

CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: TUESDAY, APRIL 16, 2019 Time: 7:00PM Location: MUNICIPAL BUILDING
COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI

MAYOR		COUNCIL MEMBERS		
		FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
	Edward Wojnicz	Jesse DeFosse	Mike Freel	Ben Anderson
		Brian Holzem	Terry Marshall	Dan Anchor
OPENING				
1	Call to Order & Roll Call Attendance			
2	Pledge of Allegiance			
3	Approval of Consent Agenda Items: <ul style="list-style-type: none"> a. March 18, 2019 Common Council Meeting Minutes b. Schedule of Bills Payable dated April 16, 2019 c. Applications for Bartender Licenses 			
AGENDA ITEMS				
4	Public Comment/Citizen Appearances for Any Non-Agenda Item			
5	Discussion/Decision on Application for Original Class B Beer License Submitted by Asgard Axe Throwing, Dennis Mitchell Agent, for Asgard Axe Throwing, 513 Broadway, for the Licensing Period of April 17, 2019 Through June 30, 2019			
6	Application for Original Class A Beer License Submitted by Mt Olympus Enterprises, Aaron Matteson agent, for Mt Olympus Campground Store, 300 County A, for the Licensing Period of May 1, 2019 Through June 30, 2019			
7	Applications for Renewal of Firework Sales Licenses for the Licensing Period of May 1, 2019 Through April 30, 2020			
8	Applications for Renewal of Seasonal Workforce Housing Facility Licenses for the Licensing Period of May 1, 2019 Through April 30, 2020			
9	Application for Renewal of Riding Stable/Horses for Hire License Submitted by Dells Adventure Development for Beaver Springs Riding Stables, for the Licensing Period of May 1, 2019 Through April 30, 2020			
RESOLUTIONS				
10	Resolution to Approve Updated Wisconsin Public Employers Group Health Insurance Program Agreement			
11	Resolution to Approve the Land Lease Agreement with the Testamentary Trust of John Trumble			
12	Resolution to Award the Contract for the Bowman Park Stable Building & Picnic Pavilion Project			
13	Resolution to Approve the Purchase of a 2004 Jet-Vac Truck from the Dells-Delton Sewage Commission			
14	Resolution to Approve a Conditional Use Permit to Dells Adventure Development in Order to Allow Storage Containers (2) at 600 Trout Road			
15	Resolution to Approve the Certified Survey Map Regarding Sauk County Parcels 291-0017-10000, 291-0018-00000, 291-0019-00000 and 291-0019-10000 (Kickers-Timber Falls area) with Right-of-Way to be Dedicated			
ORDINANCES				
16	Second Reading of Proposed Ordinance to Update the Sign Code to Add Portable Changeable Message Signs			

17	First and Second Reading of Proposed Ordinance to Repeal & Recreate Code Sec. 18.12 - Disorderly Conduct with a Motor Vehicle
18	First Reading of Proposed Ordinance to Repeal the May 31, 2019 Sunset Clause on Existing Backyard Chickens Ordinance - Code Sec. 16.025
CLOSING	
19	Business for Referral to Subsequent Meetings
20	Adjourn
	Nancy R. Holzem City Clerk/Coordinator Posted: 04/12/2019
	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.

(Continued)

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

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

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
	3/16 Possession of THC / Cocaine / Adderall / Paraphernalia - Columbia - WI (Completed Probation)		

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [Signature] Date: 7/19/18

Subscribed and sworn to before me this 19th day of July, 2018.
Nancy R. Holzem
Notary Public
My Commission Expires: 10-18-19



April 2, 2019

Dear Chief Ward:

You asked me to write a letter to describe the ways that I have bettered myself since my arrests to reconsider my bartender's license application.

The last time I was arrested was March 12, 2016. Since then I have worked very hard to better myself and have maintained sobriety. On July 27, 2016, I had my plea and sentencing hearing where I was placed on probation for two years. Since being on probation I have either been employed full-time or was looking for a job. I did everything asked of me by my probation agent and I successfully completed probation on July 27, 2018. During those two years, I did a psychological examination, maintained sobriety and also completed an AODA assessment.

Once I finished probation, I understood the importance of staying drug free and I continued with my AODA follow-through meetings and completed those around December of 2018. I did these meetings with a counselor at Pathway Clinic in Prairie Du Sac.

After my arrest, I also began meeting with Dr. Webb at UW Behavioral Health who prescribed medicine for my depression and my ADHD. This helped a lot. I attended regular visits with the psychiatrist for approximately two years and I believe the last time I visited with him in-person was during the summer of 2018. I remain on my medicine to this day.

Shortly after my last arrest, I began employment with Mr. Angelini through Angelini's Restaurant, Skybox Bar - now Gino's Pizzeria and Bar, and have remained employed by him ever since. I work around 60 hours a week, sometimes more. Mr. Angelini has been a positive influence on my recovery as he watches over me to be sure I am doing okay and remaining clean. He is strongly against drugs. I have eliminated all friends who are involved in drugs. I do not associate with people who use drugs.

I have never had trouble with alcohol, my problems have always been with drugs. But I do know from my counseling that I need to be aware of how alcohol can affect me as well. I must always keep that in mind.

I'd ask you to please allow me to have a bartender's license because this would allow me to become a manager and increase my wage. Thank you for this opportunity.

Sincerely,


Jonathon Groves

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning April 17 2019 ;
 ending June 30 2019

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

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

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

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

Applicant's WI Seller's Permit No.: <u>4561026396335-03</u>		EIN Number: <u>399982694</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	<u>25.00</u>	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	<u>39.00</u>	

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Asgard Axe Throwing Mitchell Dennis Edward + Marcum ~~Woods~~ Nicholas Ryan

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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Owner Mitchell Dennis E</u>	<u>4125 8th lane</u>	<u>Wis Dells, WI 53965</u>
Vice President/Member	<u>Owner Marcum R</u>	<u>Nicholas</u>	<u>1406 W 76th place Ind. WI 46260</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Dennis E Mitchell</u>		
Directors/Managers			

3. Trade Name ▶ Asgard Axe Throwing Business Phone Number 608-369-1669
 4. Address of Premises ▶ 513 Broadway Post Office & Zip Code ▶ 53965

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 513 Broadway, Wisconsin Dells, WI

10. Legal description (omit if street address is given above): _____
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____
 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-19-2019</u>	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 of Wisconsin Dells County of Columbia
 City

The undersigned duly authorized officer(s)/members/managers of Asgard Axe Throwing
(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 Asgard Axe Throwing
(trade name)

located at 513 Broadway, Wisconsin Dells, WI 53965

appoints Dennis Mitchell
(name of appointed agent)

4125 8th lane, Wisconsin Dells, WI 53965
(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? 110 years

Place of residence last year 4125 8th lane, Wisconsin Dells, WI 53965

For: Asgard Axe Throwing
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Dennis E Mitchell 3-19-19, hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 3-19-19
(signature of agent) (date)

Agent's age 34

4125 8th Ln Wisconsin Dells WI
(home address of agent)

Date of birth 6-25-84

**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)

Original sent to PD 3-19-19

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mitchell III		Dennis		Edward	
Home Address (street/route)		Post Office	City	State	Zip Code
4125 8 th Lane		Wis. Dells	Wisconsin Dells	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
608-369-1669		34	06/25/1984	Lindenhurst IL	

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

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

which is making application for an alcohol beverage license.

