

# CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, AUGUST 20, 2018 Time: 7:00PM Location: MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI

MAYOR		COUNCIL MEMBERS		
ED WOJNICZ		FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
		Jesse DeFosse	Mike Freel	Ben Anderson
		Brian Holzem	Terry Marshall	Vacant
<b>OPENING</b>				
1	CALL TO ORDER & ROLL CALL			
2	PLEDGE OF ALLEGIANCE			
3	APPROVAL OF CONSENT AGENDA ITEMS: <ul style="list-style-type: none"> <li>a. Approval of the July 30, 2018 Special Common Council Meeting Minutes</li> <li>b. Schedule of Bills Payable dated August 20, 2018</li> <li>c. Applications for Bartender Licenses</li> </ul>			
<b>AGENDA ITEMS</b>				
4	PRESENTATION ON ADAMS COUNTY DRUG & ALCOHOL TREATMENT COURT			
5	SCHOOL DISTRICT PRESENTATION ON REFERENDUM FOR NEW HIGH SCHOOL			
6	APPLICATION FOR SPECIAL EVENTS PARADE PERMIT SUBMITTED BY THE WOZHAWA COMMITTEE FOR A PARADE SEPTEMBER 16, 2018			
7	APPLICATIONS FOR TEMPORARY CLASS B BEER (PICNIC) LICENSES SUBMITTED BY: <ul style="list-style-type: none"> <li>a. ST. CECILIA'S PARISH FOR CECILIA FEST, AUGUST 25, 2018</li> <li>b. AMERICAN LEGION POST 187 WOZHAWA FOR SEPTEMBER 14-16, 2018</li> <li>c. KNIGHTS OF COLUMBUS FOR WOZHAWA SEPTEMBER 13-16, 2018</li> <li>d. VFW POST 9387 FOR WOZHAWA SEPTEMBER 13-16, 2018</li> </ul>			
8	APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY MONIKA MIELCAREK FOR MISIU FOOD, 305 BROADWAY, FOR THE LICENSING PERIOD THROUGH JUNE 30, 2019			
9	APPLICATION FOR RENEWAL OF TAXICAB SERVICE LICENSE SUBMITTED BY RST TAXI SERVICE FOR THE LICENSING PERIOD THROUGH MARCH 30, 2019			
10	APPOINTMENT OF NICK MORSE TO VACANT SEAT ON THE PARKING BOARD			
11	DISCUSSION ON PROCESS TO APPOINT ALDERPERSON TO VACANT DISTRICT 3 (WARDS 3&6) SEAT			
<b>RESOLUTIONS</b>				
12	RESOLUTION TO APPROVE THE NON-EXCLUSIVE RIGHT-OF-WAY AGREEMENT WITH JACK GIBES			
13	RESOLUTION TO APPROVE CONDITIONAL USE PERMIT TO LILY DEWITT-ABFALL FOR A HOME OCCUPATION AT 813 RACE STREET			
<b>ORDINANCES</b>				
14	FIRST READING OF ORDINANCE TO ADOPT BY REFERENCE THE PROVISIONS OF STATE STATUTE 125.32 WHICH PROVIDES MISCELLANEOUS GENERAL RESTRICTIONS AND REQUIREMENTS CONCERNING ALCOHOL BEVERAGE LICENSES AND PREMISES; INCLUDING POSSESSION OF BEVERAGES NOT SOLD ON PREMISES			
<b>CLOSING</b>				
15	BUSINESS FOR REFERRAL TO COMMITTEES OR SUBSEQUENT MEETINGS			



ITEM 3c

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

FOR OFFICE USE ONLY

Receipt# 65369  
Amount Paid: \$ 60.00  
License Exp. Date Provisional: \_\_\_\_\_ (not more than 60 days)  
Operators-June 30, 2020 (even year)  
Temporary Period \_\_\_\_\_ (not more than 14 days)  
Council Date Granted: \_\_\_\_\_  
License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Dept Verification: SS 705 18  
Police Chief: \_\_\_\_\_ Approved: [Signature]  
Denied: \_\_\_\_\_

Please Note:

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

Application Date 7/20/18

License Applying For:

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

Check the appropriate box that applies to you:

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

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

I hereby apply for a license to serve from the date hereof to June 30, 2020, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name Boyd Karen M.  
Last First Middle  
Home Address 314 Winnebago Ave Portage WI 53901  
Street City State Zip

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

Previous Addresses within the past 10 years

2407 Winnebago Ave  
525 Oakridge Drive

Drivers License # B360-5136-4850-02 State Issued WI

Phone Number 608-393-2379 Date of Birth 9/20/64 Place of Birth West Bend WI

Physical Description Sex F Race White Height 5'11" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Riverfront Terrace

(Continued)

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

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

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

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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

Signature of Applicant: Karen M. Boyd Date: 7/20/18

Subscribed and sworn to before me this 20<sup>th</sup> day  
of July, 2018.  
Tammy L Miller  
Notary Public

My Commission Expires: 1-21-22





(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>
	DWI IN MARYLAND	1990 montgomery	MARYLAND

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

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Signature of Applicant: [Signature] Date: 7-18-18

Subscribed and sworn to before me this 18<sup>th</sup> day  
of July, 2018  
[Signature]  
Notary Public  
My Commission Expires: 1-21-22





(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes \_\_\_ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes \_\_\_ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes \_\_\_ No
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**STATE OF WISCONSIN**  
**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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Signature of Applicant: Kristi Duess Date: 7-23-18

Subscribed and sworn to before me this 23<sup>rd</sup> day  
of July, 2018.  
[Signature]  
Notary Public  
My Commission Expires: 10/25/2019





(Continued)

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

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

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

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Signature of Applicant: *[Handwritten Signature]* Date: 8/15/18

Subscribed and sworn to before me this 15<sup>th</sup> day of August, 2018.

*Darlene Berry*  
Notary Public

My Commission Expires: 06/30/21





(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes \_\_\_ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes \_\_\_ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes \_\_\_ No
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<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

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

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Signature of Applicant: <sup>(OK)</sup> ~~V. G. [unclear]~~ Date: 07/29/195  
 Crossed in error.

Subscribed and sworn to before me this 27 day of July, 2018

Nancy Fobzer  
Notary Public

My Commission Expires: 10-18-19



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

**FOR OFFICE USE ONLY**

Receipt# 65429  
 Amount Paid: \$ 60.00  
 License Exp. Date Provisional: \_\_\_\_\_ (not more than 60 days)  
 Operators- June 30, 2020 (even year)  
 Temporary Period \_\_\_\_\_ (not more than 14 days)  
 Council Date Granted: \_\_\_\_\_  
 License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Dept Verification: 7-25-18 BS  
 Police Chief: \_\_\_\_\_ Approved: [Signature]  
 Denied: \_\_\_\_\_

**Please Note:**

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

Application Date 7-25-2018

**License Applying For:**

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

**Check the appropriate box that applies to you:**

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

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

I hereby apply for a license to serve from the date hereof to June 30, 2020, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

**PLEASE PRINT**

Name Harch Tracy N.  
 Last First Middle  
 Home Address 268 Mesa View Drive Baraboo, WI. 53913  
 Street City State Zip

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

**Previous Addresses within the past 10 years**

3649A State Hwy 13, Wisconsin Dells WI. 53965  
1306 N. 36th Ave Apt. B. Melrose Park, IL. 60160

Drivers License # K620-8146-7630-07 State Issued WI.  
 Phone Number (608) 432-6246 Date of Birth 4/10/69 Place of Birth Chicago, IL.  
 Physical Description Sex F Race White Height 5'2" Eye Color: Brown Hair Color: Blonde  
 License to be used at (Name of Business) Biner Front Terrace

(Continued)

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

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

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: Tracy N. Harch Date: 7/25/18

Subscribed and sworn to before me this 25th day of July, 2018

[Signature]  
Notary Public

My Commission Expires: 10/25/2019





(Continued)

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

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

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

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

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Signature of Applicant: P. Kvartskhishvili Date: 07/27/2018

Subscribed and sworn to before me this 27 day of July, 2018.

