CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, JULY 16, 2018 **Time:** 7:00PM **Location:** MUNICIPAL BUILDING

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	Ed Fox

OPENING	
1	CALL TO ORDER & ROLL CALL
2	PLEDGE OF ALLEGIANCE
3	APPROVAL OF CONSENT AGENDA ITEMS: a. Approval of the June 18, 2018 Common Council Meeting Minutes b. Schedule of Bills Payable dated July 16, 2018 c. Applications for Bartender Licenses
4	COMMITTEE UPDATES BY CHAIRPERSONS: (PUBLIC WORKS, PARKS & REC, DESIGN REVIEW, LIBRARY, LEGISLATIVE, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC SAFETY & BID)
AGENDA ITEMS	
5	APPLICATION FOR A TEMPORARY CLASS B (PICNIC) WINE LICENSE SUBMITTED BY WISCONSIN DELLS FESTIVALS INC FOR A DOWNTOWN WINE WALK ON SATURDAY, OCTOBER 20, 2018
RESOLUTIONS	
6	RESOLUTION TO APPROVE THE MURAL INSTALLATION & MAINTENANCE AGREEMENT FOR 11 BROADWAY
7	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY MT. OLYMPUS FOR THE CONSTRUCTION OF TWO MAINTENANCE BUILDINGS AT 310 COUNTY A (PARCEL 291-0143-00000)
8	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY AMERICAN TRANSMISSION COMPANY FOR THE CONSTRUCT OF A NEW SWITCHGEAR ENCLOSURE AND NEW CONTROL HOUSE AT 705 FINNEGAN AVENUE (PARCELS 11291-280 AND 11291-280.01)
9	RESOLUTION TO APPROVE THE CERTIFIED SURVEY MAP REQUESTED BY MIKE & ANN KAMINSKI AND TIM & DEBRA TOFSON
10	RESOLUTION TO APPROVE THE CERTIFIED SURVEY MAP REQUESTED BY GTAM, LLC
11	RESOLUTION TO APPROVE AND ACCEPT THE DEDICATION OF SANITARY SEWER LIFT STATION NO. 18 AND ASSOCIATED FORCE MAIN FROM CHULA VISTA
CLOSING	
12	BUSINESS FOR REFERRAL TO COMMITTEES OR SUBSEQUENT MEETINGS
13	ADJOURNMENT
	NANCY R. HOLZEM, CITY CLERK/COORDINATOR POSTED: 07/13/2018

PLEASE BE ADVISED: UPON REASONABLE NOTICE THE CITY OF WISCONSIN DELLS WILL FURNISH APPROPRIATE AUXILIARY AIDS AND SERVICES TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN MEETING ACTIVITIES.

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

FOR OFFICE USE ONLY
Receipt# 65112
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: 07-05-18 RC - CH
Police Chief: **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 7/31/2018

License Applying For:

- [x] **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)
- [x] 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 Abbiedens (Last) Dani (First) R (Middle)

Home Address 1483 County Road DD (Street) Rudolph (City) WI (State) 54475 (Zip)

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

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # A463-1769-7606-03 **State Issued** Wisconsin

Phone Number 920-659-2906 **Date of Birth** 3/26/1997 **Place of Birth** Wisconsin Rapids

Physical Description Sex F Race White Height 5' 8" Eye Color: green Hair Color: blonde

License to be used at (Name of Business) Trappers Turn Golf Club

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
March 2018	retail theft	La Crosse	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: Danielle Miller Date: 7/3/2018

Subscribed and sworn to before me this 3rd day of July, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64838
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 6-18-18 RC -CH
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 6/8/2018

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 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 ANGELINI (Last) ANNAMARIA (First) _____ (Middle)

Home Address 1608 CLIFFVIEW AVE (Street) ONALASKA (City), WI (State) 54650 (Zip)

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

Previous Addresses within the past 10 years
810 Aspen Blvd Sparta, WI 54656

Drivers License # A524-0009-4967-08 **State Issued** WI

Phone Number 608-792-1630 **Date of Birth** 12/27/99 **Place of Birth** LaCrosse, WI

Physical Description Sex F Race Caucasian Height 5'10" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) Gino's Pizzeria + Bar

(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.

