of Premises 340 Hwy 13 Post Office & Zip Code Wisconsin Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5,127 sf of mall space with locked liquor cabinet and outdoor patio
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 2nd day of NOTARY, 2015
 My commission expires _____


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

Date received and filed with municipality <u>4-8-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 50606

Applicant's WI Seller's Permit No.: FEIN Number: <u>4561027347065102</u> <u>392015305</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Lee Hansen</u>	<u>4124 River Road</u>	<u>Wis Dells WI 53966</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Gary Lee Hansen</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Captain Dix Business Phone Number 608 253 1818
 2. Address of Premises ▶ 4124 River Road Post Office & Zip Code ▶ Wisconsin Dells WI 53966

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April
Nancy R. Hansen (Clerk/Notary Public)
Gary Lee Hansen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
_____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 10-18-15
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

R# 50955

Applicant's WI Seller's Permit No. <u>456-0000568508-04</u>	FEIN Number: <u>39-0842365</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CHULA VISTA, INC.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 30
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MIKE KAMINSKI</u>	<u>995 South Grove Ln.</u>	<u>Wis. Dells, WI 53965</u>
Vice President/Member	<u>ANN KAMINSKI</u>	<u>"</u>	<u>"</u>
Secretary/Member	<u>JEFF KAMINSKI</u>	<u>1003 Hillside Ct.</u>	<u>Wis. Dells, WI 53965</u>
Treasurer/Member	<u>"</u>	<u>"</u>	<u>"</u>
Agent ▶	<u>MIKE KAMINSKI</u>	<u>"</u>	<u>"</u>
Directors/Managers	<u>"</u>	<u>"</u>	<u>"</u>

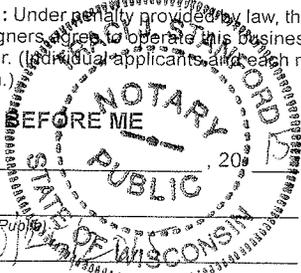
C. 1. Trade Name ▶ CHULA VISTA RESORT & CONFERENCE CENTER Business Phone Number 608-254-8366
 2. Address of Premises ▶ 2501 River Road Post Office & Zip Code ▶ Wis. Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All Buildings & Grounds @ 2501 River road &
5. Legal description (omit if street address is given above): Golf Course @ 1000 Chula Vista Pkwy & All Contiguous land and
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12th day of April, 2015

(Clerk/Notary Public)



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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-20-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

436-000545518-04
47-0863736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

County of Columbia Aldermanic Dist. No. 1 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

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

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) DeFosse, Jesse Raymond Home Address 502 Washington Ave Post Office & Zip Code Wis Dells, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DeFosse Properties LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wis Dells, WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member _____
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Jesse R. DeFosse

C. 1. Trade Name ▶ Shoreboat Saloon, Tap & Kitchen, Memorial Garage Business Phone Number 608-253-2628
2. Address of Premises ▶ 2430 Broadway, 731 Eddy St Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 20th day of April, 20 15
My commission expires 10/25/2015

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

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

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

TO BE COMPLETED BY CLERK

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

R# 50497

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) FISHER, DOUGLAS E. Home Address 4191 NINTH AVENUE Post Office & Zip Code WISCONSIN DELLS, WI 53765

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

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

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

Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, Directors/Managers.

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

2. Address of Premises 719 SUPERIOR ST. Post Office & Zip Code WISCONSIN DELLS, WI 53765

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 13th day of April 2015. [Signature] (Clerk/Notary Public) My commission expires 10/25/2015

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

TO BE COMPLETED BY CLERK

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

R# 5052

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.:		FEIN Number:	
<u>456 000025325-04</u>		<u>262125964</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	614	

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Helland Food Group LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 626 Wis. Dells, WI 53965
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>ERIC CROSS Helland</u>	<u>205 Windy Hill Rd Wisconsin Dells, WI 53965</u>	<u>WI 53965</u>
Vice President/Member	<u>Mary Joan Helland</u>	<u>205 Windy Hill Rd Wisconsin Dells, WI 53965</u>	<u>WI 53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>ERIC C. Helland</u>		
Directors/Managers			

C. 1. Trade Name ▶ Mexicali Rose / Dockside Grill Business Phone Number 608 2596036
 2. Address of Premises ▶ 2370-2390 Wis. Dells Pkwy Post Office & Zip Code ▶ Wis. Dells 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of April, 2015

Dorinda Holt
(Clerk/Notary Public)

My commission expires May 19, 2017

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-30-15</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

▶ N/A

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS, WI 53965

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member THOMAS E HELLER 1201 ELM ST, WIS DELLS, WI 53965

Vice President/Member NONE

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

Treasurer/Member NONE

Agent ▶ THOMAS E HELLER

Directors/Managers N/A

C. 1. Trade Name ▶ MONKS BAR & GRILL

Business Phone Number 608-254-8386

2. Address of Premises ▶ 220 BROADWAY

Post Office & Zip Code ▶ WIS DELLS, WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of April, 2015

(Clerk/Notary Public)

My commission expires 5-4-18

Thomas Heller

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

Jane Heller

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-27-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50641

Applicant's WI Seller's Permit No.: <u>45600000639704</u>		FEIN Number: <u>39-1407875</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	614	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 Broadway Wis Dells WI 53965
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Wade L Bernander</u>	<u>914 Washington Ave</u>	<u>Wis Dells 53965</u>
Vice President/Member	<u>Justin B Draper</u>	<u>111 Capital St.</u>	<u>Wis Dells 53965</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Wade L Bernander</u>		

C. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677

2. Address of Premises ▶ 232 Broadway Wis Dells 53965 Post Office & Zip Code ▶ Wis Dells 53965

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

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

5. Legal description (omit if street address is given above): 232 Broadway and 741 oak street (same business)

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 16th day of April, 20 15

[Signature]
 (Clerk/Notary Public)

My commission expires 10/25/2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-16-2015</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

R# 50518

Applicant's WI Seller's Permit No.: 456102791169803		FEIN Number: 46-2087797	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	500
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	614

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

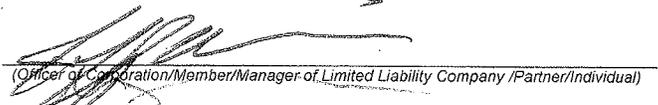
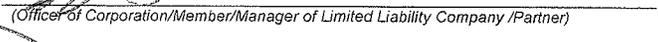
- C. 1. Trade Name ▶ DELLS DISTILLERY Business Phone Number 608-254-8100
 2. Address of Premises ▶ 206 BROADWAY Post Office & Zip Code ▶ 53965
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of April, 2015

 (Clerk/Notary Public)


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

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

My commission expires 3-03-2018

TO BE COMPLETED BY CLERK

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

R#50510

39-1880325

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456000229851</u> FEIN Number: <u>102</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JANET LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 17 W.D., Wi.
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JAMES H. NELSON</u>	<u>W13823 Gulch Rd. W.Dells</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>Toni M. Nelson</u>		
Treasurer/Member			
Agent ▶	<u>JAMES HOWARD NELSON</u>		