Nancy Johnson  
Notary Public

My Commission Expires: 10-18-19





(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes \_\_\_ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes \_\_\_ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes \_\_\_ No
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<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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Signature of Applicant: *Billie Loumy* Date: 7-23-18

Subscribed and sworn to before me this 23<sup>rd</sup> day of July, 2018.  
Tammy L Miller  
Notary Public

My Commission Expires: 1-21-22





(Continued)

- 1. Have you been convicted of any felony or misdemeanor? Yes \_\_\_ No
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes \_\_\_ No
- 3. Are there currently any charges, federal, state, or local pending against you? Yes \_\_\_ No
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<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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Signature of Applicant: [Handwritten Signature] Date: 8/14/2018

Subscribed and sworn to before me this 14th day of August, 2018.

[Handwritten Signature]  
Notary Public

My Commission Expires: 10/25/2019





(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>
2018	Misd. Theft	Sauk	WI

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

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Signature of Applicant: [Signature] Date: 8-14-18

State of Wisconsin  
 County of Columbia  
 Subscribed and sworn to before me this 14 day  
 of August, 2020.  
Colleen Pausing  
 Notary Public  
 My Commission Expires: Dec 5, 2020

(SEAL)





(Continued)

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

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

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

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

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Signature of Applicant: Anne Utah Date: 7-18-2018

Subscribed and sworn to before me this 18<sup>th</sup> day  
of July, 2018.  
Tammy L. Miller  
Notary Public  
My Commission Expires: 1-21-22





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

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

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Signature of Applicant: *[Signature]* Date: 08/06/18

Subscribed and sworn to before me this *6th* day  
of August, 2018  
*[Signature]*  
Notary Public  
My Commission Expires: 10/25/2019





(Continued)

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

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

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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Signature of Applicant: [Signature] Date: 7-27-18

Subscribed and sworn to before me this 27 day of July, 2018.

Nancy Johnson  
Notary Public

My Commission Expires: 10-18-19





(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

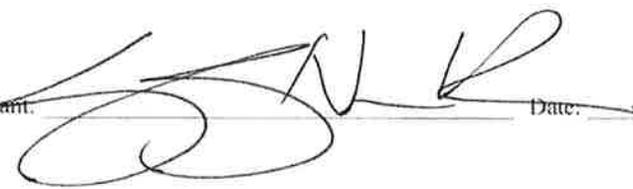
If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>
2004	Battery	Columbia	WI
2004	Disorderly	Columbia	WI

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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Signature of Applicant:  Date: 7/20/18

Subscribed and sworn to before me this 20th day  
of July, 2018  
Nancy R. Holzem  
Notary Public  
My Commission Expires: 10-18-19



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

**FOR OFFICE USE ONLY**

Receipt# 65371  
 Amount Paid: \$ 60.00  
 License Exp. Date Provisional: \_\_\_\_\_ (not more than 60 days)  
 Operators-June 30, 2020 (even year)  
 Temporary Period \_\_\_\_\_ (not more than 14 days)  
 Council Date Granted: \_\_\_\_\_  
 License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Dept Verification: BS 7-25-18  
 Police Chief: [Signature] Approved: \_\_\_\_\_  
 Denied: \_\_\_\_\_

**Please Note:**

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

Application Date 7-20-18

**License Applying For:**

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

**Check the appropriate box that applies to you:**

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

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

I hereby apply for a license to serve from the date hereof to June 30, 2020, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

**PLEASE PRINT**

Name NOVINSKA NICKLAUS WINTERS  
 Last First Middle  
 Home Address 502 CAMP ST. BARABOO WI 53913  
 Street City State Zip

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

**Previous Addresses within the past 10 years**

\_\_\_\_\_  
 \_\_\_\_\_

Drivers License # N152-6397-9310-09 State Issued WI  
 Phone Number 608-963-1427 Date of Birth 8/30/79 Place of Birth BARABOO, WI  
 Physical Description Sex M Race white Height 6'0" Eye Color: BLUE Hair Color: BROWN  
 License to be used at (Name of Business) HIDEAWAY

(Continued)

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

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

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

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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

Signature of Applicant: *[Handwritten Signature]* Date: 7/20/18

Subscribed and sworn to before me this 20<sup>th</sup> day of July, 2018.  
*Tammy L Miller*  
Notary Public

My Commission Expires: 1-21-22





(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>
10/10/09	Operating with Revoked	Sauk	WI
7/14/03	Disorderly Conduct	Sauk	WI
7/21/00	Pass the	Sauk	WI
3/9/99	Pass drug Para. + Pass cocaine	Sauk	WI
2000?	drunk driving	Sauk	WI
+ some small claims stuff			

**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: Shua Rosen

Date: 8/2/18

Subscribed and sworn to before me this 2nd day of August, 2018  
[Signature]  
Notary Public

My Commission Expires: 10/25/2019





(Continued)

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

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

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

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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: *James DeLoe* Date: 8/13/2018

Subscribed and sworn to before me this 13<sup>th</sup> day of August, 2018  
*Tammy L Miller*  
Notary Public

My Commission Expires: 1-21-22



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

**FOR OFFICE USE ONLY**

Receipt# \_\_\_\_\_  
 Amount Paid: \$ 60.00 65396  
 License Exp. Date Provisional: \_\_\_\_\_ (not more than 60 days)  
 Operators- June 30, 2020 (even year)  
 Temporary Period \_\_\_\_\_ (not more than 14 days)  
 Council Date Granted: \_\_\_\_\_  
 License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Dept Verification: JS-7-23-18  
 Police Chief: \_\_\_\_\_ Approved: [Signature]  
 Denied: \_\_\_\_\_

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

Application Date 7-23-18

**License Applying For:**

New \$60

**Renewal \$60**

Provisional \$10

**Temporary \$10 (Bona Fide Clubs Only)**  
 Date(s) Needed (14 day max.): \_\_\_\_\_  
 Limited to one per year. No training course required.

**Check the appropriate box that applies to you:**

I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)

I have held an Operator's License within past 2 years (Attach proof)

I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)

I am enrolled in the Beverage Server Training Course

Class Date and Location: \_\_\_\_\_  
 (After completing the course, bring in your certificate to receive license)

I am applying for a Temporary Operator's License

**To the Common Council of the City of Wisconsin Dells, Wisconsin:**  
 I herby apply for a license to serve from the date hereof to **June 30, 2020**, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

**PLEASE PRINT**

Name Tourdot Chris J  
 Last First Middle

Home Address 634 N. Oak St. Reedsburg WI 53959  
 Street City State Zip

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

Previous Addresses within the past 10 years

\_\_\_\_\_

\_\_\_\_\_

Drivers License # T633-1108-3388-04 State Issued WI

Phone Number 608-577-9149 Date of Birth 10-28-83 Place of Birth Reedsburg

Physical Description Sex M Race White Height 6'5" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) High Rock Cafe

(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>
2009	OWI	Juneau	WI
2017	OWI	Sauk	WI

**STATE OF WISCONSIN**

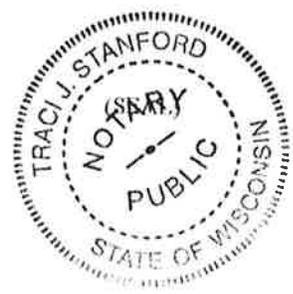
**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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

Signature of Applicant: *Chris J. Santos* Date: 7-23-18  
Chris J Santos 7-23-18

Subscribed and sworn to before me this 23rd day  
of July 20 18.  
*[Signature]*  
Notary Public

My Commission Expires: 10/25/2019





(Continued)

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

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

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

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

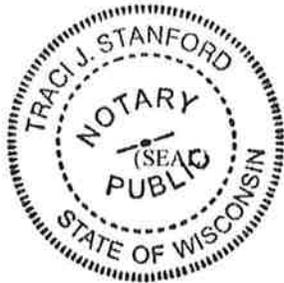
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application: that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Signature of Applicant: Verolian Date: 08/10/18

Subscribed and sworn to before me this 10th day of August, 2018.