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

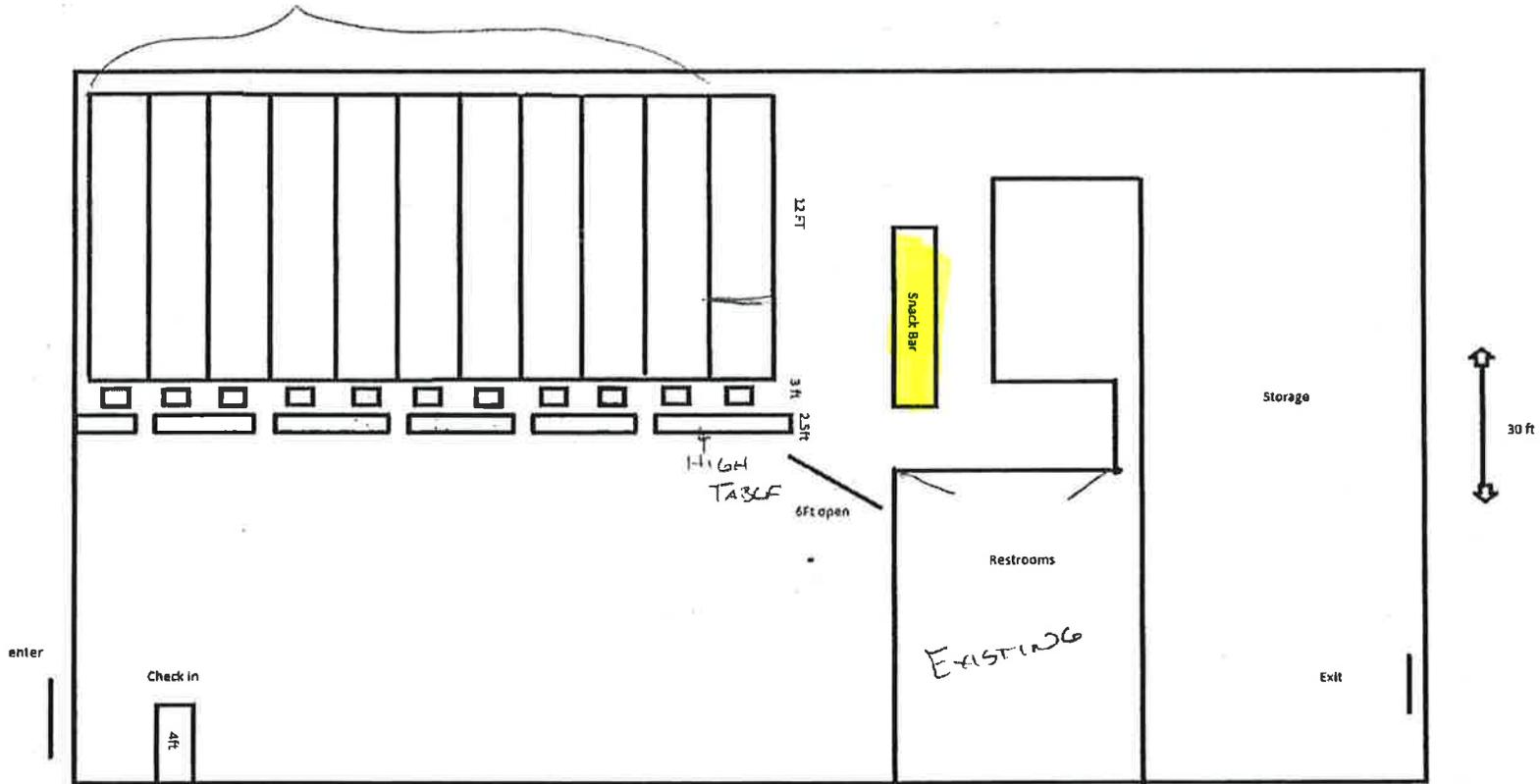
- How long have you continuously resided in Wisconsin prior to this date? 110 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Red Beard Bowfishing	4125 8 th Lane, Wis Dells, WI	2012	present
monks @ wilderness	33 Hillman Rd Lake Delton	2015	present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

HATCHET THROWING Lanes



ITEM 6

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning MAY 1 20 19 ;
ending JUNE 30 20 19

TO THE GOVERNING BODY of the: Town of
 Village of } WISCONSIN DELLS
 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): **▶** MT OLYMPUS ENTERPRISES INC

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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>PRESIDENT - LASKARIS, NICKOLAOS D-</u>	<u>895 CANYON RD#301, POBOX5, WIS DELLS</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>▶ AARON MATTESON,</u>	<u>153 KELLIE MARIE CT, REEDSBURG, WI</u>	<u>53959</u>
Directors/Managers	_____	_____	_____

3. Trade Name **▶** MT OLYMPUS CAMP GROUND STORE Business Phone Number 608-253-8441
4. Address of Premises **▶** 300 COUNTY ROAD A Post Office & Zip Code **▶** WIS DELLS, WI 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 05/01/85 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.) GENERAL STORE AT CAMPGROUND ON HWY A
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. 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

Applicant's WI Seller's Permit No.: 456000061041904		FEIN Number: 39-1516781	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$	<u>100.00</u>	16.66
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	<u>20</u>	14.00
TOTAL FEE	\$	<u>120</u>	30.66

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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-29-19</u>	Date reported to council / board <u>4-16-19</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MATTESON		AARON		D	
Home Address (street/route)		Post Office		City	State Zip Code
153 KELLIE MARIE CT				REEDSBURG	WI 53959
Home Phone Number		Age	Date of Birth	Place of Birth	
608-963-3495		26	10/05/1992	FOND DU LAC, WI	

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 26
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
MT OLYMPUS ENT. INC	1881 WISC DELLS PKWY	03/20/2007	
Employer's Name	Employer's Address	Employed From	To
WETT LLC	1470 WISD DELLS PKWY	03/22/2015	09/19/2015

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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

Submit to municipal clerk.

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

To the governing body of: Town Village of WISCONSIN DELLS County of SAUK City

The undersigned duly authorized officer(s)/members/managers of MT OLYMPUS ENTERPRISES INC
(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 MT OLYMPUS CAMPGROUND STORE
(trade name)

located at 300 COUNTY ROAD A, WISCONSIN DELLS, WI 53965

appoints AARON MATTESON
(name of appointed agent)
153 KELLIE MARIE CT, REEDSBURG, WI 53959
(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?

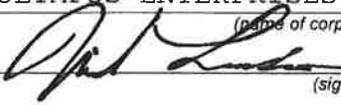
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 26

Place of residence last year 153 KELLIE MARIE CT, REEDSBURG, WI 53959

For: MT OLYMPUS ENTERPRISES INC
(name of corporation/organization/limited liability company)

By: 
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, AARON MATTESON, 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.

 Agent's age 26
(signature of agent) (date)

153 KELLIE MARIE CT, REEDSBURG, WI 53959 Date of birth 10/05/1992
(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)

3/29/2019 Original sent to PD

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LASKARIS		NICKOLAOS		D	
Home Address (street/route)	Post Office	City	State	Zip Code	
895 CANYON RD #301	P O BOX 5	WISCONSIN DELLS	WI	53965	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-963-1777	52	08/03/1966	CHICAGO, IL		

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 52 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
MT OLYMPUS ENT INC	POBOX 5 WIS DELLS WI 53965	01/01/1976	
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

CITY OF WISCONSIN DELLS
APPLICATION FOR LICENSE
FIREWORK SALES

Date Submitted: 03/15/2019 Fee: \$275.00 1st Site, \$60.00 add'l Sites \$335.00 Receipt No. 68042

Name of Applicant: Brian K. Holzem

Address of Applicant: 505 Bowman Road, Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-4101

Driver's License Number: H425-0715-6138-08 State: WI

Business Name(s) and Address(es) of where Fireworks are to be sold: _____

Native Sun - 302 Broadway, WI Dells

38 Broadway - 38 Broadway, WI Dells

Name and Address of property owner if different than above: _____

Itemization of Fireworks to be sold: Cone fountains not exceeding 75 grams in weight designed to sit on the ground; emits sparks and smoke. Caps containing not more than 1/4 grain of explosive mixture. Toy snakes containing no mercury. Sparklers not exceeding 36 inches in length and do not contain magnesium, chlorate, or per chlorate. Devices that spray-out paper confetti or streamers and contain less than 1/4 grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move, or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flames and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding .75 inches, designed to sit on the ground.


Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

___ Date Approved: _____ Conditions (if any): _____

___ Date Denied: _____ Reason(s): _____

* License valid from May 1, 2019, through April 30, 2020

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/07

City of Wisconsin Dells

Application for: FIREWORK SALES

Date Submitted: 3/20/19 Fee: \$275 for First Site, \$60.00 for Add'l Sites 275.00 Receipt No. 68072

Name of Applicant: Maurer's Market

Address of Applicant: 216 Washington Ave

Daytime Telephone Number: (608) 254-8313

Driver's License Number: _____ State: _____

Business Name(s) and Address(es) of where Fireworks are to be sold: _____

Maurer's Market
216 Washington Ave
Wisc. Dells

Name and Address of property owner if different than above: _____

same

Itemization of Fireworks to be sold: _____

popper, sparklers, other small packages



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through April 30, 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. Rev. 01/07

City of Wisconsin Dells

Application for: FIREWORK SALES

Date Submitted: 2-28-19 Fee: \$275 for First Site, \$60.00 for Add'l Sites 455- Receipt No. 67837
tm

Name of Applicant: Richard Christensen

Address of Applicant: 646 Gillette Dr Wisconsin Dells WI 53965

Daytime Telephone Number: (608) 393-6081

Driver's License Number: C.623-7486-8350-D8 State: WI

Business Name(s) and Address(s) of where Fireworks are to be sold:

Lower Dells Travel Mart 710 Trout Rd

BROADWAY Travel Mart 802 BROADWAY

Shell Travel Mart 2415 Wisconsin Dells Parkway

R+G Travel Mart 611 Frontage Rd

Name and Address of property owner if different than above: _____

Itemization of Fireworks to be sold: _____

See pg 2



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through April 30, 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. Rev. 01/07

Itemization of Fireworks to be sold: cone fountains, not exceeding 75 grams in weight, designed to sit on the ground, emits sparks & smoke. Caps containing not more than $\frac{1}{4}$ grain of explosive mixture, toy snake containing no mercury. Sparklers not exceeding 36 inches in length & not containing magnesium, chlorate or perchlorate. Devices that spray out paper confetti or streamers and contain less than $\frac{1}{4}$ grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flame and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding 75 inches designed to sit on the ground.