C. 1. Trade Name ▶ CHALET LANES + LOUNGE Business Phone Number 608-254-8727
 2. Address of Premises ▶ 740 ELM ST. Post Office & Zip Code ▶ Wi. Dells 53965

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

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

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

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

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

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

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

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

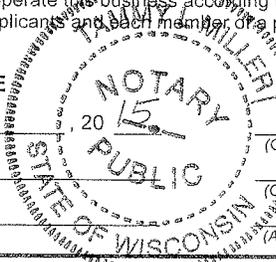
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April
Jammy L. Miller
(Clerk/Notary Public)



Joni M. Nelson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Joni M. Nelson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50685

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
<u>456-0000 50216403</u>		<u>391751857</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	500
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Luce Donna Marie Home Address 55777 Lehman Rd Post Office & Zip Code Burlington WI 53915
(608) 913-9600
356-2480

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

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

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

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

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

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 701 BROADWAY FIRST FLOOR, KITCHEN BASEMENT

5. Legal description (omit if street address is given above): Ratio left of West of Building

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April 2015

[Signature]
(Clerk/Notary Public)

My commission expires 10/25/2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 50714

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: <u>46-0000-420 646-64 39-1845103</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Conners Penelope Michael Home Address 8505 Grosport CT Post Office & Zip Code Wis Dells, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Nags Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 94 Wis Dells
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Penelope Michael Conners 8505 Grosport CT Wis Dells WI 53965
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Penelope M. Conners
Directors/Managers _____

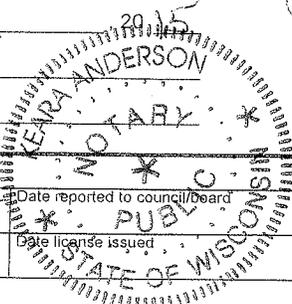
C. 1. Trade Name ▶ Nags Bar Business Phone Number 608 253 6911
2. Address of Premises ▶ 231 B1220W9Y Post Office & Zip Code ▶ PO Box 94 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) INSIDE OF BIKES BOTTIN B1220W9Y
- 5. Legal description (omit if street address is given above): RTHY RD
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April
Keara Anderson
(Clerk/Notary Public)
My commission expires 4/22/17



Penelope M. Conners
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Penelope M. Conners
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

TO THE GOVERNING BODY of the Town of Village of City of } Wisconsin Dells
 County of Sauk Aldermanic Dist No _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

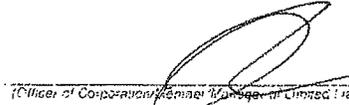
Complete A or B. All must complete C.

- A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Polynesian Acquisition Partners, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Mbr: PAP Holding, LLC 1331 44th Ave N, # 102 Myrtle Beach, SC 29577
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Christopher Santuae, 857 N. Frontage Road, Wisconsin Dells, WI 53965
 Directors/Managers MGR: SFH Manager, LLC 1331 44th Ave N, # 102 Myrtle Beach, SC 29577
- C. 1. Trade Name ▶ Polynesian Water Park Resort Business Phone Number 608-254-2883
 2. Address of Premises ▶ 857 N. Frontage Road Post Office & Zip Code ▶ 53965
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurants, Bars, Pool, Waterprk, Hotel
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of May, 20 15
A. J. Spencer - Freeman
(Clerk, Notary Public)
 My commission expires _____ My Commission Expires 01-17-2018


(Officer of Corporation/Member/Manager of Limited Liability Company or Partnership)

(Officer of Corporation/Member/Manager of Limited Liability Company or Partnership)

(Additional Partner(s)/Member/Manager of Limited Liability Company or Agent)

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No. FEIN Number	
456102865936102 46-5429152	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 64
TOTAL FEE	\$ 664

RH 50736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number:	
456-000120399-03 3983-03656	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

32

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>RICHARD MAKOWSKI</u>	<u>420 HWY A, WIS. DELLS, WI 53965</u>	
Vice-President/Member	<u>DAVID MAKOWSKI</u>	<u>111 SWEET BRIDLE DR, WIS. DELLS, WI 53965</u>	
Secretary/Member	<u>RICH V. MAKOWSKI</u>	<u>1224 CLARA AVE, WIS. DELLS, WI 53965</u>	
Treasurer/Member	<u>ADAM MAKOWSKI</u>	<u>1106 SWEET BRIDLE DR, WIS. DELLS, WI 53965</u>	
Agent	<u>RICH V. MAKOWSKI</u>	<u>1224 CLARA AVE, WIS. DELLS, WI 53965</u>	

C. 1. Trade Name ▶ SANTORINI / RIVERWALK HOTEL (Business Phone Number 108-253-1231)
2. Address of Premises ▶ 1015 RIVER ROAD Post Office & Zip Code ▶ WIS. DELLS, WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 29th day of April, 20 15
Gabrie M. Myers
(Clerk/Notary Public)
My commission expires 1-11-2018

Rich V. Makowski
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Rich V. Makowski
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

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

R# 50773

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: <u>456-0000321833-04</u> FEIN Number: <u>39-1808415</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SIX K'S KEY INC

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

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

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

President/Member KEITH GLEN KOEHLER 237 CAPITAL ST WI DELLS 53968

Vice President/Member _____

Secretary/Member ROBERTA LEE KOEHLER 1144 GALE AVE WI DELLS 53968

Treasurer/Member _____

Agent ▶ KEITH GLEN KOEHLER 237 CAPITAL ST WI DELLS 53968

Directors/Managers _____

C. 1. Trade Name ▶ THE WED BART GRILL Business Phone Number 608-254-7475

2. Address of Premises ▶ 732 OAK ST Post Office & Zip Code ▶ WI DELLS 53968

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) MAIN BUILDING, OUTDOOR DECK, BACK PARKING LOT + 720 OAK ST

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

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ADDED 720 OAK ST + CHANGE BLDG Yes No

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

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

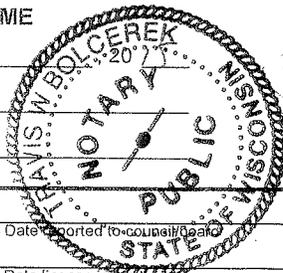
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

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



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

TO BE COMPLETED BY CLERK

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

24-50640

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TIMBER FOODS INC Address of Corporation/Limited Liability Company PO BOX 660, WIS DELLS, WI 53965

C. 1. Trade Name CC ALAMO SMOKEHOUSE Business Phone Number 608-254-8386 2. Address of Premises 951 STAND ROCK ROAD Post Office & Zip Code WIS DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 12,000 SQ FT, 1 STORY MASONRY
5. Legal description (omit if street address is given above): BUILDING WITH COVERED PATIO, LOT 2
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [x] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [] Yes [x] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [x] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [x] No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME, Columbia County this 3 day of April, 2015. Includes signatures of Jane Heller and Thomas E Heller.