[Signature]  
Notary Public

My Commission Expires: 10/25/2019





(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>
	N/A		

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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

Signature of Applicant:  Date: 7/16/18

Subscribed and sworn to before me this 18<sup>th</sup> day  
of July, 2018.  
Tammy L Miller  
Notary Public  
My Commission Expires: 1-21-22





(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>
7/16	Possession of the /Cocaine /Adderal /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: *Jan Gunn* 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





**CITY OF WISCONSIN DELLS  
APPLICATION FOR  
SPECIAL EVENT and /or STREET CLOSING PERMIT**

**ITEM 6**

- Date Application Submitted: 8/14/18 Application Fee \$160 Receipt No. 65705
- Application must be submitted to City Clerk no less than 10 days before the next Common Council meeting.
- Applications may not be amended after approval, unless done so by the Police Chief or designee.

**1. Applicant Information**

Applicant's Name Ed Loonice  
 Organization/Business (if any) W0 2NA WA COMMITTEE  
 Address (include city/zip) \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_ Email ewlo@comcast.net

**2. Event Purpose**

Event Name or Title: PARADE W0 2NA WA Repeat Event?  Yes  No  
 Organization Associated with Event (if applicable) \_\_\_\_\_ Non-profit Event?  Yes  No  
 Purpose of Event (Include detailed description of event/activities) PARADE

**3. Event Information & Assembly**

Date(s) of the Actual Event 9/16/18  
 Date/Time event will assemble 12:00 P.M. Date/Time event will begin 1:30 P.M.  
 Time event will end 3:00 P.M. Time event will disband 4:00 PM  
 Event website (if any) \_\_\_\_\_  
 Name of contact person on day of event \_\_\_\_\_ Cell \_\_\_\_\_

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:  
WASHINGTON AVE., SUPERIOR ST., BROADWAY - VINE

Number of Barricades Needed & Locations (if applicable) \_\_\_\_\_

Will this event include: **Fireworks?**  Yes  No If yes, a Fireworks Display Permit is needed.  
**Beer/Wine Sales?**  Yes  No If yes, a Temporary Class B Beer/Wine License is needed.

If yes, please list who will be obtaining those permits/licenses: \_\_\_\_\_

\*Approximate maximum number in attendance at one time 50,000

Attendance estimate based on? History

Traffic Assistance Needed:  Yes  No If yes, location and time(s): \_\_\_\_\_

ITEM 7a

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$ 10.00 R# 65704

Application Date: 8/10/18

Town Village City of WISCONSIN DELLS

County of COLUMBIA

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

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

at the premises described below during a special event beginning 8/25 and ending 8/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization (check appropriate box) -> Bona fide Club Church Lodge/Society Chamber of Commerce or similar Civic or Trade Organization Veteran's Organization Fair Association

(a) Name ST. CECILIA'S PARISH

(b) Address 603 OAK ST Wis Delles

(c) Date organized 9/25/2018

(d) If corporation, give date of incorporation

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

- (f) Names and addresses of all officers: President FATHER ELIC STANISLAV Vice President TERI DONNELLY Secretary LAURIE GRILL Treasurer

(g) Name and address of manager or person in charge of affair: JEFF BUSS PO box 421 Wis Delles 608 434-2976

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 603 OAK ST

(b) Lot SCHOOL PARKING LOT Block

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

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

3. Name of Event

(a) List name of the event CECILIA FEST

(b) Dates of event 8/25/2018

DECLARATION

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

Officer E. E. G. S. (Signature/date)

ST. Cecilia Catholic Church (Name of Organization) Laurie Grill (Signature/date)

Officer Teri Donnelly (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 8-14-2018

Date Reported to Council or Board

Date Granted by Council

License No.

Application for Temporary Class "B" / "Class B" Retailer's License

ITEM 7b

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

FEE \$ 10.00 R# 65659

Application Date: 8-9-2018

Town Village City of WISCONSIN DELLS

County of COLUMBIA

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

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

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

- 1. Organization (check appropriate box) -> Bona fide Club, Church, Lodge/Society, Chamber of Commerce or similar Civic or Trade Organization, Veteran's Organization, Fair Association

(a) Name WISCONSIN DELLS AMERICAN LEGION POST 187

(b) Address 609 WISCONSIN AVE WISCONSIN DELLS (Street) Town Village City

(c) Date organized FEBRUARY 1929

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President LARRY RANDALL 4035 9TH AVE WISCONSIN DELLS, WISCONSIN DELLS, WI

Vice President GARY THOMPSON S108 OLD HWY12

Secretary GILES SVEKLEK 4144 HWY 13 N

Treasurer ED LUKASZEWICZ N8445 FOX RUN RD

(g) Name and address of manager or person in charge of affair: LARRY RANDALL 4035 9TH AVE WISC DELLS

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number CORNER OF BROADWAY & ELM

(b) Lot Block

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

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

3. Name of Event

(a) List name of the event WO ZHA WA

(b) Dates of event SEPTEMBER 14-16 2018

DECLARATION

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

WIS DELLS AMERICAN LEGION POST 187

(Name of Organization)

Officer Larry Randall, Commander (Signature/date)

Officer Ed Lukaszewicz (Signature/date) 8- -2018

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

Application for Temporary Class "B" / "Class B" Retailer's License

ITEM 7c

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

FEE \$ 10.00

R# 65777

Application Date: 08/10/2018

Town Village City of WISCONSIN DELLS

County of COLUMBIA

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

[X] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

[ ] A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 09/13/2018 and ending 09/16/2018 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) ->

- [X] Bona fide Club [ ] Church [ ] Lodge/Society
[ ] Chamber of Commerce or similar Civic or Trade Organization
[ ] Veteran's Organization [ ] Fair Association

(a) Name KNIGHTS OF COLUMBUS COUNCIL 4392-OUR LADY OF THE DELLS SOCIETY, INC.

(b) Address 603 OAK STREET, WISCONSIN DELLS, WISCONSIN 53965

(c) Date organized

(d) If corporation, give date of incorporation 12/10/2010

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

(f) Names and addresses of all officers:

President PAT MOERTL, PO BOX 129, COUNTY ROAD B, GRAND MARSH, WI. 53936-0129

Vice President RAYMOND PRUITT, 135B GRAND CANYON ROAD, BARABOO, WI. 53913

Secretary CRAIG HILLARD, W8650 STATE ROAD 23, BRIGGSVILLE, WI. 53920

Treasurer MICHAEL HORKAN, 1605 DEE ANN CT, WISCONSIN DELLS, WI. 53965

(g) Name and address of manager or person in charge of affair: BRAG KOENIG, 1116 RACE STREET, WISCONSIN DELLS, WI. 53965

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 700 CAPITAL ST AT THE SOUTH INTERSECTION BROADWAY AND CAPITAL S

(b) Lot Block

(c) Do premises occupy all or part of building? NO

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

3. Name of Event

(a) List name of the event WO ZHO WA

(b) Dates of event 09/13/2018 TO 09/16/2018

DECLARATION

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

Officer [Signature] 8-10-18

Officer [Signature] 8-11-18

Date Filed with Clerk 8-17-2018

Date Granted by Council

KNIGHTS OF COLUMBUS COUNCIL 4392

Officer [Signature] 8-11-18

Officer [Signature] 08/17/18

Date Reported to Council or Board

License No.