City of Wisconsin Dells ITEM 8

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 5/1/19 to April 30, 2020 Fee \$ 250 Receipt No. 08131
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Atanas Georgiev

Applicant Address: 322 Wisconsin Ave, Wis Dells, WI, 53965

Telephone Number: 414-436-7498

Lodging Facility Address: 322 Wisconsin Ave, Wis Dells, WI, 53965

Number of Sleeping Units: 5

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

Name & Telephone No. of On-Site Supervisor: Ivan Vasilev 414-436-7498

Manner in which the facility will be supervised and maintained: Atanas and Nelly
live in the premises, they are making sure
the house is maintained in good living
condition.

[Signature]
Applicant's Signature

3/26/19
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 4/30/19 to April 30, 2020 Fee \$ 750⁰⁰ Receipt No. 68054
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Catherine Mayer

Applicant Address: 931 Capital St, Wisconsin Dells, WI 53965

Telephone Number: (608) 370-3353

Lodging Facility Address: 931 Capital St, Wis. Dells, WI 53965

Number of Sleeping Units: 15

Zoning Classification: C-1
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Catherine Mayer, Pavel's Cerwonordijs
(608) 370-3353 or (608) 217-3873

Manner in which the facility will be supervised and maintained: Same as last year

C. Mayer
Applicant's Signature

03/18/2019
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

COPY

Date From May 1, 2019 to April 30, 20 20 Fee \$ 975.00 Receipt No. 67956
(\$50 each for first 15 sleeping units; \$25 each add'l) 3-7-19

Applicant Name: MT Olympus

Applicant Address: 1881 Wi Dells Pkwy, Wi Dells, Wisc 53965

Telephone Number: 608-254-8447

Lodging Facility Address: 2131 Wi Dells Pkwy, Wi Dells, Wi 53965

Number of Sleeping Units: 24

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

Name & Telephone No. of On-Site Supervisor: Toni Danalache 608-253-8447

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

Danalache
Applicant's Signature

3-4-2019
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From May 1, 2019 to April 30, 2020 Fee \$ 350 Receipt No. 68059
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Jay and Debra Nash

Applicant Address: 9 Spruce Tr Wisconsin Dells, WI 53965

Telephone Number: (608) 350-9370

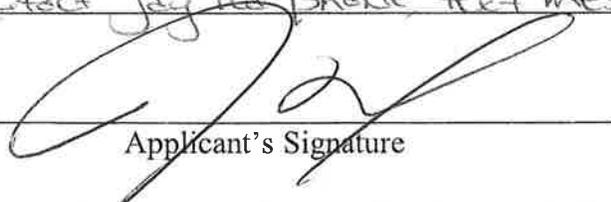
Lodging Facility Address: 410 Wisconsin Ave

Number of Sleeping Units: 7

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

Name & Telephone No. of On-Site Supervisor: N/A

Manner in which the facility will be supervised and maintained: Jay Nash will go to the property at least twice daily and address any maintenance issues and workers' concerns. Further each resident can contact Jay via phone text message, and WhatsApp.


Applicant's Signature

3-19-19
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

R#68113

COPY

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From: *April 1, 2019 to April 30, 2020* Fee: \$200 Receipt No.: *26374377*
((\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: *Nathan Grindstaff in behalf of Workforce Housing Solutions, LLC*

Applicant Address: *3505 North Main Street, Crossville Tennessee, 38555*

Telephone Number: *(931) 459-4474*

Lodging Facility Address: *511 Vine Street, Wisconsin Dells*

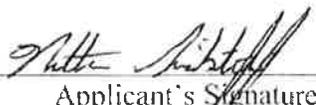
Number of Sleeping Units: *Four (4) Units*

Zoning Classification: *C-1 Commercial Neighborhood*
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: *Bradley Halford, Regional Director (First point of contact)*
Cell: 443-771-3959/ Email- bradley.halford@mastercorp.com

Manner in which the facility will be supervised and maintained:

The property has active management from area managers to ensure that any noise or disturbance from the occupants are handled quickly and thoroughly. The current tenant is a cleaning company for the Hospitality Industry, and they pride themselves in the cleanliness of both their properties and employees. All occupants are required to sign an Employee Housing Agreement that contains Housing Rules. These rules are meant to ensure that the occupants behave in such a manner that creates a safe, relaxing and secure place to reside. If the occupant/employee violates one of these rules, then they could lose their employment with the tenant and be evicted from the premises. This tenant requires the managers to be in the area at all times.


Applicant's Signature

3/13/19
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From May 1 2019 to April 30, 2020 Fee \$ 850 Receipt No. 68294
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Adam Seymer / Jason Field A & J Entertainment

Applicant Address: ~~510 Vine St~~ 1550 WDP

Telephone Number: 608-547-2332

Lodging Facility Address: 510 Vine St

Number of Sleeping Units: 19

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

Name & Telephone No. of On-Site Supervisor: Adam Seymer 608-547-2332

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

Jason lives down street.

Adam lives nearby. Company maintenance

2 HR, Onsite Supervisor

Adam Seymer
Applicant's Signature

3-25-19
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells

COPY

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE O New O Renewal

Date From May 1, 2019 to April 30, 2019 Fee \$ 300 Receipt No. 67836
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: IZIK COHEN

Applicant Address: 1100 RIVER Rd APT 208 wis. dells, wis 53965

Telephone Number: 608-2537295

Lodging Facility Address: 817 OAK ST wis. dells, wi 53965

Number of Sleeping Units: 6

Zoning Classification: _____

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: XENIA - 608-4040061

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

1214 

Applicant's Signature

2/28/2019
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New

Renewal

Date From May 1 2019 to April 30, 2020 Fee \$ 700⁰⁰ Receipt No. 68311
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Logging Camp Inc

Applicant Address: 411 Hwy 13 Wis Dells

Telephone Number: (608) 254 8717

Lodging Facility Address: 425 Vine St

Number of Sleeping Units: 14

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

Name & Telephone No. of On-Site Supervisor: Adam Hickey (608) 432 2867

Manner in which the facility will be supervised and maintained: All tenants work for

Logging Camp Inc (Paul Burrows) We have weekly laundry service
for bedding. All rooms are supplied with cleaning supplies
Kitchen is accessible to all tenants. Also video monitoring
system for protection & security.

Adam Hickey
Applicant's Signature

3-15-19
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells

ITEM 9

Application for: RIDING STABLE/HORSES FOR HIRE

Date Submitted: 2/28/19 Fee \$200 Plus \$25 per horse \$600⁰⁰ Receipt No. 68162

Name of Applicant: Dells Adventure Delpmt Inc Date of Birth: _____

Address of Applicant: 600 TROUT RD Wisc Dells

Daytime Telephone Number: (608) 254 2735 Email Address: _____

Applicant's Drivers License Number: _____ State: _____

Name and Address of Business: Beaver Springs Riding Stable

Number of Horses: ~~10~~ 16

Proposed hours of Operation: 9am - 7pm

Description of Route: (Attach map) on file - same as previous year.

*Attach written permission from property owners if applicable.

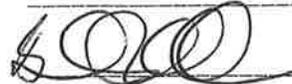


Description of the manner and location in which the horses will be feed, sheltered, stabled or transported within the City:

on file. same as previous years.

Safety and Sanitation Methods: same as last year

Printed Name of Applicant: Dells Adv Delpmt Inc

 2/28/19 pres Brent S. Toller
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.01

Date Approved: _____ License Valid from _____, 20____ through April 30, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

**EXISTING EMPLOYER UPDATE RESOLUTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the Common Council of the City of Wisconsin Dells
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered to eligible personnel through the program of the State of Wisconsin Group Insurance Board (Board), and agrees to abide by the terms of the program as set forth in the *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health Insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1, in order to continue participation without lapse. If more time is needed, contact ETF.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the Board to provide such Group Health Insurance.

Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the 16th day of April, year 2019 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 16th day of April, year 2019.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

39-6005659
Federal tax identification number (FEIN/TIN)

69-036-1034-000
ETF employer identification number

Number of eligible employees 54

Columbia, Sauk, Adams & Juneau
Employer county

nholzern@dellscity.gov.com
Employer benefit contact email address

Authorized employer representative signature

Edward E. Wojnicz
Authorized employer representative printed name

Mayor
Authorized representative title

300 LaCrosse Street

Wis. Dells, WI 53965
Mailing address

Submit completed form to ETF at ETFsMBESSNewEmployer@etf.wi.gov or fax to 608-267-4549.



Employer Bulletin

Employer Communication Center 608-266-3285

Toll free: 1-877-533-5020

etf.wi.gov

Action Required: New Employer Resolution Must be Submitted by October 1, 2019

The Department of Employee Trust Funds is pleased to inform you that your local employer health insurance reference tool, the local employer manual, has been fully updated and improved. It has been renamed and can be found as the [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#).