TO BE COMPLETED BY CLERK table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

Renewal ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

R# 51121

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

Submit to municipal clerk.
 For the license period beginning July 1 20 15 ;
 ending JUNE 30 20 16 ;

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Adamo
Timor Falls Food LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	MARK C. SCHMITZ	140 WAITOOK	WI Dells, 53965
Vice President/Member	Philip Josef Sumitz	370 ALLEN	BARABO, 53913
Secretary/Member	ANDREW W. WATSON	441 ALLEN	BARABO, 53913
Treasurer/Member	ANDREW J. WATSON	411 ALLEN	BARABO, 53913
Agent	ANDREW W. WATSON	441 ALLEN	BARABO, 53913
Directors/Managers	MEMBER JOHN D. WATSON	100 WEBER AVE.	WI Dells, 53965

3. Trade Name Kickers Business Phone Number _____
 4. Address of Premises 951 STANO PARK RD. Post Office & Zip Code WI 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 _____ and date _____ of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORED IN OUR KITCHEN AND LIQUOR LOCK UP

10. Legal description (omit if street address is given above): SAVED IN RESTAURANT'S OUTDOOR PATIO

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

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4 day of May, 20 15
[Signature]
 (Clerk/Notary Public)

My commission expires MARCH 24, 2017

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

R#50608

Applicant's WI Seller's Permit No.: <u>456-0000455693-04</u>		FEIN Number: <u>39-1470071</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	500
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	614

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ T.R.Nelson, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O.Box 590, Wis Dells, WI

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Todd R. Nelson</u>	<u>835 Hwy H, Lot 100 Wisconsin Dells, WI</u>	<u>53965</u>
Vice President/Member	<u>Shari L. Nelson</u>	<u>835 Hwy H, Lot 100 Wisconsin Dells, WI</u>	<u>53965</u>
Secretary/Member	<u>Steven M. Pine</u>	<u>407 Clara Ave #104 Wisconsin Dells, WI</u>	<u>53965</u>
Treasurer/Member	<u>Mary Bonte Spath</u>	<u>W8497 North 2nd Ct Oxford, WI</u>	<u>53952</u>
Agent	<u>Patrick Steffes</u>	<u>833 Hwy H, Unit 13, Wisconsin Dells, WI</u>	<u>53965</u>
Directors/Managers	_____		

C.1. Trade Name ▶ Trappers Turn Golf Club Business Phone Number 608 253 7000

2. Address of Premises ▶ 2955 Wisconsin Dells Parkway Post Office & Zip Code ▶ Wis Dells, WI 53965

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

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

5. Legal description (omit if street address is given above): Outdoor decks, 27 hole golf course & cart paths

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April, 2015

Mary Bonte Spath (Clerk/Notary Public)

My commission expires 9/4/2016



TO BE COMPLETED BY CLERK

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

R# 50706

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No. <u>46-0003194655-09</u>		FEIN Number: <u>208723685</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	500
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	614

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>William B Farmer</u>	<u>N3457 Fox Run Rd Wisconsin Dells WI 53965</u>	<u>WI 53965</u>
Vice President/Member	<u>Joseph E Malina</u>	<u>25 Sweetbair Wisconsin Dells WI 53965</u>	<u>WI 53965</u>
Secretary/Member	<u>William B Farmer</u>		
Treasurer/Member	<u>Joseph E Malina</u>		
Agent ▶	<u>William B Farmer</u>		
Directors/Managers	<u>Joseph Malina</u>		

C. 1. Trade Name ▶ Uptown Sand Bar Sand Bar Business Phone Number 608 253-3073
2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ PO Box 598 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 Floor's and Deck (Crick Building)

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME PUBLIC NOTARY STATE OF WISCONSIN
this 24th day of April, 2015
[Signature]
(Clerk/Notary Public)
My commission expires 10/25/2015

William B Farmer Pres
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Joseph Malina VP
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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

Population Reserve

R# 50584

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

Applicant's Wisconsin Sealer's Permit Number: <u>456-102671688-03</u>	
Federal Employer Identification Number (FEIN): <u>26-3522390</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>14</u>
TOTAL FEE	\$ <u>614.00</u>

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Y KNOT 2 LLC - DBA REVERNAWK PUB & REST.
Address of Corporation/Limited Liability Company (if different from licensed premises) _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member DENNIS LEONHARDT JR. 20 RIVERS EDGE RD WIS. 0215, 53945
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent DENNIS LEONHARDT JR.
Directors/Managers _____

C. 1. Trade Name REVERNAWK PUB & RESTAURANT Business Phone Number (438) 254-8715
2. Address of Premises 911 RIVER RD. Post Office & Zip Code WIS. 0215, 53945

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. OUTSIDE DECK & PATIO (Alcohol beverages may be sold and stored only on the premises described.) 40' x 20' LVL 2 WOOD - 2 LEVELS - BERR GARDEN
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? if yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? if yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? if yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? if not, explain. Yes No
- 9. Does the applicant understand a Wisconsin Sealer's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (608) 266-2776) Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond _____ days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 22nd day of July 2015
[Signature]
My commission expires 10/25/2015
(Clerk/Volary Public)

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk: <u>7-22-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

ITEM 4F

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

TO THE GOVERNING BODY of the: Wisconsin Dells

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (1.00), Class C wine, Class A liquor, Class B liquor (5.00), Reserve Class B liquor, Class B (wine only) winery, Publication fee (14), TOTAL FEE (614).

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Alabama's Dixieland Bar BQ & Subs Inc. Address of Corporation/Limited Liability Company (if different from licensed premises) 414 Broadway, Wisconsin Dells

Officers/Managers: President/Member Sam Salvador Rotolo Jr 402 Bowman Rd 53965; Vice President/Member; Secretary/Member June M Rotolo 402 Bowman Rd 53965; Treasurer/Member; Agent Sam S Rotolo

C. Trade Name Alabama's Dixieland Bar BQ & Subs Business Phone Number 608 253 2020 Address of Premises 414 Broadway Post Office & Zip Code 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 9th day of April 2015. J. J. [Signature] (Clerk/Notary Public) My commission expires 10/25/2015

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

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk (4-8-15), Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

Quota Plus

R# 50580

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Ambers Resort & Conference Center LLC

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

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

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

President/Member President Eddie W Krause 1113 Broadway Wisc Dells WI 53965

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Eddie Krause

Directors/Managers

C. 1. Trade Name Ambers Resort & Conference Center Business Phone Number 608-233-8700

2. Address of Premises 655 N Frontage Rd Post Office & Zip Code Wisc Dells 53965

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

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

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

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

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

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

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

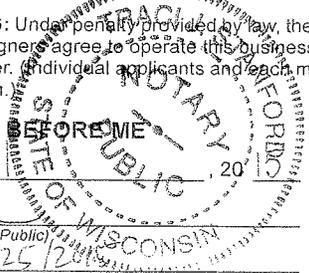
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] [X] Yes [] No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 16th day of Apr, 2015. My commission expires 10/25/2015.



Signature of Eddie Krause. (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

Quota Plus

R# 50559

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/15 ending: 06 30 2016

TO THE GOVERNING BODY of the: Wisconsin Dells

County of Columbia Aldermanic Dist. No.

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 505 Broadway LLC. Address of Corporation/Limited Liability Company. All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company.