Date	Nature of Offense	County	State

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: Ana Maria Angelica Date: 6/8/2018

Ana Maria Angelica 6/15/2018

Subscribed and sworn to before me this 15th day of June 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64992
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: JS 6-26-18
Police Chief: **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 6/25/18

License Applying For:

- [X] **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:

- [X] I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells) Walworth County - will email copy to Tammy
- [X] I have held an Operator's License within past 2 years (Attach proof)
- [X] 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 Backhaus (Last) Lauren (First) P (Middle)

Home Address 704 Oak St (Street) Whitewater (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
321 Whitewater St Whitewater WI 53190
361 Whitewater St Whitewater WI 53190
1025 Daniels Court Whitewater WI 53190

Drivers License # B220 5359 4584 02 **State Issued** WI

Phone Number 608 472 1851 **Date of Birth** 3/4/1994 **Place of Birth** Milwaukee

Physical Description Sex F Race White Height 5'5 Eye Color: Blue Hair Color: Brown

License to be used at (Name of Business) Chula Vista

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes ___ No (circled)
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 (circled) No ___
3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No (circled)
4. Do you currently have any outstanding forfeitures owed to the City of Wisconsin Dells? Yes ___ No (circled)

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.

Date	Nature of Offense	County	State
2014	underage drinking	Walworth	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: Lauren Baechaus Date: 6/25/18

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

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65100
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: 7-3-18 JS
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 7-2-18

License Applying For:

- [x] **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)
- [x] 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 Beck (Last) Clara (First) Rose (Middle)

Home Address N726 3rd Avenue (Street) Endeavor (City) WI (State) 53930 (Zip)

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

Previous Addresses within the past 10 years
W7211 Patchin Road Pardeeville WI 53954

Drivers License # B200-1569-9544-09 **State Issued** _____

Phone Number (608) 617-4023 **Date of Birth** 2/04/99 **Place of Birth** Madison

Physical Description Sex F **Race** White **Height** 5'9 **Eye Color:** Blue **Hair Color:** Blonde

License to be used at (Name of Business) Trappers Turn Golf Course

(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.

Date	Nature of Offense	County	State

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: Clara Beck Date: 7-02-18

Clara Beck

Subscribed and sworn to before me this 2nd day of July, 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64821
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 6-15-18 RC
Police Chief: **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 ~~05/11/2018~~ 6-14-2018

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 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 Bennett (Last) Celyna (First) Rae (Middle)

Home Address N3140 Fiann St (Street) Markesan (City) Wi (State) 53946 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # B530-1169-8705-01 **State Issued** Wisconsin

Phone Number 608-617-9470 **Date of Birth** 6/5/98 **Place of Birth** Baraboo

Physical Description Sex F Race White Height 5' 10" Eye Color: blue Hair Color: brown

License to be used at (Name of Business) Timberfalls

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 05/11/18

Subscribed and sworn to before me this 11th day of MAY, 2018.

[signature]
Notary Public

My Commission Expires: 09/27/2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64776
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: _____

Police Dept Verification: 6-13-18 RC -CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6-12-18

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 Blackman (Last) Buck (First) William (Middle)

Home Address N9957 9th AVE. (Street) W.S Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

Drivers License # B625-0798-8109-00 **State Issued** WI

Phone Number 608 432 1455 **Date of Birth** 3-29-1988 **Place of Birth** Reedsburg WI

Physical Description Sex M Race C Height 5-6 Eye Color: Blu Hair Color: Brn

License to be used at (Name of Business) Showboat Saloon

(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.