**Application for Temporary Class "B" / "Class B" Retailer's License** ITEM 7d.

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

FEE \$ 10.00 RA 65409 Application Date: 24 JUL 18  
 Town  Village  City of WISCONSIN DELLS County of COLUMBIA

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

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

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

- 1. Organization** (check appropriate box) →  Bona fide Club  Church  Lodge/Society  
 Chamber of Commerce or similar Civic or Trade Organization  
 Veteran's Organization  Fair Association

(a) Name VFW Post 9387  
 (b) Address 609 WISCONSIN AVE, WISCONSIN DELLS, WI 53965  
(Street)  Town  Village  City

- (c) Date organized \_\_\_\_\_  
 (d) If corporation, give date of incorporation \_\_\_\_\_  
 (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:  
 President Commander JEFFERY J. BOYER  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_

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

**2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

- (a) Street number \_\_\_\_\_  
 (b) Lot \_\_\_\_\_ Block \_\_\_\_\_  
 (c) Do premises occupy all or part of building? NO  
 (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

**3. Name of Event**

- (a) List name of the event Wo Zha Wa  
 (b) Dates of event 13-16 Sep 18

**DECLARATION**

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

Officer Jeffery J. Boyer 24 JUL 18  
(Signature/date) VFW Post 9387  
(Name of Organization)

Officer \_\_\_\_\_ (Signature/date) Officer \_\_\_\_\_ (Signature/date)  
 Officer \_\_\_\_\_ (Signature/date) Officer \_\_\_\_\_ (Signature/date)

Date Filed with Clerk 7-24-2018 Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_ License No. \_\_\_\_\_

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk

For the license period beginning 08-20 20 18 ending June 30 20 19

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): MONIKA AMELIA MIELCAREK

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>Monika Amelia Mielcarek</u>	<u>651 Olive Lane Hampshire, IL</u>	<u>60140</u>
Vice President/Member	<u>Damian Mielcarek</u>		
Secretary/Member			
Treasurer/Member			
Agent			

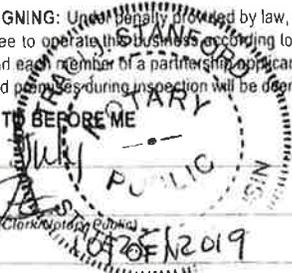
3. Trade Name MISIU FOOD Business Phone Number (608) 253-5433  
 4. Address of Premises 305 BROADWAY WISCONSIN DELLS Post Office & Zip Code 53965

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.) SEPERATE PRIGE IN THE STORAGE - Restaurant  
 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 1-800-937-8864].  Yes  No  
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 3rd day of July 2018  
  
 \_\_\_\_\_  
 (Clerk or other Public Officer)

Monika Mielcarek  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Damian Mielcarek  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>7-3-18</u>	Date reported to council/board <u>8-20-2018</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)	
MIELCAREK MONIKA		AMELIA			
Home Address (street/route)		Post Office	City	State	Zip Code
651 OLIVE LN			HAMPSHIRE	IL	60140
Home Phone Number		Age	Date of Birth	Place of Birth	
(630) 936-2134		41	06-13-77	POLAND	

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 \_\_\_\_\_

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

LAKE SIDE #6

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? 03-01-2018
- 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	SELF EMPLOYED	Employer's Address	Employed From	To
MIELCAREK MONIKA	651 OLIVE LN HAMPSHIRE	IL 60140	2001	2016
Employer's Name	MISIU FOOD	Employer's Address	Employed From	To
	305 BROADWAY WISCONSIN	DELS	2017	2018

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 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.

Subscribed and sworn to before me

this 3rd day of July

*[Signature]*  
Notary Public



My commission expires 10/25/2019

*[Signature]*  
(Signature of Named Individual)





CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 9

Fee: \$150

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

New  Renewal

Date Submitted: 7-23-18 Amount Paid: \$ 200.<sup>00</sup> Receipt No. 65384  
tim.

Name of Applicant (Last, First, MI): KHAN QURATULLAH Quratullah

Address of Applicant: 231 Wisconsin Dells Pkwy S. Wisconsin Dells 53965

Date of Birth: 06-02-1980 Daytime Telephone Number: 786-655-9292

Applicant's Drivers License Number: Q 677170387220 State: MO

Business Name: RST TAXI LLC Telephone No. 786-655-9292

Business Address: 231 Wisconsin Dells Pkwy S. Wisconsin Dells 53965

Proposed hours of Operation: 24 Hours

Name of Auto Insurance Carrier: (Attach Proof of Coverage): NATIONAL INDEMNITY,

Proposed Rate Schedule: \$5.13 meter <sup>5+000</sup> \$2.95 per mile.

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

Quratullah Khan  
Signature of Applicant

07-23-18  
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. \_\_\_\_\_
- License Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through March 31, 2019  
Conditions (if any): \_\_\_\_\_
- Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2018

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

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

<b>PRODUCER</b> Lakeside Insurance Brokers, Inc. 11979 County Road 11, Ste 270  Burnsville MN 55337		<b>CONTACT NAME:</b> Eric McCleary <b>PHONE (A/C, No, Ext):</b> (952) 854-0109 <b>E-MAIL ADDRESS:</b> brock@lakesideins.com <b>FAX (A/C, No):</b> (952) 882-1277	
<b>INSURED</b> RST Taxi LLC 509 4th Ave NW  Rochester MN 55901		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Indemnity <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ <b>PERSONAL &amp; ADV INJURY</b> \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			73APS078829-01	03/21/2018	03/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250000 BODILY INJURY (Per accident) \$ 500000 PROPERTY DAMAGE (Per accident) \$ 250000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N    N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 2010 Ford Crown Victoria VIN 2FABP7BV2AX142901  
 2008 Ford Crown Victoria VIN 2FAFP70V98X172797  
 2008 Dodge Grand Caravan VIN 2D8HN44H38R674433

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

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CITY OF WISCONSIN DELLS  
RESOLUTION NO. \_\_\_\_\_

ITEM 12

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Public Works Committee from their August 13, 2018 meeting;

IT APPROVES the Non-Exclusive Right-of-Way Use Agreement with Jack Gibes for use of the improved platted Van Dyke Court right-of-way for ingress and egress.

\_\_\_\_\_  
Edward E. Wojnicz, Mayor

Attest:

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

Vote: \_\_\_\_\_ ayes; \_\_\_\_\_ nays  
Date Introduced: August 20, 2018  
Date Passed:  
Date Published:

**CITY OF WISCONSIN DELLS  
NON-EXCLUSIVE RIGHT-OF-WAY USE AGREEMENT**

This Non-Exclusive Right-of-Way Use Agreement is by and between the City of Wisconsin Dells (the City), and Jack Gibes (Gibes).