C. 1. Trade Name Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156. 2. Address of Premises 505 Broadway Wisconsin Dells Post Office & Zip Code 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored.
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses...
6. b. Are charges for any offenses presently pending...
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license?
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee?
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above?
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

SUBSCRIBED AND SWORN TO BEFORE ME this 17 day of April 2015. My commission expires Nov 14, 2016.



Vanessa D. Deonarnesingh, State of Florida, MY COMMISSION # 0088956, Expires: November 14, 2016.

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

Quota Plus

R # 50502

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (\$100), Class C wine, Class A liquor, Class B liquor (\$500), Reserve Class B liquor, Class B (wine only) winery, Publication fee (\$14), TOTAL FEE (\$614).

A. Individual or Partnership:

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

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

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code. President/Member Mary C Hickey 19946 River Rd, Wis Dells, WI 53965. Vice President/Member Trevor A Hickey 19946 River Rd, Wis Dells, WI 53965. Secretary/Member. Treasurer/Member. Agent Trevor A Hickey. Directors/Managers.

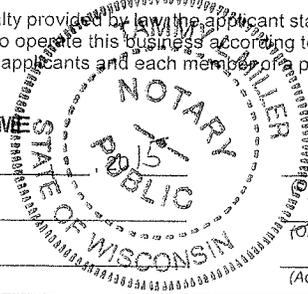
C. 1. Trade Name Paul Bunyan Restaurant Business Phone Number 608 254 8717. 2. Address of Premises 411 Hwy 13 Post Office & Zip Code Wis Dells, WI 53965.

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April Jammyl Miller (Clerk/Notary Public) My commission expires 4-14-18



Mary C Hickey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Trevor A Hickey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 3 columns: Date received and filed with municipal clerk (4-14-2015), Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

Quota Plus

R# 50441

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (100), Class C wine, Class A liquor, Class B liquor (500), Reserve Class B liquor, Class B (wine only) winery, Publication fee (14), TOTAL FEE (614).

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Taste of New Orleans, Inc. Address of Corporation/Limited Liability Company (if different from licensed premises) 452 Broadway St Wisconsin Dells WI

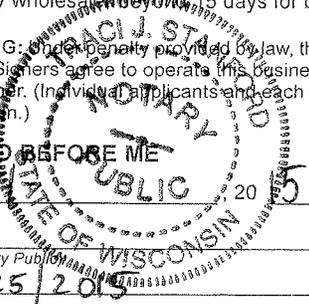
Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, Directors/Managers.

C. 1. Trade Name Taste of New Orleans Business Phone Number 608-254-2020 2. Address of Premises 452 Broadway St Post Office & Zip Code 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 452 Broadway, Liquor Room downstairs and patio + courtyard
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [x] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [] Yes [x] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [] No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] [x] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [x] No

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

SUBSCRIBED AND SWORN TO BEFORE ME this 8th day of April 2015 My commission expires 10/25/2015



Sam Rotolo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) June M Rotolo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

Daria Hood

R# 50728

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
<u>452-1027213532</u>		<u>90-0640113</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class B liquor	\$	500
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	14
TOTAL FEE		\$	614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50th ST MAUSTON, WI 53948
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DAMON R ZIMMERT</u>	<u>555 W GRAND BLVD</u>	<u>ORLAND BEACH, FL 32174</u>
Vice President/Member	<u>LANCE C MASSAY</u>	<u>W4404 HWY 82E</u>	<u>MAUSTON, WI 53948</u>
Secretary/Member			
Treasurer/Member			
Agent	▶ <u>LANCE MASSAY</u>		
Directors/Managers			

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

2. Address of Premises ▶ 2100 RIVER RD WISCONSIN DELLS, WI Post Office & Zip Code ▶ 53945

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BUILDING & GROUNDS LOCATED @ 2100 RIVER RD

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of April, 2015

Darla S Hood
(Clerk/Notary Public)

Notary Public

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

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

My commission expires Sept 18, 2018

State of Wisconsin

Darla S Hood
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

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

TO BE COMPLETED BY CLERK

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

Application for Cigarette and Tobacco Products Retail License

ITEM 5

MUNICIPAL USE ONLY

Submit to municipal clerk.

B100

License Number 916-15
Period Covered 7/1/2015-6/30/2016
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000441486-04

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) AMERICAN WORLD, INC.			Federal Employer Identification No. (FEIN) 39-1162123	
Trade or Business Name (if different than Legal Name) AMERICAN WORLD BP			Telephone Number 608 432-7246	
Business Address (License Location) 2040 WIS. DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone 608 253-3700
City WISCONSIN DELLS	State WI	ZIP Code 53965	County SAUK	
Mailing Address (if different than Business Address)			City	State ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1972
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 20 15
Joseph M. Myers
(Clerk / Notary Public)

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

My commission expires 1-11-18

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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

Applicant's Wisconsin 15-digit Sales Tax Account Number
~~156~~ 004-0000-568-508-01

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC.			Federal Employer Identification No. (FEIN) 39-0842365		
Trade or Business Name (if different than Legal Name) CHULA VISTA RESORT			Telephone Number (608) 254-8366		
Business Address (License Location) 2501 RIVER ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()	
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		County ADAMS
Mailing Address (if different than Business Address) P.O. BOX 30			City WIS. DELLS	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1951
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

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

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

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

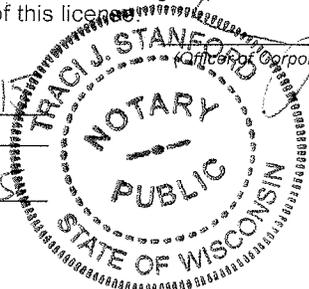
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2015

(Clerk / Notary Public)

My commission expires 10/25/2015



Application for Cigarette and Tobacco Products License

K# 51081
 \$ 100 MUNICIPAL USE ONLY

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

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)
DANNON JOSEPH		31-1795105
Trade or Business Name (if different than Legal Name)		Telephone Number
PURPLE PLANET		(608) 253-3200
Business Address (Permit Location)	Business Located In	Business Telephone
207 BROADWAY ST	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	(608) 253-3200
City	State	ZIP Code
WISCONSIN DELLS	WI	53965
Mailing Address (if different than Business Address)		County
WISCONSIN DELLS		Columbia
City	State	ZIP Code
WISCONSIN DELLS	WI	53965

Organization (check one)

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

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

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

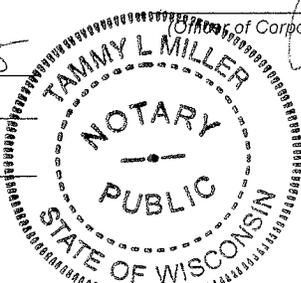
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 28th day of May, 2015
 Tammy L. Miller
 (Clerk / Notary Public)

My commission expires 4-18-15



Application for Cigarette and Tobacco Products Retail License

50116

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$100

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

Applicant's Wisconsin 15-digit Sales Tax Account Number	486-0000545518-04
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)	
DeFosse Properties LLC		47-0863736	
Trade or Business Name (if different than Legal Name)		Telephone Number	
Showboat Saloon/Mattias George/Tigs Kitchen		(608) 315-0143	
Business Address (License Location)		Business Telephone	
2430 Broadway + 731 Eddy St		(608) 253-2628	
Business Located In		County	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS		Columbia	
City	State	ZIP Code	
WISCONSIN DELLS	WI	53965	
Mailing Address (if different than Business Address)		City	State
PO BOX 92		Wisconsin Delles	WI
		ZIP Code	53965

Organization (check one)

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

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

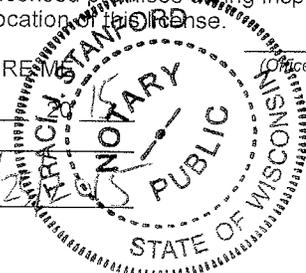
Cigarettes / Tobacco will be sold over counter through vending machine both

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

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

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

(Clerk / Notary Public)



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

My commission expires 10/2/15

R# 50517

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

8100

Submit to municipal clerk.