1. This change requires action on your part. In creating one document for ease of reference, ETF moved (but did not change) applicable contract provisions from the contract between the Group Insurance Board and the participating health insurance providers into this updated employer manual. This means that the resolution your governing body signed to participate in the Wisconsin Public Employers group health insurance program (WPE-GHIP) is no longer correct, since that resolution states that your board agrees to abide by the terms of the health insurance provider contract, not this updated employer manual.

All participating municipalities will need to file the [updated resolution \(ET-1169\)](#), which is also attached, to continue participating in the WPE-GHIP. **ETF asks that this be acted upon during your next available governing board meeting. To assist you in this, ETF has attached a letter that you may share with your board to explain the change.**

The new resolution must be submitted to ETF as soon as possible and no later than October 1, 2019 to continue in the WPE-GHIP. If you need more time, please contact ETF.

2. The reasons for this change are:
 - **Administrative ease.** Previously, employers had to refer to many documents, for example Employer Bulletins and the health insurance contract, to answer questions. Now all that information can be found in the Employer Manual to make searches easier for you.
 - **Updated content.** The former employer manual was out-of-date in many areas, including certain "how to" descriptions, and references to Long Term Disability Insurance (LTDI) and Domestic Partner information.
 - **Reorganized information.** When talking through the former manual it was difficult at times to make sure everyone was referring to the same location for information. ETF has re-numbered and slightly reorganized information to make such discussions easier.
 - For the future, ETF plans to adjust the manual to use more plan language.

If you have questions or comments about this bulletin, please contact ETF at ETFSMBEmployerInsurance@etf.wi.gov or call us at 1-877-533-5020 select option 2 (local Madison area).

**CITY OF WISCONSIN DELLS
RESOLUTION NO. _____**

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Finance Committee from their April 8, 2019 meeting;

IT APPROVES the Land Lease Agreement with the Testamentary Trust of John Trumble for use of the "Trumble Lot" on the corner of Broadway and Cedar.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes, _____ nays _____ abs.

Date Introduced: April 16, 2019

Date Passed:

Date Published:

Land Lease Agreement
(City of Wisconsin Dells and Trumble Testamentary Trust)

This Land Lease Agreement is by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (the "City") and the Testamentary Trust of John A. Trumble (hereinafter the "Trust").

1. Subject Premises. The City will lease the following land owned by the Trust:

Lots 7 and 8, Block 64, Kilbourn City, City of Wisconsin Dells,
Columbia County, Wisconsin. Property Address: 502 Broadway Avenue,
Tax Parcel Number: 11291-31, consisting of 0.22 acres of vacant,
unimproved land.
2. Term. The term of this Agreement is May 1, 2019 through September 2, 2019.
3. Use and Occupancy. The City shall have the use and occupancy of the subject premises for use as a venue for public events, arts and entertainment.
4. Fee. The City shall pay rent of \$6,000.00 on or before May 1, 2019 for its right to use and occupy the subject premises.
5. Costs. The City will bear all costs and expenses related to its use and occupancy of the premises and shall hold the Trust harmless for payment thereon; except that, Trust shall be responsible for mowing.
6. Surrender of Leased Premises. At the end of the lease term the City shall surrender use and occupancy of the subject premises and return them to the Trust in their condition at the beginning of the term. The City shall bear and pay any costs required to restore the subject premises to their pre-agreement condition.

7. Indemnification. City shall indemnify the Trust from and against all loss, costs (including reasonable attorney's fees), injury, death, or damage to persons or property that at any time during the term of this Agreement may be suffered or sustained by any person or entities in connection with this Agreement regardless of the cause of injury except to the extent caused by the gross negligence or misconduct of the Trust. This indemnification by the City shall extend to any of the following on the subject premises: without limitation, their agents, employees, vendors, entertainers, guests and patrons.
8. Entire Agreement. This Agreement is the entire Agreement between the parties and supersedes and replaces any and all prior agreements, understandings and promises on the same subject whether they are written or oral.
9. Governing Law/Venue. Venue for any disputes regarding this Agreement shall be the Circuit Court for Columbia County, Wisconsin. Wisconsin law shall be applied.

CITY OF WISCONSIN DELLS

Dated: _____, 2019.

Edward Wojnicz, Mayor

Dated: _____, 2019.

Nancy R. Holzem, Clerk/Administrative
Coordinator

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Finance Committee from their April 16, 2019 meeting;

IT AWARDS the bid for the Bowman Park Stable Building & Pavilion Project to _____ for the amount of \$ _____.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes, _____ nays _____ abs.
Date Introduced: April 16, 2019
Date Passed:
Date Published:

CITY OF WISCONSIN DELLS
Bowman Stable - Bid Worksheet

Opening: April 4, 2019 @ 2:00 pm

<u>Bidder</u>	<u>Base BID</u>	<u>ALT 1 - Dumpster Encl</u>	<u>ALT 2 - In-Floor Heat</u>	<u>ALT 3 - Shingled Roof</u>	<u>Total</u>	
Harmony	\$683,605			(\$22,153)	\$661,452	
HBI	\$770,255			(\$27,851)	\$742,404	
Friede	\$674,800			(\$30,000)	\$644,800	1
ABC	\$926,650			(\$28,000)	\$898,650	
National	\$842,300			(\$21,301)	\$820,999	

<u>Bidder</u>	<u>Base BID</u>	<u>ALT 1 - Dumpster Encl</u>	<u>ALT 2 - In-Floor Heat</u>	<u>ALT 3 - Shingled Roof</u>	<u>Total</u>	
Harmony	\$683,605				\$683,605	
HBI	\$770,255				\$770,255	
Friede	\$674,800				\$674,800	2
ABC	\$926,650				\$926,650	
National	\$842,300				\$842,300	

<u>Bidder</u>	<u>Base BID</u>	<u>ALT 1 - Dumpster Encl</u>	<u>ALT 2 - In-Floor Heat</u>	<u>ALT 3 - Shingled Roof</u>	<u>Total</u>	
Harmony	\$683,605		\$21,394	(\$22,153)	\$682,846	
HBI	\$770,255		\$11,076	(\$27,851)	\$753,480	
Friede	\$674,800		\$31,600	(\$30,000)	\$676,400	3
ABC	\$926,650		\$23,840	(\$28,000)	\$922,490	
National	\$842,300		\$26,312	(\$21,301)	\$847,311	

<u>Bidder</u>	<u>Base BID</u>	<u>ALT 1 - Dumpster Encl</u>	<u>ALT 2 - In-Floor Heat</u>	<u>ALT 3 - Shingled Roof</u>	<u>Total</u>	
Harmony	\$683,605	\$12,313	\$21,394	(\$22,153)	\$695,159	
HBI	\$770,255	\$9,130	\$11,076	(\$27,851)	\$762,610	
Friede	\$674,800	\$7,200	\$31,600	(\$30,000)	\$683,600	4
ABC	\$926,650	\$17,700	\$23,840	(\$28,000)	\$940,190	
National	\$842,300	\$16,281	\$26,312	(\$21,301)	\$863,592	

<u>Bidder</u>	<u>Base BID</u>	<u>ALT 1 - Dumpster Encl</u>	<u>ALT 2 - In-Floor Heat</u>	<u>ALT 3 - Shingled Roof</u>	<u>Total</u>	
Harmony	\$683,605		\$21,394		\$704,999	5
HBI	\$770,255		\$11,076		\$781,331	
Friede	\$674,800		\$31,600		\$706,400	
ABC	\$926,650		\$23,840		\$950,490	
National	\$842,300		\$26,312		\$868,612	

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Works Committee from their April 8, 2019 meeting;

IT APPROVES the purchase of a 2004 Sewer Jet-Vac Truck for \$30,000 from the Dells-Delton Sewage Commission with funding coming from the Sewer Utility.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes, ___ nays ___ abs.
Date Introduced: April 16, 2019
Date Passed:
Date Published:



3-22-2019

Lake Delton

Mr. Gary Hansen

50 Wis. Dells Parkway

Wisconsin Dells, WI. 53940

Gary,

I am providing this document to share with you the trade in Value of the 2004 Vactor Combination Sewer Jetter Truck.

Trade value \$40,000.00

If the unit is inspected and tested by MacQueen Equipment we may be able to increase the value of the truck to \$50,000.00 provided we find nothing major wrong with the unit including major tank rust issues. This is not a guarantee to the value, it is a potential ballpark, again depending on the inspection.

Once again thank you for the opportunity,

Regards,

Thomas Poole

MacQueen Equipment

262-397-6177

Thomas.poole@macqueenequipmentgroup.com.