**RECITALS:**

- A. Gibes owns the following described real estate:
- Lot Six (6), Block Five (5) Lake Delton Unit No. 1, City of Wisconsin Dells, Sauk County, Wisconsin.
- Tax Parcel Number: 291-0163-10000, hereinafter "Parcel 0163-1" or "Gibes parcel".
- B. The location of Parcel 0163-1 is depicted in the Sauk County Land Information/GIS Web Map attached as Exhibit 1.
- C. Parcel 0163-1 is adjacent to VanDyke Court, an unimproved right-of-way in the largely undeveloped "Dawn Manor" subdivision platted in 1929.
- D. The unimproved VanDyke Court right-of-way intersects with and provides access to Sweet Briar Drive, an improved City street.
- E. Gibes will construct a single-family dwelling on Parcel 0163-1.
- F. This Agreement delineates the party's respective rights and responsibilities regarding Gibes' use of the unimproved Van Dyke Court right-of-way for ingress to and egress from Sweet Briar Drive and Parcel 0163-1, and related purposes.

## AGREEMENT

1. Gibes and his agents, employees, guests, invitees, services and emergency vehicles may use the unimproved Van Dyke Court right-of-way for ingress and egress; and, Gibes may install and maintain, or cause to have installed and maintained, utilities in the unimproved right-of-way to provide service to Parcel 0163-1.
2. Gibes shall be responsible for all costs and expenses associated with his non-exclusive use of the unimproved right-of-way including, without limitation, installation, repair and maintenance of any improvements or utilities; and Gibes shall hold the City harmless from any such costs and expenses. This obligation extends to any costs or expenses reasonably incurred by the City to open the right-of-way.
3. This is a non-exclusive grant by the City to Gibes and the City may extend use of the unimproved right-of-way to other users and may impose such additional terms and conditions, as the City deems necessary, in its sole discretion, to protect and promote the public interest. The City is under no obligation to open or improve the public right-of-way until it determines, in its sole discretion, the public necessity for such action.
4. The City makes no representations or warranties regarding the condition of the unimproved right-of-way and Gibes accepts the condition as-is, where-is and accepts responsibility for any and all costs to make the right-of-way suitable for his intended uses.
5. The City may terminate this Agreement at any time if the City determines in its sole discretion that public necessity and convenience require termination. The City may terminate the Agreement as follows:
  - a. in an emergency, immediately and without notice; or

- b. in a non-emergency, by notice provided not less than five (5) days before termination; except that, if the City terminates this agreement adequate alternate access to an improved and open public right-of-way shall be provided or arranged.
- 6. This agreement is a non-exclusive use granted by the City and does not create or confer upon Gibes any vested property rights.
- 7. Gibes may not assign or transfer this agreement without the City's consent which will not be unreasonably withheld.
- 8. Except for the negligent acts or willful misconduct of City's agents or employees, Gibes agrees to indemnify, defend, and hold harmless the City and its elected officials, officers, employees, agents, and representatives, from and against any and all claims, costs, losses, expenses, demands, actions, or causes of action, including reasonable attorney's fees and other costs and expenses of litigation, which may be asserted against or incurred by City or for which City may be held liable, which arise from the negligence, willful misconduct, or other fault of Gibes or his guests, invitees, services and emergency vehicles in connection with this Agreement.
- 9. This Agreement constitutes the full and complete agreement by the parties.
- 10. It is understood and agreed that the City and its agents shall not be liable or responsible in any manner to Gibes for any debt, claim, demand, damages, action or causes of action of any kind or character arising out of or by reason of the activities and uses contemplated by this Agreement.

11. This agreement shall be construed and enforced in accordance with the internal laws of the State of Wisconsin. Venue for any disputes shall be the Circuit Court for Sauk County.

**CITY OF WISCONSIN DELLS**

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Edward Wojnicz, Mayor

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Nancy Holzem, Clerk/Administrative  
Coordinator

**ACKNOWLEDGMENT**

State of Wisconsin  
County of

Personally came before me on August \_\_\_\_\_, 2018 the above named Edward Wojnicz and Nancy Holzem to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of August, 2018.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission is permanent/ expires: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Jack Gibes

**ACKNOWLEDGMENT**

State of Wisconsin

County of

Personally came before me on August \_\_\_\_\_, 2018 the above named Jack Gibes to me known to be the person who executed the foregoing instrument and acknowledged the same.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of August, 2018.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission is permanent/ expires: \_\_\_\_\_

Documented drafted by:  
Joseph J. Hasler  
LAROWE GERLACH TAGGART LLP  
Post Office Box 231  
Reedsburg, Wisconsin 53959  
(608) 524-8231

# Sauk County Land Information/GIS Web Map



10

0155 11

12

0156 13

14

0157 15

16

0158 17

P-2749

0169

Sweet Briar Dr

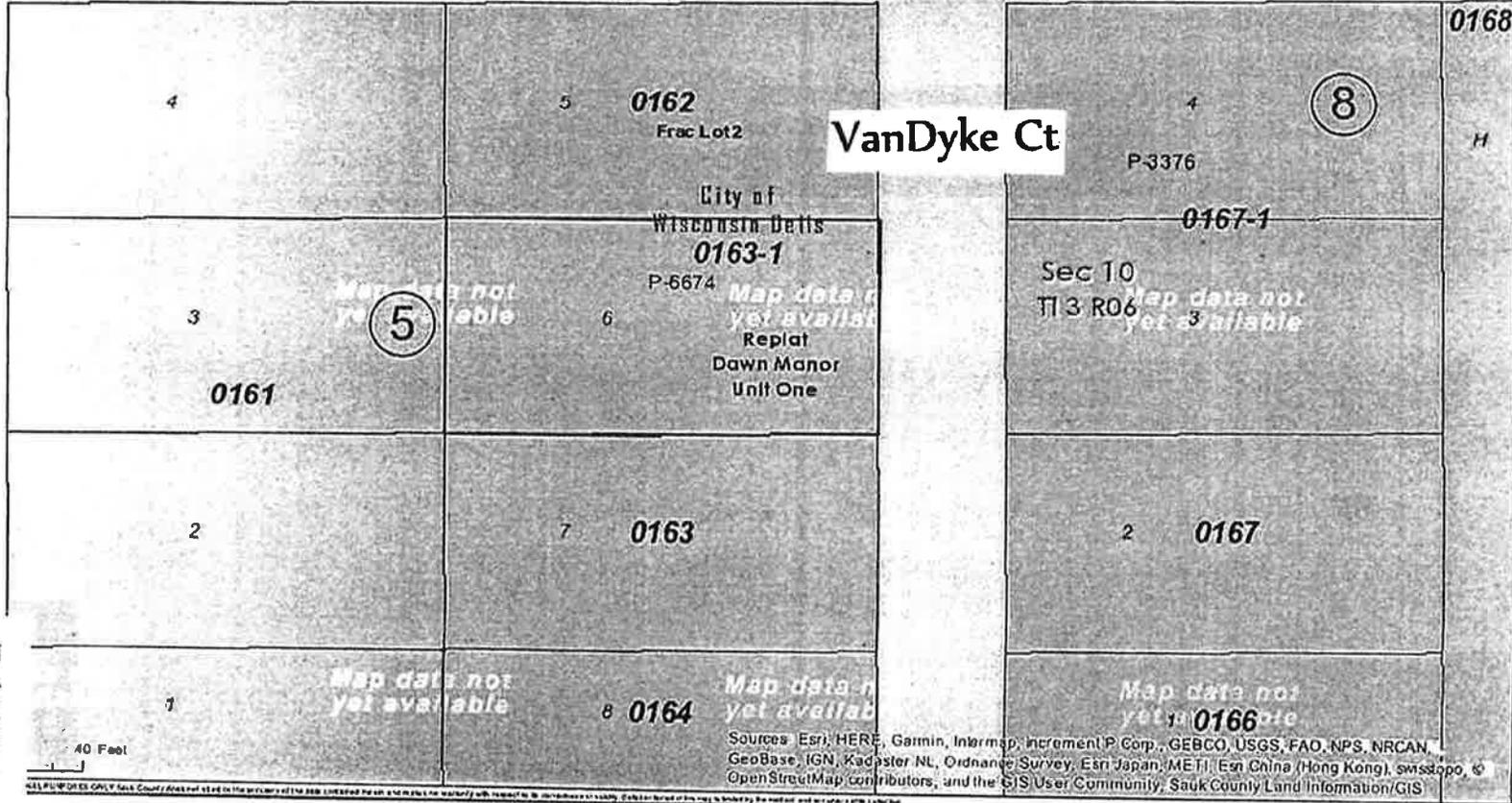


Exhibit 1

Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, © OpenStreetMap contributors, and the GIS User Community, Sauk County Land Information/GIS