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

Applicant's Wisconsin 15-digit Sales Tax Account Number	456-1027911698-03
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← This must be issued in the same Legal Name of the licensee below.

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

Organization (check one)

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 15 day of April 20 15
[Signature]
(Clerk / Notary Public)

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

My commission expires 3-03-2018

R# 50503

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$ 100

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

Applicant's Wisconsin 15-digit Sales Tax Account Number
4560000229851-02

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

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

Organization (check one)

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

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

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

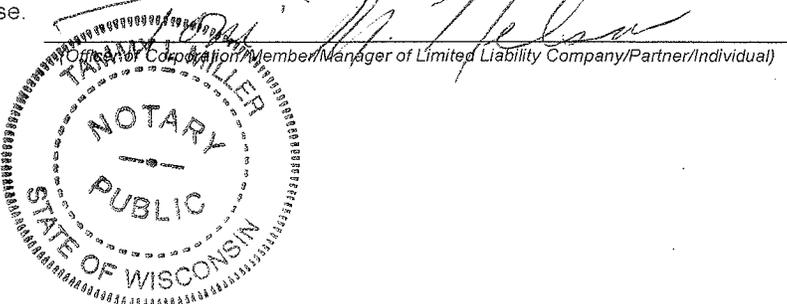
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April, 2015
Johnny R. Muller
(Clerk / Notary Public)

My commission expires 4-14-18



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456 0000511851 04

\$100

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

License Number 906-15
Period Covered 7/1/2015-6/30/2016
Date of Issuance

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

Organization (check one)

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME Bandy L Martin (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 30th day of April, 2015

 (Clerk/Notary Public)



My commission expires 10/24/16

Application for Cigarette and Tobacco Products Retail License

RA50777
5-1-15

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
46-1028115549-02

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

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

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

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 04/2013
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of May
[Signature]
(Clerk / Notary Public)

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

My commission expires 10/25/2015

Application for Cigarette and Tobacco Products Retail License

R# 50609

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

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

\$100

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)		
T.R. Nelson, Inc.			39-1475071		
Trade or Business Name (if different than Legal Name)			Telephone Number		
Trappers Turn Golf Club			(608) 253-7000		
Business Address (License Location)			Business Telephone		
2955 Wisconsin Dells Hwy			(608) 253-7000		
Business Located In			County		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS			Sauk		
City	State	ZIP Code	City	State	ZIP Code
WISCONSIN DELLS	WI	53965	Wisconsin Dells	WI	53965
Mailing Address (if different than Business Address)					
PO Box 590					

Organization (check one)

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

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

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

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

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

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



SUBSCRIBED AND SWORN TO BEFORE ME
 this 10th day of April 2015
Mary Bonte Spath
 (Notary Public)
 My commission expires 9/4/2016

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 50618

MUNICIPAL USE ONLY

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

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) Broadway Travel Mart			Telephone Number (608) 253-2091		
Business Address (License Location) 802 Broadway			Business Telephone ()		
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS			County Columbia		
City WISCONSIN DELLS	State WI	ZIP Code 53965	City Wisconsin Delles	State wi	ZIP Code 53965
Mailing Address (if different than Business Address) PO Box 120					

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

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

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

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

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SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2015

(Clerk / Notary Public)

My commission expires 11/8/15

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

#52618
MUNICIPAL USE ONLY

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

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000 57815609

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc.			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) Lower Dells Travel Mart			Telephone Number (608) 254-7097		
Business Address (License Location) 710 Trout Rd			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) PO Box 120			City Wisconsin Dells	State WI	ZIP Code 53965

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/01/1986
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

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

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

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SUBSCRIBED AND SWORN TO BEFORE ME
this 23rd day of April, 2015
[Signature]
(Clerk / Notary Public)

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

My commission expires 11/8/15

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc.</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>		
Trade or Business Name (if different than Legal Name) <u>R+G Travel Mart</u>			Telephone Number <u>(608) 254-5077</u>		
Business Address (License Location) <u>611 N. Frontage Rd</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>WISCONSIN DELLS</u>		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	Business Telephone ()		
Mailing Address (if different than Business Address) <u>PO Box 120</u>			County <u>Shaw</u>		
			City <u>Wisconsin Dells</u>	State <u>WI</u>	ZIP Code <u>53965</u>

Organization (check one)

- Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: 03/01/1986
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin?
 YES NO
 Other (describe) _____

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

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

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

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SUBSCRIBED AND SWORN TO BEFORE ME

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

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

My commission expires 11/8/15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 50618

MUNICIPAL USE ONLY

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

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) Travel Mart Shell			Telephone Number (608) 254-4488		
Business Address (License Location) 245 Wisconsin Dells Parkway			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		County Dunk
Mailing Address (if different than Business Address) PO Box 120			City Wisconsin Dells	State WI	ZIP Code 53965

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/01/1986
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

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

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

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

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SUBSCRIBED AND SWORN TO BEFORE ME

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

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

My commission expires 11/8/15

Application for Cigarette and Tobacco Products Retail License

R# 50708

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$100

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

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

License Number	913-15
Period Covered	7/1/2015-6/30/2016
Date of Issuance	AWD

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Uptown Sand Bar			Federal Employer Identification No. (FEIN) 20-8723685		
Trade or Business Name (if different than Legal Name) Sand Bar			Telephone Number (608) 253-3073		
Business Address (License Location) 130 Washington Ave			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) PO Box 598			City Wisconsin Dells	State WI	ZIP Code 53967

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: Apr 2007
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

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

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

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

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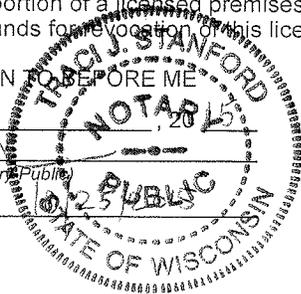
SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 2015

(Clerk/Notary Public)

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

My commission expires _____



Application for Cigarette and Tobacco Products License

RE 50448
MUNICIPAL USE ONLY 9100

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000455404-05

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.		Federal Employer Identification No. (FEIN) 36-1924025	
Trade or Business Name (if different than Legal Name) Walgreens #06885		Telephone Number (847) 527-4897	
Business Address (Permit Location) 300 Hwy. 13		Business Telephone (608) 254-5760	
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5760	
City Wisconsin Dells	State WI	ZIP Code 53965	County Sauk
Mailing Address (if different than Business Address) PO Box 901		City Deerfield	State IL
		ZIP Code 60015	