**CITY OF WISCONSIN DELLS
RESOLUTION NO. _____**

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Plan Commission from their April 8, 2019 meeting;

IT APPROVES a Conditional Use Permit to Dells Adventure Development for the use of two (2) storage container on Sauk County Parcel 291-0133-1000 at 600 Trout Road contingent the following:

- 1) The two containers be in compliance with Ordinance 19.819(1)(b) and only be located behind the building and between the back of the building and rear lot line.
- 2) Containers must be moved to this location by May 31, 2019.
- 3) If the containers are still visible from the road, they should to be painted to match the fence.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes, _____ nays ____ abs,
Date Introduced: April 16, 2019
Date Passed:
Date Published:

600 Trout Rd
Conditional Use Permit – Storage Container
Staff Report for Plan Commission, 04/03/19

In March the Plan Commission recommended to approve the application for storage containers from Dells Adventure Development. The Common Council referred the application back to the Plan Commission requesting the recommendation for approval be updated to include the following condition, per the general standards: The containers to be located in the back of the lot.

The applicant was advised of the requirement to move the containers and agreed to do so. The applicant requested 90 days to complete the move, to allow inventory currently stored in the containers to be depleted before the move.

For reference, the following is the information provided during the initial review in March 2019:

The Planning & Zoning office has received a Conditional Use Permit application from Dells Adventure Development for two Storage Containers on tax parcel 291-0133-10000.

The applicant was in need of additional storage on their property and has installed two (2) storage containers side-by-side between the riding stable barn and the aquarium on their property located at 600 Trout Rd. These containers are located behind an existing, approximate 6' tall, wooden fence that is 65-70 feet off Trout Road. The owner was unaware that the Zoning code now requires a Conditional Use Permit for the use of a Storage Container as an Accessory Use.

The applicant has submitted photos of the storage containers in place.

The general concern with storage containers is the aesthetic from the public way. As such, some general standards for storage containers include: they not be located in a parking lot, they be located in the back of the lot, and that there be only one container per commercial lot.

The applicant does have two adjoining commercial lots, and operates at least three different businesses on this premise.

It seems some of the general standards apply more to an urban environment. The City has allowed two storage containers in the front of a lot in the industrial park, for Firefighter training.

In this case, a reasonable alternative may be to paint the containers a matching color that also hides the containers from the public view, such as the blue color of the existing fence.

Prepared by:
Dave Leifer

CONDITIONAL USE APPLICATION

Wisconsin Dells, Wisconsin

Version: May 21, 2007

General instructions Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	\$525.00
Receipt number	67641
Application number	C02 2 2007

1. Applicant information

Applicant name Dells Adventure Dulpmt. Inc.
 Street address 600 TROUT RD
 City Wisconsin Dells
 State and zip code WI 53965
 Daytime telephone number 608-432-9528
 Fax number, if any _____
 E-mail, if any _____

2. Subject property information

Street address	<u>600 TROUT RD</u>	
Parcel number	<u>291 0133 -10000</u>	<small>Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.</small>
Current zoning classification(s)	<u>C-4</u>	<small>Note: the Zoning map can be found on the "Planning & Zoning" Department page of the City web-site: www.citywd.org</small>
Describe the current use		

3. Proposed use. Describe the proposed use.

Storage Container

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

Receive during regular operating hours

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

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

Deliveries can pull up to container area, off the Public Road at existing parking lot.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

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

Accessory use to existing commercial use area.

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

OFF Street Parking lot - no effect.

- c. The suitability of the subject property for the proposed use (commercial zoning with existing business.

not affecting use of other properties

- d. Effects of the proposed use on the natural environment

already developed business

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

Hours of operation will not change.

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

within existing development

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

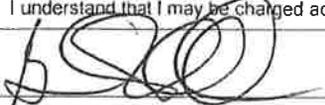
N/A

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

7. **Project map.** Attach a scaled map showing the information as listed at the end of this application. Use one of the following page sizes as appropriate: 8½" x 11", 11" x 17", or 24" x 36".

8. **Applicant certification**

- ◆ I certify that the application is true as of the date it was submitted to the City for review
- ◆ I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below

	2-13-19
Applicant Signature	Date

Governing Regulations	The procedures and standards governing this application process are found in Chapter 19, Article 4, Division 6, of the City's Municipal Code.
------------------------------	---

Reimbursement Agreement for Application Review Costs

A. Payment for Eligible Costs.

By submitting this application for review, the applicant agrees to pay all administrative costs incurred by the City in the processing, study, and review of the application including costs for planning, legal, engineering, and related services, referred to herein as eligible costs.

B. Guarantee of Payment.

To guarantee reimbursement, the applicant shall submit one of the following along with this application:

1. an irrevocable letter of credit in the name of the City in an amount as set by the zoning administrator; or
2. a cash deposit in an amount as set by the zoning administrator.

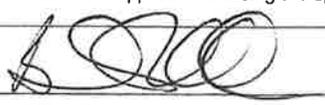
If a cash deposit is used to guarantee reimbursement, the City will periodically deduct from the cash account such amounts necessary to pay for eligible costs and submit a written statement to the applicant. If a letter of credit is used, the applicant agrees to pay such amounts as invoiced within 7 days of the invoice date. An interest rate of 1½ percent shall be charged on invoices not paid within 30 days of the invoice date. The City shall access the letter of credit to pay for overdue invoices, including late penalty charges, and submit a written notice to the applicant.

If remaining monies in the cash account are insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to deposit additional monies into the cash account in an amount as set by the zoning administrator. If the principal amount of the irrevocable letter of credit is insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to submit a second letter of credit in an amount as set by the zoning administrator. The applicant may withdraw this application prior to final action by the City Council by submitting a written letter to the City. Upon such notice, the City shall cease all work related to the review of the application. However, withdrawal of this application does not terminate this reimbursement agreement.

If the applicant does not pay for eligible costs, the City Clerk/Treasurer shall add the outstanding balance to the tax roll as a special assessment against the subject property. In addition, the City may pursue other legal means to obtain the outstanding balance as allowed by law.

C. Termination of Guarantee.

If a cash deposit is used to guarantee reimbursement, the City agrees to reimburse the applicant any unused monies in the cash account, including earned interest, within 60 days of the date when the City Council takes final action on the application. If a letter of credit is used, the City shall send a written letter to the applicant releasing the applicant from the letter of credit when all outstanding invoices have been paid.

	2-13-19
Applicant Signature	Date

600 Trout RD, Wis Dells



Storage container View from parking lot.

Untitled Map

Write a description for your map.

Legend

- 📍 600 Trout R



Google Earth

© Google

300 ft

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the City Plan Commission from their April 8, 2019 meeting;

IT APPROVES the Certified Survey Maps affecting Sauk County Parcels 291-0017-10000, 291-0018-00000, 291-019-00000, and 291-0019-1000 as requested by Bridge Mall LLC.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes, _____ nays ____ abs.

Date Introduced: April 16, 2019

Date Passed:

Date Published:

SAUK COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lots 2, 3 and 4, CSM No. 2207 and Lot 1, CSM No. 1249, Government Lot 4, Section 4, T13N, R6E, City of Wisconsin Dells, Sauk County, Wisconsin.

The purpose of this CSM is to redivide existing parcels.

Owner: Bridge Mall, LLC, % John Mitby, PO Box 1528, Madison, WI, 53701

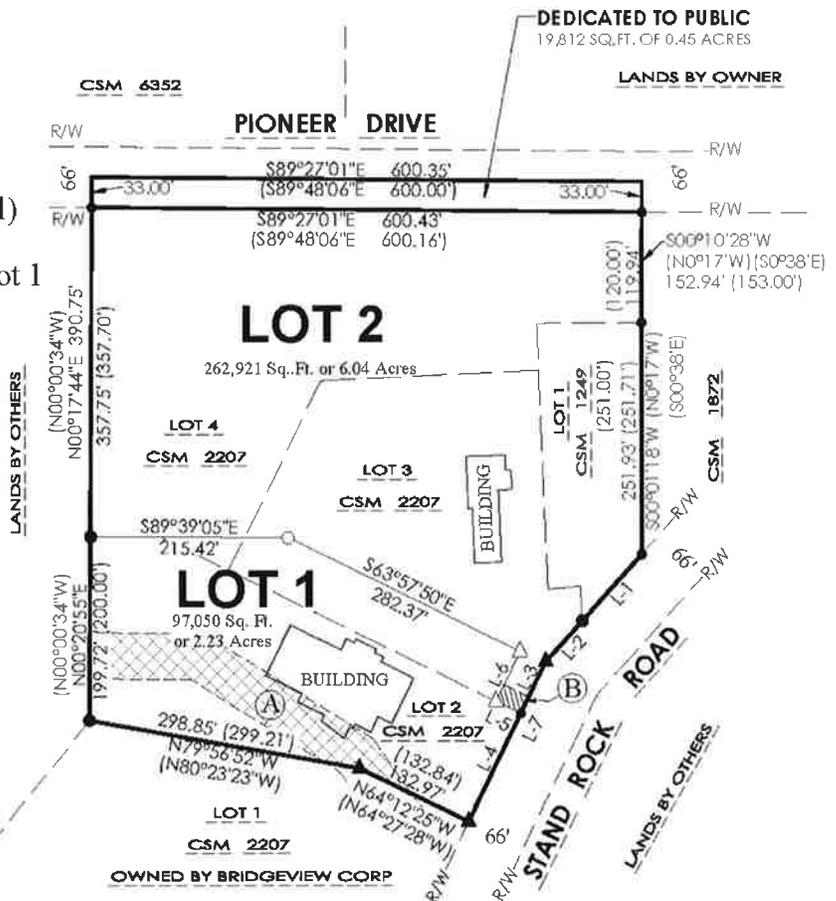
Carlson Surveying, Div. of General Engineering, P O Box 340, Portage, WI, 53901 Phone (608) 742.2169

Bearings are referenced to south line of Government Lot 4 of Section 4 which bears S88°54'31"E, Grid North, Sauk County Coordinate System, NAD83(91).