RESOLUTION NO. \_\_\_\_\_

ITEM 13

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their August 13, 2018 meeting;

To APPROVE the application for a Conditional Use Permit submitted by Lily DeWitt-Abfall for a Home Occupation at 813 Race Street with the following contingencies:

1. Applicant follows the Zoning Code Standards for a Home Occupations.
2. Applicant adequately maintains the home and premise.
3. Applicant cooperates with the city to address any nuisances that may arise as a result of the Home Occupation.

\_\_\_\_\_  
Edward E. Wojnicz, Mayor

Attest:

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

Vote: \_\_\_\_\_ ayes and \_\_\_\_\_ nays  
Date Introduced: August 20, 2018  
Date Passed:  
Date Published:

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

Version: May 21, 2007

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

**- Office Use Only -**

Initial application fee	<b>\$525.00</b>
Receipt number	_____
Application number	_____

**1. Applicant information**

Applicant name Lily C DeWitt - Abfall  
Street address 813 Race Street  
City Wisconsin Dells  
State and zip code Wisconsin 53965  
Daytime telephone number 608-220-4538  
Fax number, if any \_\_\_\_\_  
E-mail, if any LilyDeWitt@live.com

**2. Subject property information**

Street address	<u>813 Race Street</u>
Parcel number	_____ <small>Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.</small>
Current zoning classification(s)	_____
Describe the current use	<u>Single family home</u>

**3. Proposed use.** Describe the proposed use.

New seamstress Opening - Valaundra Cosplay Consultant and Alterations:  
Whatever the occasion may be alterations and Custom garment making. Whether it is strong and confident, feminine and romantic, sexy and alluring, or all of the above. The interview time with the client is one of my favorite parts of the custom clothing making process — it is crucial to creating the unique garment a client envisions for a convention, burlesque event, or anything in-between.  
A drop box will be available for customers who have already paid to drop off articles for alterations or repairs.  
Contact Valaundra at (608) 432 – 9160, or Email ValaundraCosplay@hotmail.com  
"Leave all the work and worries to me."  
"Helping make cosplay dreams Reality." Everything from; armor, props, costumes, quilts, alterations, crafts, and so much more.

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

There will be no in house sales! Most of the sales can be done though phone or website Valaundra.com, and consultations will be at the clients home. I will be doing the alterations at this location but sales will not be done in person at my home.  
Hours of operation are Monday Wednesday Thursday Friday 9:00am - 5:00pm And Tuesdays 11:00am -5:00pm.

**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.

there is on street parking for those using the drop off box for already paid articles.

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

I will keep consistent with the city's and neighborhoods issues

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

N/A There is should be no change to traffic or pedestrian circulation on and off site

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

A seamstress is needed in the local Dells area. Fresh fashion perspective With cosplay Twis

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

N/A There will be no change to natural environment on and off site

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

N/A There should be little nuisance to the surrounding properties. Only the sewing will be done in home not sales

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

N/A

- 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.	
	<b>07-08-2018</b>

Applicant Signature

Date

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

	<b>07-08-2018</b>
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Applicant Signature

Date

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

Version: May 21, 2007

### Project Map Checklist

Project Information	Included ?
Project name (e.g., business name, subdivision name)	<input checked="" type="checkbox"/>
Applicant name	<input checked="" type="checkbox"/>
Preparation date	<input checked="" type="checkbox"/>
Survey Information	
North arrow and graphic scale	<input checked="" type="checkbox"/>
Address of subject parcel or legal description	<input checked="" type="checkbox"/>
Property boundaries	<input checked="" type="checkbox"/>
Acreage of subject parcel	<input checked="" type="checkbox"/>
Project Development Information	
Easements/rights-of-ways (location, width, purpose, ownership)	<input checked="" type="checkbox"/>
Common areas/conservancy areas (location, purpose, ownership)	<input checked="" type="checkbox"/>
Setting	
Property boundaries within 50' of the subject parcel	<input checked="" type="checkbox"/>
Land uses within 50' of the subject parcel	<input checked="" type="checkbox"/>
Zoning district boundaries within 50' of the subject parcel	<input checked="" type="checkbox"/>
Municipal boundaries within 50' of the subject parcel	<input checked="" type="checkbox"/>

Site Features (Existing and Proposed)	Included ?
Wetlands	<input checked="" type="checkbox"/>
Woodlands	<input checked="" type="checkbox"/>
Wildlife habitat, including critical wildlife habitat	<input checked="" type="checkbox"/>
Environmentally sensitive features	<input checked="" type="checkbox"/>
Water resources (rivers, ponds, etc.)	<input checked="" type="checkbox"/>
Floodplain boundaries	<input checked="" type="checkbox"/>
Environmental and man-made hazards including brownfields, contaminated sites, unstable soils, high groundwater, bedrock, high-pressure natural gas lines, and others as appropriate	<input checked="" type="checkbox"/>
Fences, buffers, and berms	<input checked="" type="checkbox"/>
Existing trees and other prominent vegetation	<input checked="" type="checkbox"/>
Transportation Facilities (Existing and Proposed)	
Streets	<input checked="" type="checkbox"/>
Driveways and road access onto public and private roads	<input checked="" type="checkbox"/>
Sidewalks / trails	<input checked="" type="checkbox"/>
Buildings / Structures (footprint, use, etc.)	
Existing and proposed within subject parcel	<input checked="" type="checkbox"/>
Existing within 50' of subject parcel	<input checked="" type="checkbox"/>

Staff Comment

813 Race St.

Accessory Use: Home Occupation

Plan Commission 08/13/18

The City has received an application from Lily C DeWitt – Abfall to operate a Home Occupation inside her residence at 813 Race St. The applicant intends to perform seamstress work from her home. The applicant has stated that there will be no merchandise display, no retail activities at her home. The applicant has stated that sales will be over the phone or through a web-site. The applicant has stated that client consultations will be at the client's home. Clients will only drop-off and pick up items from the home at 813 Race St. The applicant has stated that clients will not enter the home, and a small drop box will be located outside the home. A picture of the drop-box has been provided with the application. The applicant as stated that the seamstress work will occur in a single 280 sq ft room within the 2400 sq ft house, with means the use will occupy approximately 11% of the total floor area.

"Home Occupation" is defined in the City of Wisconsin Dells Zoning Code, and requires a Conditional Use Permit in Residential Zoning Districts. The subject property is zoned C-1 Commercial-neighborhood, which allows both residential and commercial uses. As the primary use of the subject property is a single-family residence, this seamstress business is classified as a "Home Occupation". It is noted that due to the Commercial Zoning of this property, this business would be allowed as a Primary Use of the property.

The City of Wisconsin Dells Zoning Code defines a Home Occupation as:

Home occupation Any occupation, profession, enterprise, or similar activity conducted on the premises of a single-family residence as an accessory use and that is compatible in size and scope in an urban residential setting. The term does not include hobbies or similar non-commercial activities or any activity that meets the definition of an industrial use.