Organization (check one)

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

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

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

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

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SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of July 2015

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

[Signature]
"OFFICIAL SEAL"
ERIC E. LYLES
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires 08/12/15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 50376

MUNICIPAL USE ONLY

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

Applicant's Wisconsin 15-digit Sales Tax Account Number	456-0000228465*03
---	-------------------

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

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

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1952
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- 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?
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Cigarettes / Tobacco will be sold over counter through vending machine both

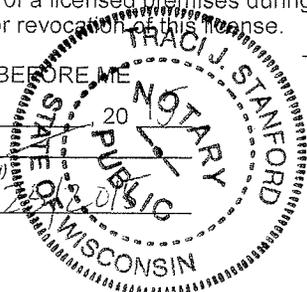
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred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

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SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April 2015

(Clerk / Notary Public)



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

My commission expires 10/31/2015

City of Wisconsin Dells

Application for: Mobile Home Park License

ITEM 7

Date Submitted: June 1, 2015 Fee: \$350.00 First 25 Sites or less \$725⁰⁰ Receipt No. 51151
\$ 25.00 Each Additional Site

Name of Applicant: I.N.C. INC, D/B/A Fairway Mobile Home

Address of Applicant: PO Box 265 MAUSTON, WI. 53948 Park

Daytime Telephone Number: (608) 408-9705

Evening Telephone Number: ()

Driver's License Number: IS21-2616-2346-02 State: _____

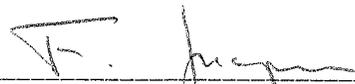
Legal Description/Address of the Park: 660 Commercial Ave

On-Site Manager's Name: Gregorio

On-Site Manager's Address & Lot Number: Lot 636

On-Site Manager's Telephone Number: 432-0166

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



Signature of Applicant

FRANK INCAPERÒ

License subject to compliance with Wisconsin Dells Code Section 16.03

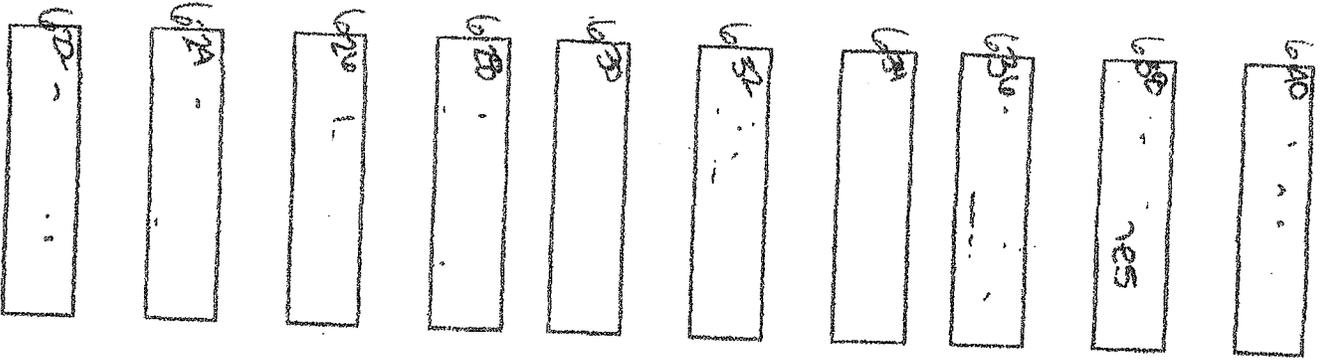
Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

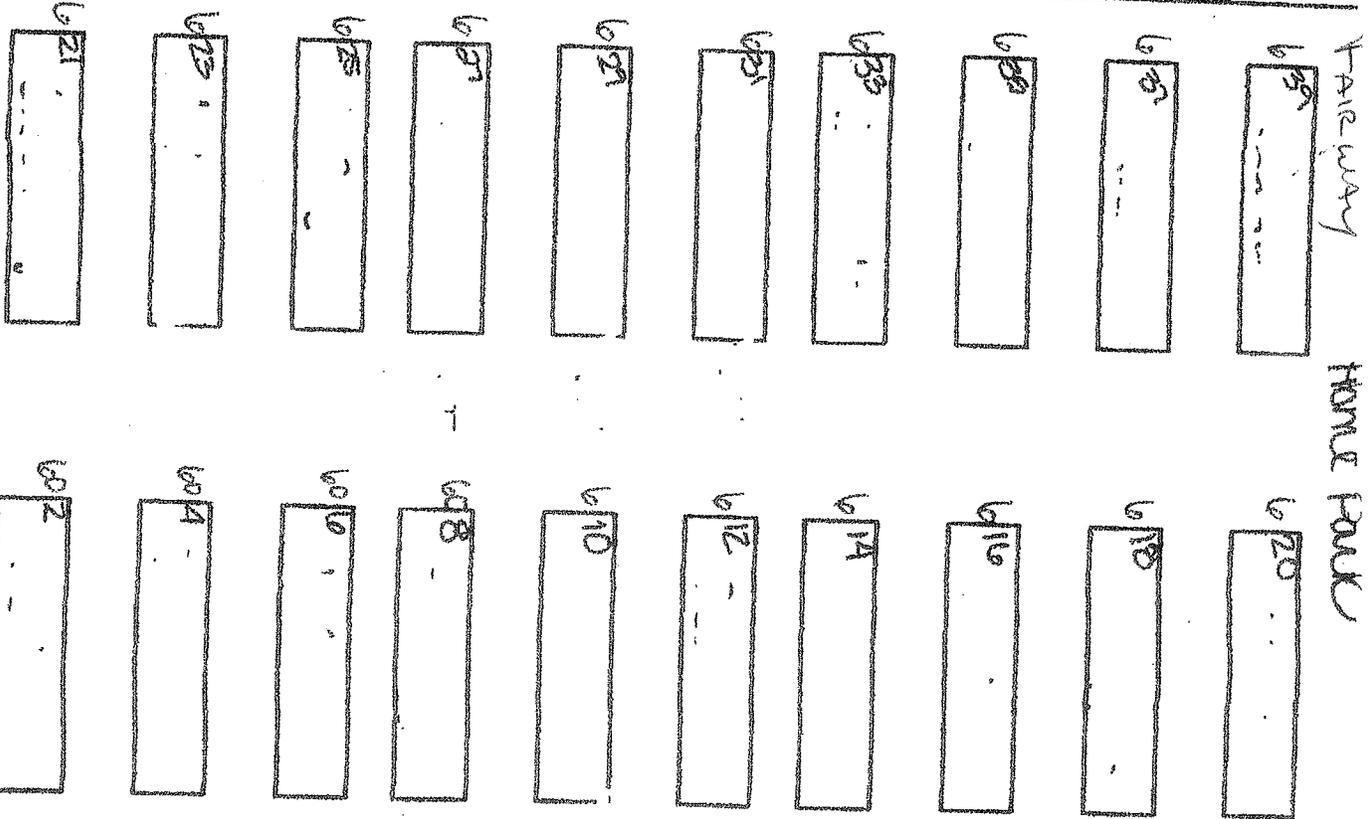
* License valid from _____, 20__ through _____, 20__