- ⊕ = Found government corner (as noted, all ties found and verified)
 - = Found 3/4" round iron rod
 - ▲ = Found PK nail in blacktop.
 - = Set 3/4" x24" round iron rod weighing 1.5#/ln. ft.
 - △ = Set PK nail in blacktop.
 - () = Recorded as
 - (A) = 50' wide Electric Easement, Doc. # 842591 (See sheet 3 detail)
 - (B) = 20' x 30' Ingress and Egress Easement created for benefit of Lot 1
- Field work was completed on 4/5/19

LINE CHART

LINE	LENGTH	BEARING:
L-1	96.91' (96.84') (97.00')	S42°05'21"W (N41°37'E) (S40°57'W)
L-2	59.41'	S41°57'47"W (S41°37'00"W)
L-3	62.64'	S25°53'19"W (S25°32'32"W)
L-4	130.50'	S25°53'19"W (S25°32'32"W)
L-5	30.00'	N63°57'50"W (S64°19'27"E)
L-6	60.00'	S26°02'10"W
L-7	193.14'	S25°53'19"W (S25°32'32"W)



N61°31'02"E
1504.17'

CITY OF WISCONSIN DELLS APPROVAL:

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

Dated: _____ day of _____, 2019.

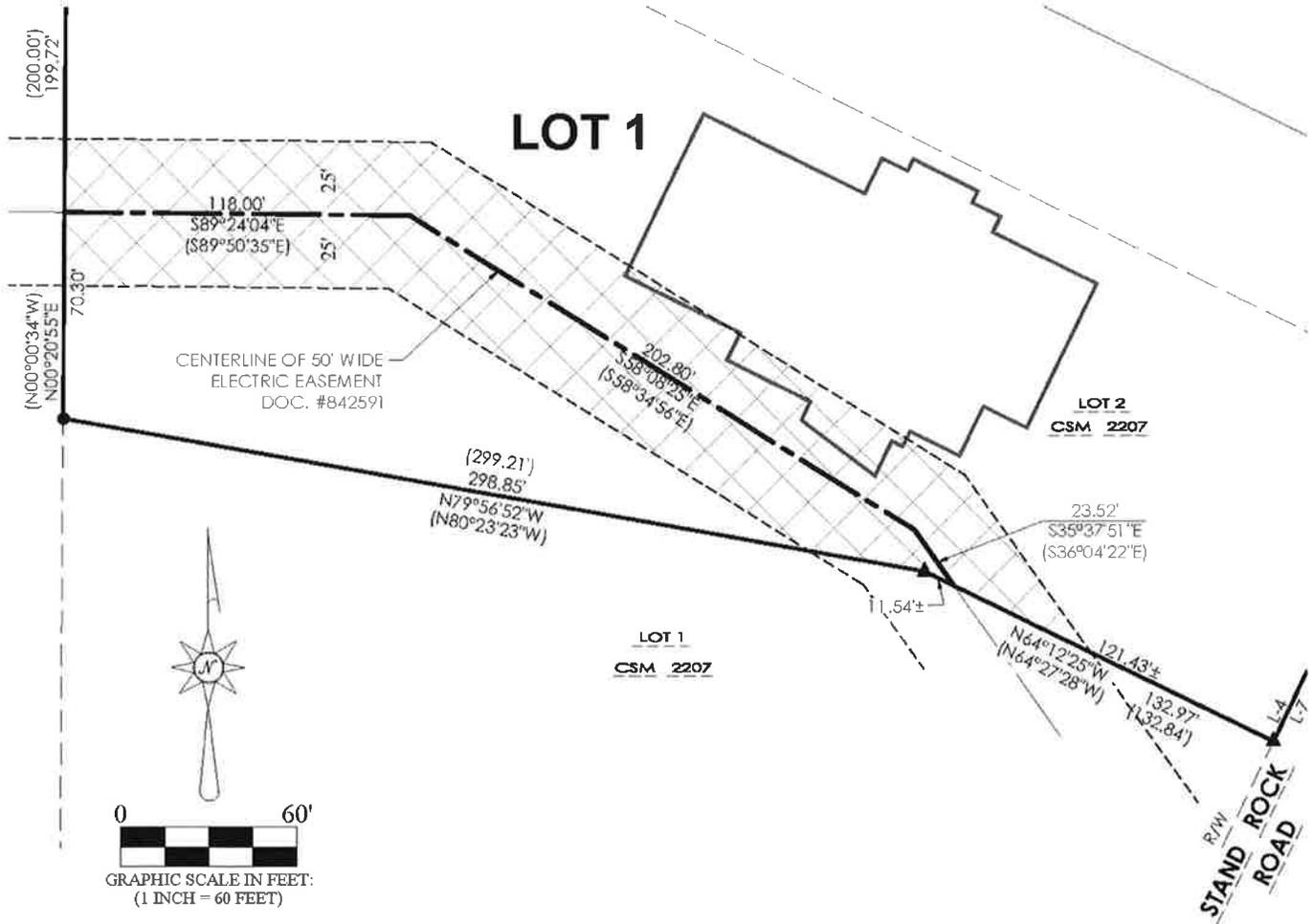
Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the _____ day of _____, 2019.

City Clerk

ELECTRIC EASEMENT DETAIL:



SURVEYOR'S CERTIFICATE:

I, Mark C. Carlson, Professional Land Surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in Lots 2, 3 and 4, CSM No. 2207 and Lot 1, CSM No. 1249, Government Lot 4, Section 4, T13N, R6E, City of Wisconsin Dells, Sauk County, Wisconsin bounded by the following described line:

Commencing at the S1/4 corner of said Section 4; thence N61°31'02"E, 1504.17 feet to southwest corner of said Lot 2, CSM No. 2207 and point of beginning; thence N0°20'55"E along west line of said Lot 2, 199.72 feet; thence N0°17'44"E along west line of Lot 4, CSM No. 2207, 390.75 feet to northwest corner of said Lot 4; thence S89°27'01"E along north line of said Lot 4, 600.35 feet to northeast corner of said Lot 4; thence S0°10'28"W along east line of said Lot 4, 152.94 feet to northeast corner of CSM No. 1249; thence S0°01'18"W along east line of said CSM No. 1249, 251.93 feet; thence S42°05'21"W along west line of Stand Rock Road, 96.91 feet; thence S41°57'47"W along said west line, 59.41 feet; thence S25°53'19"W along said west line 193.14 feet to southeast corner of Lot 2, CSM No. 2207; thence N64°12'25"W along south line of said Lot 2, 132.97 feet; thence N79°56'52"W along said south line, 298.85 feet to point of beginning.

Said described parcel contains 8.26 acres or 359,971 square feet and is subject to power line easement, highway easement, ingress and egress easement shown on map and other easements of record.

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

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

That I have made such survey under the direction of John Mitby.

Date Mark C. Carlson

OWNERS CERTIFICATE:

As owner of Lots 2, 3 and 4, CSM No. 2207 and Lot 1, CSM No. 1249, Bridge Mall, LLC, I hereby certify that I have caused lands in this Certified Survey Map to be divided, mapped, dedicate Pioneer Drive to the public and access easement created as represented on this map. I also certify that this Certified Survey Map is required to be approved by the City of Wisconsin Dells.

Date John Mitby

State of Wisconsin)
Sauk County)

Personally came before me this ____ day of _____, 2019 the above known owner to me known to be the person who executed this instrument.

Notary Public _____ My Commission expires _____

CSM Applicatoin – Bridge Mall, LLC
951 Stand Rock Rd
Plan Commission, 04/08/2019

The City of Wis. Dells has received a proposed Certified Survey Map from Bridge Mall, LLC to create two (2) new parcels at 951 Stand Rock Rd, which is the location of the Kickers Restaurant.

The new lots appear to be in compliance with City lot area and dimensional standards.

Lot 2 of the survey includes part of the Pioneer Dr ROW that has not been formally dedicated to the public. Dedication of the this ROW as part of the Lot 2 of this CSM should be included.

Lot 1 of the survey contains a 300 seat restaurant, which would require 100 parking stalls for patrons, plus employee parking. It should be demonstrated that Lot 1 can accommodate this requirement.