The City of Wisconsin Dells Zoning Code applies the following Standards to a Home Occupation:

**19.810 Home occupation**

- (1) **Validity of use.** The individual primarily responsible for operation of the home occupation shall reside in a dwelling unit on the parcel.
- (2) **Location and space limitation.** The home occupation shall occur entirely within the dwelling unit and space specifically designated for use of the home occupation shall occupy no more than 30 percent of the total floor area.
- (3) **Exterior character of the dwelling unit.** The exterior character of the dwelling unit shall not be substantially altered to accommodate the home occupation.
- (4) **Storage of materials.** Exterior storage of materials or equipment is prohibited.
- (5) **Signs.** No exterior display shall be permitted except that one non-illuminated nameplate or home occupation sign shall be allowed. The sign shall be limited to 144 square inches (one square foot) in area. Such sign or nameplate shall be placed flat against the dwelling unit.
- (6) **Retail sales.** The indoor display or retail sales of those products produced on the premises are permitted. All other on-site sales are prohibited.
- (7) **Limitations on business vehicles.** No vehicle used for the home occupation shall exceed a one ton rate capacity. No more than one such vehicle shall be parked on the premise or on a public street.

- (8) **Prohibited uses.** The following uses do not qualify as a home occupation: veterinary services, medical offices, animal boarding or grooming, barber, hair care, restaurant, vehicle repair, or any other similar activity.
- (9) **Local licensing.** Prior to establishment of this use and every year thereafter, the operator shall obtain a license from the city consistent with chapter 16 of the municipal code.

The City of Wisconsin Dells Zoning Code requires a Home Occupation have: 1 space for a company vehicle; plus 1 space when sufficient on-street parking is not available. Review of the 800 block of Race St. indicates that sufficient on-street parking is available.

Review of the American Planning Association guidance on the Zoning of Home Occupations finds three (3) Basls for Regulation of Home occupations, that are: The use must be 1) customary, 2) incidental, and 3) not be a business. Dressmaking, sewing, and seamstresses were by all accounts considered customary home occupations. The State of Wisconsin Building Code has defined home occupations as incidental if they "occupy less than 25% of the floor area of the dwelling unit". Businesses are considered undesirable due to their commonly higher degree of: vehicular and pedestrian traffic, noise, dirt, smoke, and odor.

Many of the APA guidelines appear to be addressed in the City of Wisconsin Dells Zoning Standards in the form of: Prohibited uses (not customary), Location and space limitations (defining incidental), and Exterior character, storage of materials, signs, and limitations on business vehicles (to minimize undesirable business characteristics

The City has also utilized a "rule of thumb" that a home occupation should not allow more than five (5) customers in the home at any one time.

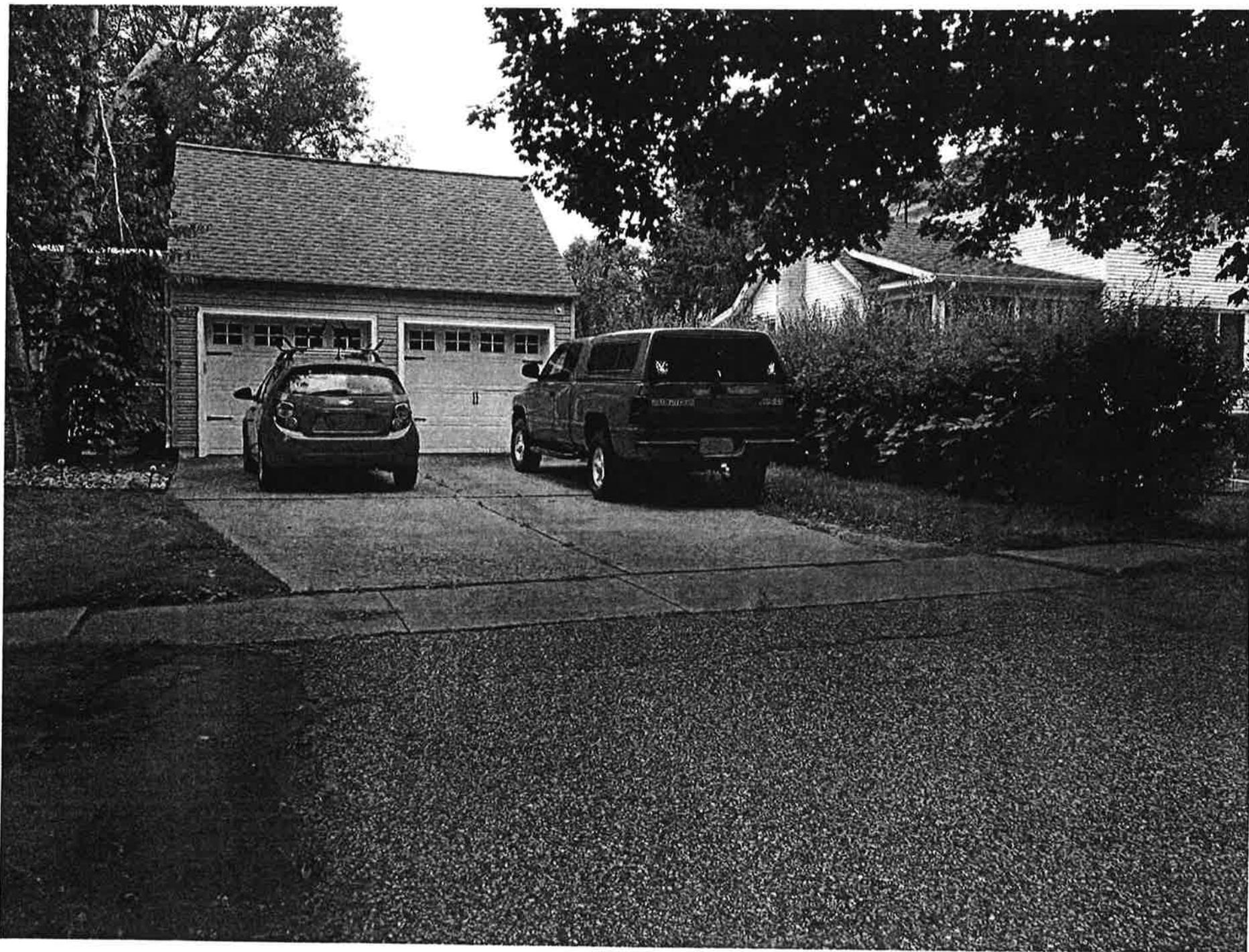
In general, the main concern with a home occupation is that it does not create a nuisance or cause blight to the existing neighborhood.

Approval of this permit should come with the following conditions:

1. The operator follows the zoning code Standards for a Home Occupation.
2. The operator adequately maintains the home and premise.
3. The applicant cooperates with the City to address any nuisances that may arise as a result of the Home Occupation.

Prepared by: Chris Tollaksen







**Drop Box**

City of Wisconsin Dells

ORDINANCE NO. \_\_\_\_\_  
(Alcoholic Beverages General Restrictions and Requirements)

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

SECTION I: PURPOSE

This ordinance adopts by reference the provisions of Wis. Stat. sec. 125.32 which provides miscellaneous general restrictions and requirements concerning alcohol beverage licenses and premises; including possession of beverages not sold on the premises. A copy of the statute is attached as Exhibit A.

SECTION II: PROVISION AFFECTED

Wisconsin Dells Code Sec. 18.125.32 is created; as part Wisconsin Dells Code Sec. 18.01(14).