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

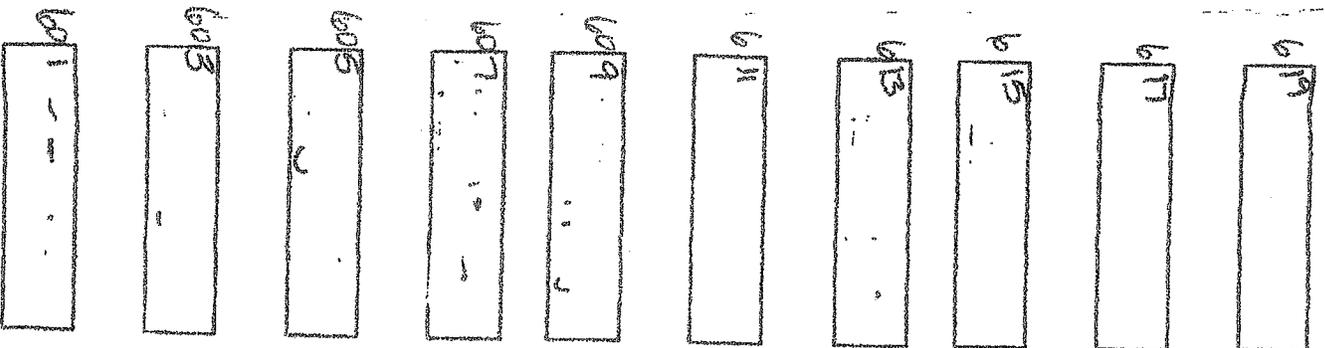
COPY



610 Commercial Ave



610 Commercial Ave



City of Wisconsin Dells

Application for: Mobile Home Park License

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

Name of Applicant: Stonecliff, LLC

Address of Applicant: PO Box 410 Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-7500

Evening Telephone Number: (608) 254-7500

Driver's License Number: _____ State: _____

Legal Description/Address of the Park: 300 Pioneer Drive; 04-13N-06E, S04-13-06 PRT
FR Lot 4 in SWSE being N. 386.64' of E, 337.99' S of Pioneer
Drive, 3.00A

On-Site Manager's Name: AI Rice / c/o Stonecliff, LLC

On-Site Manager's Address & Lot Number: Trailer North of Greenhouse

On-Site Manager's Telephone Number: 608-254-8336

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

ALC 8768600509 - \$175.00
ALC 0821010501 - \$175.00
\$350.00

Dominic [Signature]
Signature of Applicant Stonecliff, LLC

License subject to compliance with Wisconsin Dells Code Section 16.03

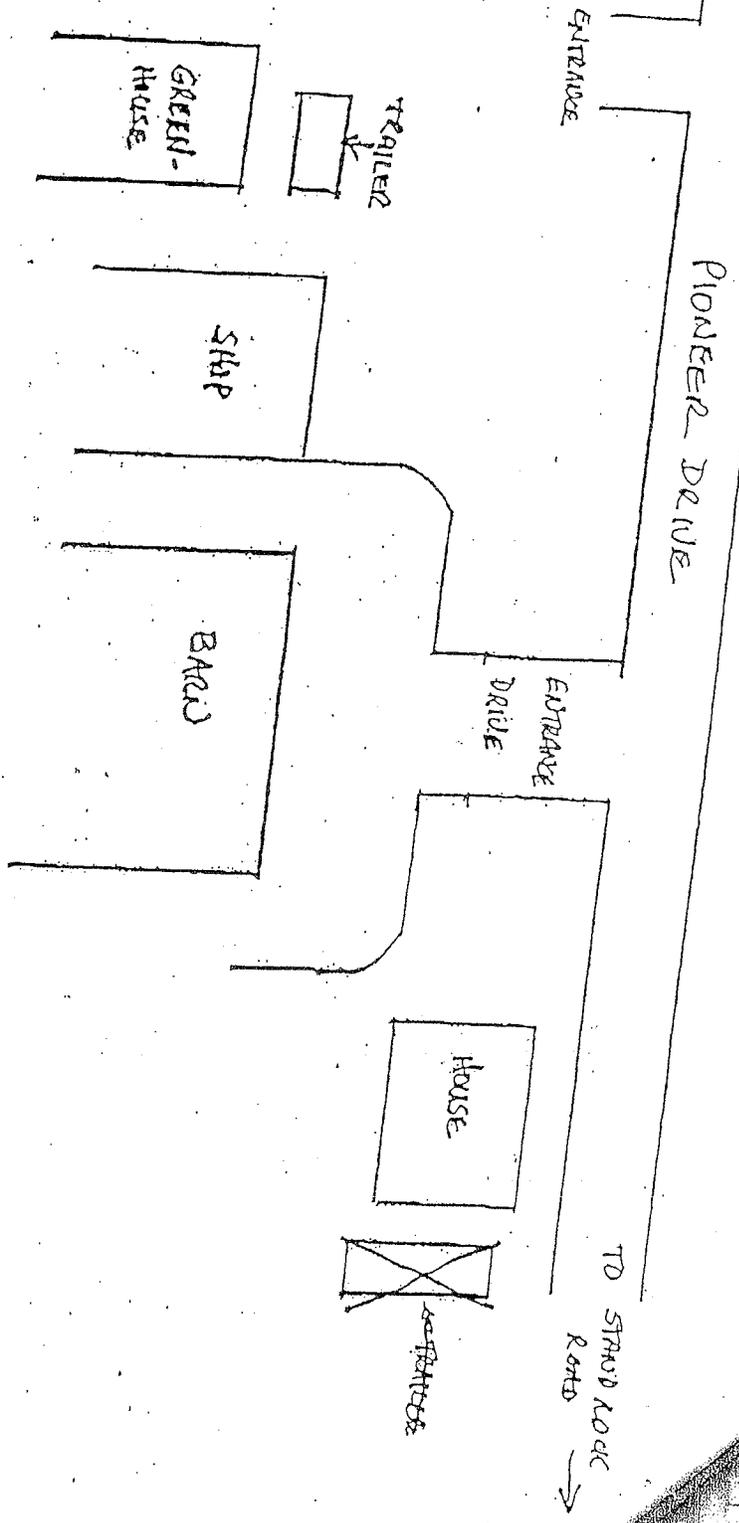
Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

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

← HIGHWAY 12



City of Wisconsin Dells

Application for: Mobile Home Park License

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

Name of Applicant: TVE MHP LLC (Dan Gillette)

Address of Applicant: PO BOX 74 BARABOO

Daytime Telephone Number: (608) 772-0234

Evening Telephone Number: ()

Driver's License Number: 6430-1726-0173-07 State: WI

Legal Description/Address of the Park: Avon + Illinois St

On-Site Manager's Name: Mark Corb

On-Site Manager's Address & Lot Number: 1044 Illinois

On-Site Manager's Telephone Number: 608-963-9062

*A complete site plan must be attached to the application.