It is also clear that the amusement land improvements on the existing parcel south of Lot 1 of this survey encroach upon Lot 1 of this survey. While the lot-line affected by these encroachments is not being modified by this survey, the encroachments should be addressed as part of this survey. It appears that these encroachments are in the process of being removed, so the need to document these encroachments may only be temporary. As such, it may be acceptable to include a separate document with the recording of this CSM that would address the existence of the encroachments and the nature of their resolution.

Any approval of this Certified Survey Map should carry the following conditions.

1. The Pioneer Dr ROW is dedicated to the Public.
2. It is demonstrated that the new Lot 1 can accommodate the parking requirements for the existing restaurant use on this lot.
3. The documentation of the encroachments on Lot 1 are recorded with this CSM

Chris Tollaksen
City of Wis. Dells
4/08/2019

Pioneer Dr

ROW to be dedicated

existing property line

Property Lines to
remove

building
removed

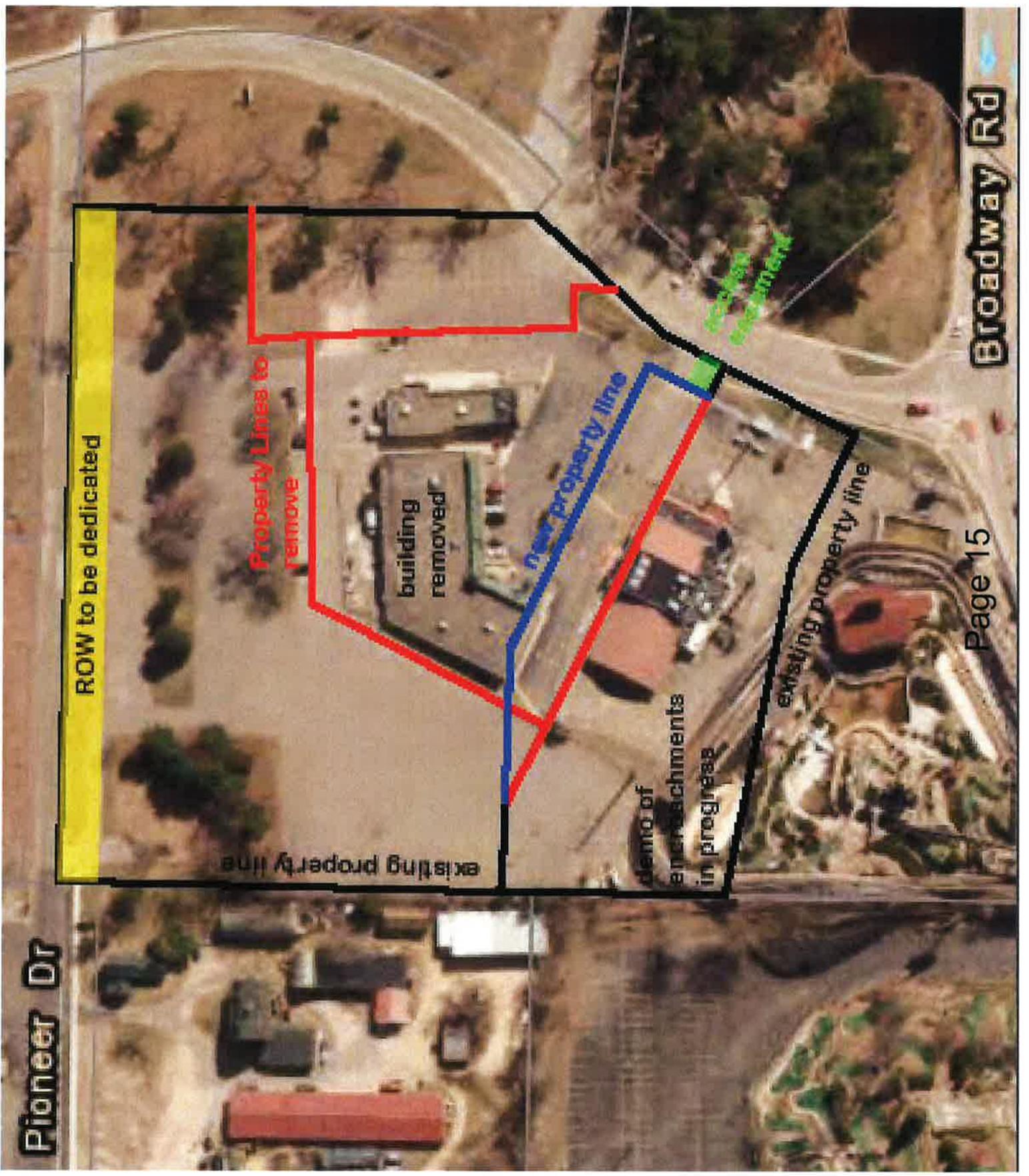
new property line

demo of
encroachments
in progress

existing property line

setback
encroachment

Broadway Rd



CITY OF WISCONSIN DELLS
ORDINANCE NO. A-842
(Portable Changeable Message Signs)

ITEM. 16

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

SECTION I: PURPOSE

The purpose of this ordinance is to add portable changeable message signs to the sign code.

SECTION II: PROVISIONS RENUMBERED & CREATED

- Wis. Dells Code sec. 22.02(26)-(39) is renumbered.
- Wis. Dells Code sec. 22.02(26) is created
- Wis. Dells Code sec. 22.05(18) is created
- Wis. Dells Code sec. 22.09(8)-(14) is renumbered
- Wis. Dells Code sec. 22.09(8) is created

SECTION III: PROVISION AS RENUMBERED & CREATED

Wis. Dells Code sec. 22.02(26)-(39) is renumbered to 22.02(27)-(40)

Wis. Dells Code sec. 22.02(26) is created as follows:

(26) Portable Changeable Message Sign – A 100% LED message sign, mounted on a trailer to be temporarily used for special events.

Wis. Dells Code sec. 22.05(18) is created as follows:

(18) Portable Changeable Message Signs that have been approved by the Design Review Committee (DRC) for a particular, temporary use.

Wis. Dells code sec. 22.09(8)-(14) is renumbered to 22.09(9)-(15)

Wis. Dells code sec. 22.09(8) is created as follows:

(8) Portable Changeable Message Signs.

- (a) Sign may be temporary located within a public right-of-way but may not be located so as to interfere in any way with the travel lanes of vehicle, bicycles or pedestrians.
- (b) Sign usage shall be approved on a case-by-case basis by the Design Review Committee.
- (c) Sign shall be primarily used for public benefit, such as event or festival information; and/or for safety or directional information.
- (d) When placed in the D.O.T. right-of-way, sign must comply with State regulations.
- (e) Each message shall remain in a fixed position for at least 6 seconds.
- (f) Display areas may be illuminated only to a degree of brightness that is reasonably necessary for adequate visibility. The Chief of Police, Director of Public Works, Code Enforcement Officer, Zoning Administrator, or their designee may require the brightness of the sign to be reduced if they determine the brightness to be excessive.

- (g) The brightness level of all messages must be uniform
- (h) Flashing, intermittent, or moving lights are prohibited, except those giving public service information, such as time, date, temperature, weather or similar information.
- (i) Sign shall not create a nuisance or safety hazard.
- (j) Maximum sign area shall be 64 square feet (8x8).
- (k) Changeable display area may be 100% of the total area of the portable changeable message sign.
- (l) Sign shall be in use no more than _____ days/hours before the event and shall be removed as soon as possible, but no more than ____ day/hours after the event or need.

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

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

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed: March 18, 2019

Second Reading Passed:

Publication:

CITY OF WISCONSIN DELLS
ORDINANCE NO. _____

(Disorderly Conduct with a Motor Vehicle Repealed & Recreated)

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

SECTION I: PURPOSE

The purpose of this ordinance is to repeal and recreate Disorderly Conduct with a Motor Vehicle clarifying the elements of the offense.

SECTION II: PROVISIONS REPEALED AND RECREATED

Wisconsin Dells Code sec. 18.12 is repealed and recreated:

SECTION III: PROVISIONS AS REPEALED RECREATED:

~~18.12 DISTURBANCE OF THE PEACE, MOTOR VEHICLES~~

~~(1) Use of Motor Vehicles to Disturb Peace. No person may, on public or private property, operate a motor vehicle in a disorderly manner. The conduct prohibited by this provision includes, but is not limited to, the following: deliberate or intentional spinning of wheels; causing a vehicle, while commencing to move or in motion, to have one or more wheels off the ground; operation in a manner that would tend to cause a disturbance; negligent operation; operation that endangers or damages property; operation that endangers or injures the health or safety of a person; operation that causes annoying or disturbing dust, noise, smoke, odor, or gas; and reckless operation.~~

18.12 Disorderly Conduct with a Motor Vehicle.

(a) Definitions.