SECTION III: PROVISION AS CREATED:

**18.125.32 “General Restrictions and Requirements”**

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 Wojnicz, Mayor

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

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

**Wis. Stat. § 125.32**

This document is current through the 2017 - 2018 Legislative Session

LexisNexis® Wisconsin Annotated Statutes > Regulation of Trade (Chs. 125 - 139) > Chapter 125. Alcohol Beverages (Subchs. I - III) > Subchapter II Fermented Malt Beverages (§§ 125.25 - 125.34)

**125.32. General restrictions and requirements.****(1) Managers' licenses; class "B" licenses.**

(a) If a municipal governing body elects to issue managers' licenses under s. 125.18, no person may manage premises operating under a Class "B" license or permit, unless the person is the licensee or permittee, an agent of a corporation or limited liability company appointed as required by s. 125.04 (6) or the holder of a manager's license. A manager's license issued in respect to a vessel under s. 125.27 (2) is valid outside the municipality that issues it. A person manages Class "B" premises if that person has responsibility or authority for:

1. Personnel management of all employees, whether or not the person is authorized to sign employment contracts;
2. The terms of contracts for the purchase or sale of goods or services, whether or not the person is authorized to sign the contracts; or
3. The daily operations of the Class "B" premises.

(b) The municipal governing body may, by ordinance, define factors in addition to those listed in par. (a) which constitute management of Class "B" premises.

(2) **Operators licenses Class "A" or Class "B" premises.** Except as provided under sub. (3) (b) and ss. 125.07 (3) (a) 10. and 125.26 (6), no premises operated under a Class "A" or Class "B" license or permit may be open for business unless there is upon the premises the licensee or permittee, the agent named in the license or permit if the licensee or permittee is a corporation or limited liability company, or some person who has an operator's license and who is responsible for the acts of all persons serving any fermented malt beverages to customers. An operator's license issued in respect to a vessel under s. 125.27 (2) is valid outside the municipality that issues it. For the purpose of this subsection, any person holding a manager's license under s. 125.18 or any member of the licensee's or permittee's immediate family who has attained the age of 18 shall be considered the holder of an operator's license. No person, including a member of the licensee's or permittee's immediate family, other than the licensee, permittee or agent may serve fermented malt beverages in any

EXHIBIT

A

place operated under a Class "A" or Class "B" license or permit unless he or she has an operator's license or is at least 18 years of age and is under the immediate supervision of the licensee, permittee, agent or a person holding an operator's license, who is on the premises at the time of the service.

**(2m) Use by another prohibited.**

(a) No person may allow another to use his or her Class "A" or Class "B" license or permit to sell alcohol beverages.

(b) The license or permit of a person who violates par. (a) shall be revoked.

**(3) Closing hours.**

(a) No premises for which a Class "B" license or permit is issued may remain open between the hours of 2 a.m. and 6 a.m., except as provided in this paragraph and par. (c). On Saturday and Sunday, the closing hours shall be between 2:30 a.m. and 6 a.m. except that, on the Sunday that daylight saving time begins as specified in s. 175.095 (2), the closing hours shall be between 3:30 a.m. and 6 a.m. On January 1 premises operating under a Class "B" license or permit are not required to close.

(am) Between 12 midnight and 6 a.m. no person may sell fermented malt beverages on Class "B" licensed premises in an original unopened package, container or bottle or for consumption away from the premises.

(b) Class "A" premises may remain open for the conduct of their regular business but may not sell fermented malt beverages between 12 midnight and 6 a.m. Subsection (2) does not apply to Class "A" premises between 12 midnight and 6 a.m. or at any other time during which the sale of fermented malt beverages is prohibited by a municipal ordinance adopted under par. (d).

(c) Hotels and restaurants the principal business of which is the furnishing of food and lodging to patrons, bowling centers, movie theaters, painting studios, indoor golf and baseball facilities, indoor horseshoe-pitching facilities, curling clubs, golf courses and golf clubhouses may remain open for the conduct of their regular business but may not sell fermented malt beverages during the hours specified in par. (a).

(d) A municipality may, by ordinance, impose more restrictive hours than those provided in par. (am) or (b), but may not impose different hours than those provided in par. (a) or (c).

(3m) **Limitations on other business; Class "B" premises.** No Class "B" license or permit may be granted for any premises where any other business is conducted in connection with the premises, except that this restriction does not apply if the premises for which the Class "B" license or permit is issued is connected to premises where other business is conducted by a secondary doorway that serves as a safety exit and is not the primary entrance to the Class "B" premises. No other business may be conducted on premises operating under

a Class "B" license or permit. These restrictions do not apply to any of the following:

- (e) A hotel.
- (b) A restaurant, whether or not it is a part of or located in any mercantile establishment.
- (c) A combination grocery store and tavern.
- (d) A combination sporting goods store and tavern in towns, villages and 4th class cities.
- (e) A combination novelty store and tavern.
- (f) A bowling center or recreation premises.
- (g) A club, society or lodge that has been in existence for 6 months or more prior to the date of filing application for the Class "B" license or permit.
- (h) A movie theater.
- (i) A painting studio.
- (j) Premises for which a temporary Class "B" license is issued under s. 125.26 (6) if the license is one of multiple licenses issued by the municipality to the same licensee for the same date and times, the licensee is the sponsor of an event held at multiple locations within the municipality on this date and at these times, and an admission fee is charged for participation in the event and no additional fee is charged for service of alcohol at the event.

**(5) Signs near taps and brands on tap; Class "B" premises.** Every Class "B" licensee or permittee selling or offering for sale draught fermented malt beverages shall display a sign on or near each tap or faucet disclosing the brand of fermented malt beverage drawn from the tap or faucet and the name of the brewer or brewpub that manufactured it. No Class "B" licensee or permittee may substitute any other brand of fermented malt beverage in place of the brand designated on the sign with the intent to defraud or deceive the customer.

**(6) Limitations on beverages on wholesale and retail premises.**

- (a) Except as provided in s. 125.33 (2) (o) or (12) or 125.70, and subject to par. (c), no person may possess on the premises covered by a retail or wholesale fermented malt beverages license or permit any alcohol beverages not authorized by law for sale on the premises.
- (b) No fermented malt beverage licensee or permittee may keep any beverages of an alcoholic content prohibited by federal law on the premises covered by the license or permit.
- (c) Paragraph (a) does not prohibit a licensee under s. 125.26 from allowing, if the licensed premises are located in a public park within a 1st class city, a person who does not hold a license or permit under this

chapter to possess and consume on the licensed premises fermented malt beverages that were not purchased from the licensee.

**(7) Labels.**

(a) No fermented malt beverages may be sold, offered, or exposed for sale, kept in possession with intent to sell, or served on any premises for which a license or permit for the sale of fermented malt beverages has been issued unless each barrel, keg, cask, bottle, or other container bears a label or other identification with the name and address of the brewer or brewpub that manufactured it. The possession of any fermented malt beverages which are not so identified on any premises for which a license or permit for the sale of fermented malt beverages has been issued is prima facie evidence that the fermented malt beverages are possessed with intent to sell, offer for sale, display for sale, or give away.

(b) No container containing fermented malt beverages may be sold, offered or exposed for sale, kept in possession with intent to sell or served on any premises for which a license or permit for the sale of fermented malt beverages has been issued unless there is a label or other identification on the container bearing a statement of its contents in fluid ounces in plain legible type.

**History**

1981 c. 79; 1983 a. 27, 74, 192, 452; 1985 a. 28, 33, 221, 317; 1987 a. 27, 121; 1989 a. 253; 1991 a. 28, 39, 315; 1993 a. 112; 1995 a. 320; 2007 a. 3, 9, 20; 2009 a. 128; 2011 a. 32, 97; 2013 a. 268; 2015 a. 8; 2015 a. 62; 2016 a. 221.

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