Signature of Applicant

Dan Gillette

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

AGREEMENT

This Agreement is by and between the City of Wisconsin Dells ("City") and Ronald J. Schweinfus ("Schweinfus") d.b.a. Towerview Estates/Dardon Properties.

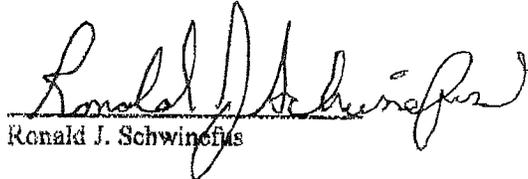
RECITALS

- A. Schweinfus owns and operates a mobile home park in the City which has 33 sites.
- B. Several of the sites are located in the public right of way.
- C. The purpose of this Agreement is to identify those sites and to provide for the restoration of the sites to the public.

AGREEMENT

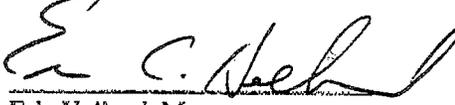
- A. Two mobile homes are currently located in the Plum Street right of way and one mobile home is located in the Michigan Avenue right of way. The sites are highlighted in blue in Exhibit A attached.
- B. Schweinfus agrees that at such time as the mobile homes currently parked in the public right of way are removed or deemed uninhabitable, no other mobile home may be parked at that site.
- C. Schweinfus waives any claim that he and his predecessors in title have obtained the right to park mobile homes in the public right of way by virtue of adverse possession, or any other similar claim.
- D. Schweinfus waives any claim that because the City did not act to remove the mobile homes when they were placed in the public right of way, the City is now precluded from insisting upon the restoration of the public right of way.
- E. This Agreement shall run with and burden the sites identified herein and shall bind the parties hereto, their heirs, successors and assigns.

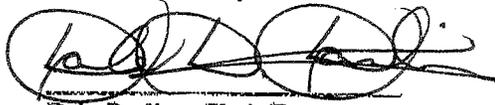
Dated: 8/5, 2008.


Ronald J. Schweinfus

Dated: August 5, 2008.

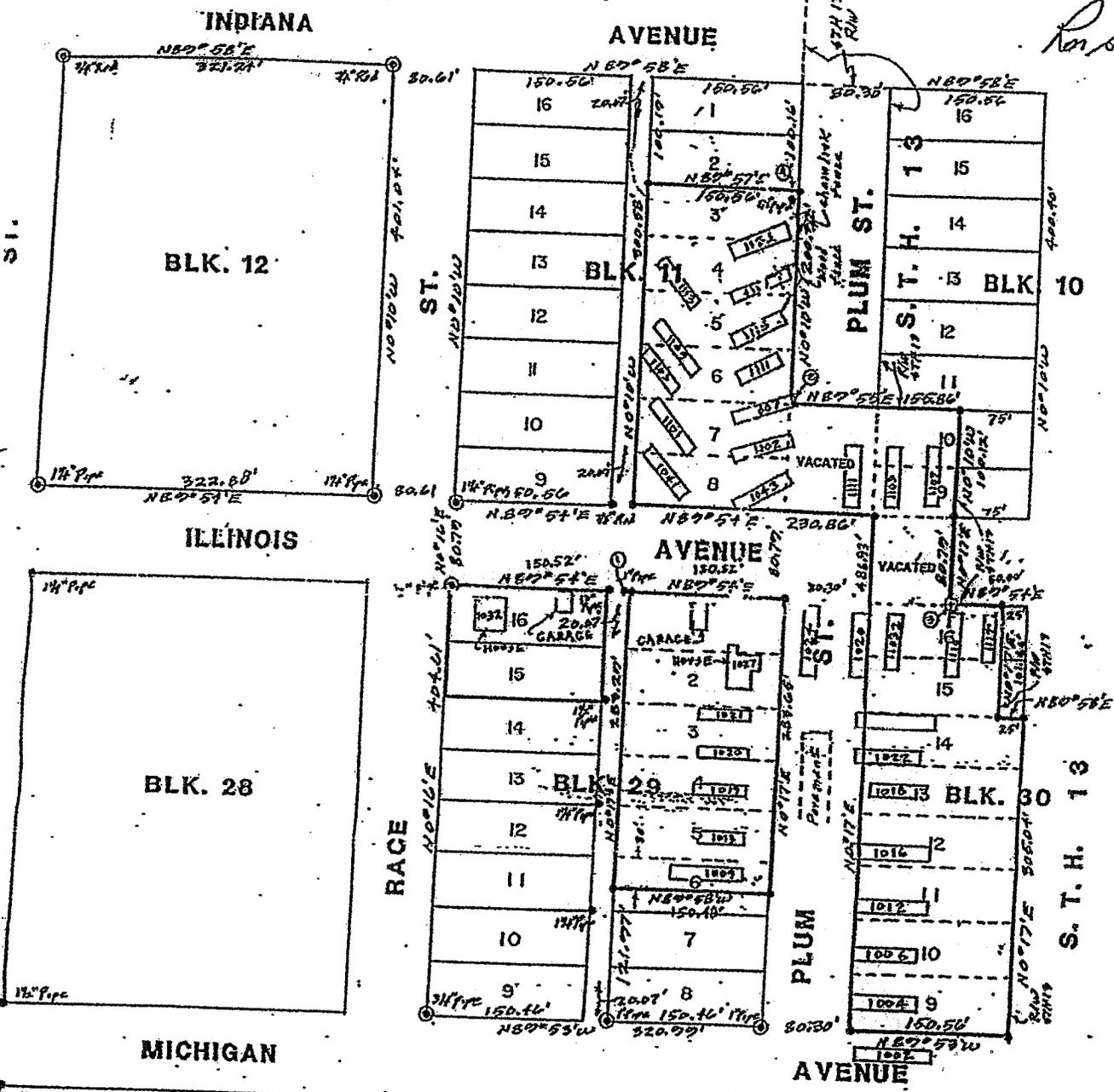
CITY OF WISCONSIN DELLS


Eric Helland, Mayor

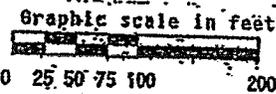

Dale Darling, Clerk/Treasurer

8/6/08
Mailed copy w/ license.

Please return to me
Shanks.
Ron Shanks



] = trailer home & address



ound pipe or rod as shown. ⊙ = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found were not used of various dimensional differences with those shown. ○ = Set 3/4" x 24" round iron rod weighing 1.5#/lineal foot.

s are referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear N0°10'W. Nearest minute.

es to east of found and used pipes and rods are made to fit the commonly used multiplier of 1.0037 times the platted distance.

id pipe is N79°44'W 1.06' from new rod. ⊙ = Rod not set because house trailer sits over corner. Southeast corner of trailer is 10' north and 5.3' east of where rod should be. ⊙ = Chisled cross in concrete in front of trailer #1110. ⊙ = Found pipe is S38°31'W.

: Pioneer Mobile Homes, 4454 S. 13th St., Milwaukee, WI, 53221