- (1)** "Motor Vehicle" for purposes of this Section shall mean a vehicle, including a combination of two (2) or more vehicles or an articulated vehicle, which is self-propelled, except a vehicle operated exclusively on a rail. This includes, but is not limited to, auto, truck, motorcycle, moped, snowmobile, mini bike, all-terrain vehicle, or golf cart.
- (2)** "Disorderly Conduct with a Motor Vehicle" for purposes of this Section shall mean the engaging in violent, abusive, unreasonably loud conduct, or disturbing or endangering the property or safety of another's person or property, or otherwise disorderly conduct, including, but not limited to, unnecessary, deliberate or intentional spinning of wheels, squealing of tires, revving of engine, blowing the horn, causing the engine to backfire, causing the Motor Vehicle, while commencing to move or in motion, to raise one or more wheels off the ground, causing any part of the Motor Vehicle to raise or lower by means of after-market suspension or hydraulic pumps, or to operate the Motor Vehicle without a required driver's license.

- (3) "Dynamic Braking Device" (commonly referred to as a Jacobs brake, engine brake, or compression brake) for purposes of this Section shall mean a device primarily on trucks for the conversion of the engine from an internal combustion engine to an air compressor for the purpose of braking without the use of wheel brakes.
- (b) **Unnecessary Noise Prohibited.** It shall be unlawful for any person to operate a Motor Vehicle in such a manner which shall make or cause to be made any loud, disturbing, or unnecessary sounds or noises such as may tend to annoy or disturb another in or about any public or private area in the City of Wisconsin Dells. This includes, but is not limited to, squealing of tires, revving of the engine, causing the engine to backfire, amplify or increase noise emitted by the motor above that emitted by the muffler originally installed on the Motor Vehicle, use of the motor vehicle's horn for other than its intended purpose for warning other motorists or pedestrians required by law and the like.
- (c) **Unnecessary Smoke Prohibited.** It shall be unlawful for any person to operate a Motor Vehicle in such a manner which shall make or cause to be made any smoke, gases, or odors which are disagreeable, foul, or otherwise offensive, which may tend to annoy or disturb another in or about any public or private area in the City of Wisconsin Dells.
- (d) **Unnecessary Acceleration and Display of Power Prohibited.** It shall be unlawful for any person to operate a Motor Vehicle in such a manner as to cause, by excessive and unnecessary acceleration, the tires of such vehicle to spin or emit loud noises, to unnecessarily throw stones or gravel, cause the Motor Vehicle to "fish tail," cause the operator of the Motor Vehicle to lose control of the Motor Vehicle or accelerate at a rate of speed that constitutes a danger to other motorists or to pedestrians; nor shall such driver cause to be made by excessive and unnecessary acceleration any loud noise as would disturb the peace.
- (e) **Disorderly Conduct with a Motor Vehicle.** No person shall, within the City of Wisconsin Dells, by or through the use of a Motor Vehicle, cause or provoke Disorderly Conduct with a Motor Vehicle, cause a disturbance or annoy one or more persons, or disturb or endanger the property or safety of another's person or property.
- (f) **Avoidance of Traffic Control Device Prohibited.** It shall be unlawful for any person to operate a Motor Vehicle in such a manner as to leave the roadway and travel across private property to avoid an official control device, sign, or signal.
- (g) **Operation in Restricted Area Prohibited.** It shall be unlawful for any person to operate a Motor Vehicle in such a manner as to leave the roadway and park, stop, or travel upon or across any public or private property, parking lot, driveway, or business service area for any purpose except the official conduct of business located on said property without the consent of the owner or lessee of the property. The section shall specifically include but not be limited to:
- (1) Public park property;
 - (2) Cemetery property;
 - (3) School District property;
 - (4) Medical facilities;

- (5) Funeral homes;
- (6) Service stations;
- (7) Grocery stores;
- (8) Restaurants;
- (9) Financial institutions; and
- (10) Other similar-type businesses with service driveways, drive-up or drive-thru facilities.

(h) Stopping and Parking Prohibited. It shall be unlawful for any person to stop or park a Motor Vehicle in any manner on any public or private property or parking lot contrary to a regulatory sign posted thereon which may permit parking by certain person and limits, restricts, or prohibits parking as to other persons without the consent of the owner or lessee of the property. Any Motor Vehicle parked in violation of this Section may be removed or towed by the property owner at the vehicle owner's expense.

(i) Use of Dynamic Braking Devices Prohibited. It is unlawful for any person to operate any Motor Vehicle with a Dynamic Braking Device engaged, except for the aversion of imminent danger, within the City of Wisconsin Dells.

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 18.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:

Second Reading Passed:

Publication:

CITY OF WISCONSIN DELLS
ORDINANCE NO. _____
(Backyard Chickens)

ITEM 18

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

SECTION I: PURPOSE

The purpose of this ordinance is to remove the May 31, 2019 sunset clause on Municipal Code sec. 16.025 - Backyard Chickens.

SECTION II: PROVISION REPEALED

Wisconsin Dells Code sec. 16.025(10) is repealed.

SECTION III: PROVISION AS REPEALED:

16.025 Backyard Chickens

~~(10) — Sunset. This code section shall expire May 31, 2019.~~

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

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

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:

Second Reading Passed:

Publication:

16.025 BACKYARD CHICKENS

Current Ordinance

- (1) Notwithstanding Code Sec. 16.02, this Ordinance permits the keeping of chickens in residential zoning districts as follows.
- (2) Site Standards.
 - (a) Number. No more than six hens shall be allowed for each dwelling unit.
 - (b) Location. Coops or cages housing chickens shall be kept at least twenty-five feet from the door or window of any dwelling or occupied structure other than the owner's dwelling. Coops and cages shall not be located within five feet of a side-yard or rear-yard lot line. Coops and cages may not be in residences or garages. Coops and cages must be in backyards and not visible from the public right-of-way.
 - (c) Enclosure. Hens shall be provided with a covered, predator-proof coop or cage that is well ventilated and designed to be easily accessed for cleaning. The coop shall allow at least two square feet per hen. Hens shall have access to an outdoor enclosure that is adequately fenced to contain the birds on the property and to prevent predators from access to the birds. Hens shall not be allowed out of these enclosures unless a responsible individual, over eighteen years of age, is directly monitoring the hens and able to immediately return the hens to the cage or coop if necessary.
 - (d) Sanitation. The coop and outdoor enclosure must be kept in a sanitary condition and free from offensive odors. The coop and outdoor enclosure must be cleaned on a regular basis to prevent the accumulation of waste.
 - (e) Slaughtering. There shall be no slaughtering of chickens on the property.
 - (f) Roosters. It is unlawful for any person to keep roosters.
 - (g) The owner shall abide by all state laws and regulations for livestock premises registration, including applicable sections of Wis. Stat. sec. 95.51, and Wis. Admin. Code Chap. ATCP 17 and any applicable amendments thereto. Applicants shall also follow state law regarding import, purchase and sales of live poultry as set forth in Wis. Admin. Code Chap. ATCP 10.40 and ATCP 10.42 and any amendments thereto.
 - (h) There shall be no breeding or hatching of chickens.
 - (i) Any poultry feed shall be stored so as to keep out rodents. The owner shall practice proper poultry waste disposal in order to avoid odors. Waste composting on the premises shall be allowed as long as it does not create odors or other nuisances for neighboring properties.
 - (j) The main food source for the chickens should be provided in dedicated feeding containers and scatter feeding as the primary food source is prohibited (small amounts of scratch grains that do not accumulate on the property are allowed). Fresh water shall be available at all times and adequate amounts of feed provided.

- (3) Permit Required. A permit shall be required to keep chickens in the City. An application for a permit must contain the following items:
 - (a) The name, phone number, and address of the applicant.
 - (b) The location of the subject property.
 - (c) A site plan containing the following information: A description of any coops, cages or outdoor enclosures, providing dimensions and the precise location (if fixed) of these enclosures in relation to property lines and adjacent properties. If applicant proposes to use a mobile coup and/or a chicken run, the dimensions of the structure(s) shall be provided and the area of requested allowed placement areas shall be provided. Coops and cages must be constructed in a workmanlike manner.
- (4) If the applicant proposes to keep chickens in the yard of a rented dwelling, the applicant must present a signed statement from the owner of the dwelling consenting to the applicant's proposal for keeping chickens on the premises.
- (5) Chickens may only be kept on single-family unit lots. Chickens may not be kept on two-family or multiple-family lots.
- (6) Permit Process. Permits will be granted on an annual basis (unless this section is repealed). If the permittee follows the terms of the section, the permit will be presumptively renewed (unless this section is repealed) and the applicant may continue to keep chickens under the terms and conditions of the initial permit. The city may refuse to renew or may revoke the permit at any time, (after giving the permittee fifteen days' notice of the basis for the revocation or nonrenewal and an opportunity to be heard on the issue) if the permittee does not follow the terms of this section, or if city determines that the permit holder has not maintained the chickens, coops, or outdoor enclosures in a clean and sanitary condition.
- (7) If this ordinance is repealed, no party shall have the right to keep chickens based on a nonconforming use status obtained under this section.
- (8) No vested property rights are created by the issuance of a backyard chicken license.
- (9) Fees. The City may establish by resolution fees related to the administration of this ordinance payable by the applicant.
- 10) **Sunset. This code section shall expire May 31, 2019.**