Date	Nature of Offense	County	State

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: Buck Brackman Date: 6-12-18

Subscribed and sworn to before me this 12th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64887
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 6-20-18 RC +CH
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 _____

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 BRADLEY (Last) BETHANY (First) L (Middle)

Home Address 527 S ADAMS ST (Street) NEW LISBON (City) WI (State) 53950 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # B1234-0728-1908-02 **State Issued** WI

Phone Number 608-547-2539 **Date of Birth** 11/8/87 **Place of Birth** BARABOO WI

Physical Description Sex F Race WH Height 5'10" Eye Color: BR Hair Color: BL

License to be used at (Name of Business) AMERICINN BY WYNDHAM

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
	WORTHLESS CHECKS - READS IN ONE	JUNEAU	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: Bethany Bradley Date: 6/20/18

Subscribed and sworn to before me this 20th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65064
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 6-29-18 RC + CH
Police Chief: **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 06-28-18

License Applying For:

- [x] **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, 2018, 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 Bonk (Last) Vason (First) Robert (Middle)

Home Address 731 Elm st (Street) W. Dells (City) W. (State) 53965 (Zip)

Mail License to (if different from Home Address) P.O. Box 342 (Street) Lake Delton (City) W. (State) 53940 (Zip)

Previous Addresses within the past 10 years
131 Washington st apt 2 W. Dells W. 53965

Drivers License # B600-2495-67-529-05 **State Issued** W.

Phone Number 608-448-1226 **Date of Birth** 8-12-78 **Place of Birth** Racine W.

Physical Description Sex M **Race** White **Height** 6'0 **Eye Color:** Brown **Hair Color:** Brown

License to be used at (Name of Business) The Keg

(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.

Date	Nature of Offense	County	State

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: 6-28-18

6-28-18

Subscribed and sworn to before me this 28th day of June, 2018

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 65075
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: JS 7-2-18
Police Chief: **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 6-29-2018

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 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 Carlson (Last) Gail (First) C (Middle)
Home Address 401 Main St (Street) Friendship (City) WI (State) 53934 (Zip)
Mail License to (if different from Home Address) PO Box 137 (Street) - Friendship (City) WI (State) 53934 (Zip)
Previous Addresses within the past 10 years

Drivers License # C642-2835-[redacted]-07 **State Issued** WI
Phone Number 608-474-0709 **Date of Birth** 07-25-56 **Place of Birth** Highland IL
Physical Description Sex F Race White Height 5'5" Eye Color: Brown Hair Color: Brown
License to be used at (Name of Business) Travelmart Mobil

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 29 June 18

Subscribed and sworn to before me this 29th day of June, 2018.

[signature]
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD
NOTARY PUBLIC
(SEAL)
STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64818
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: 6-18-18 RC -CH
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 06-14-18

License Applying For:

- [x] **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:

- [x] 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 Carter (Last) Tajé (First) Aziana (Middle)

Home Address 410 Wisconsin Avenue (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # A34958449 **State Issued** Kingston, Jamaica

Phone Number 608-844-4735 **Date of Birth** 02-13-1995 **Place of Birth** Jamaica

Physical Description Sex F Race Black Height 5'4" Eye Color: Brown Hair Color: Black

License to be used at (Name of Business) Timber Falls

(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.

Date	Nature of Offense	County	State

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: 06-01-18

Subscribed and sworn to before me this 1st day of June, 2018

Isabella Goakey
Notary Public

My Commission Expires: 09.27.2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64942
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: JS 6-25-18
Police Chief: **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 6-22-18

License Applying For:

- [x] **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)
- [x] 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 Caves (Last) Paige (First) M (Middle)

Home Address 524 E. Grove St (Street) Adams (City) WI (State) 53910 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # C120-6739-06665-07 **State Issued** WI

Phone Number 608-403-9410 **Date of Birth** 5-8-90 **Place of Birth** Anniston, Alabama

Physical Description Sex F Race W Height 5'7 Eye Color: B Hair Color: B

License to be used at (Name of Business) Broadway Travel Mart

(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.

Date	Nature of Offense	County	State

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: Paige Cowee Date: 6-22-18

Subscribed and sworn to before me this 22nd day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64801
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: 6-14-18 RC, TCH
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 6-13-2018

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 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 Clark (Last) Erin (First) Joanah (Middle)

Home Address 1325 Michigan Ave #D (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Mail License to (if different from Home Address) 915 Capital St. (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # C462-2108-8904-02 **State Issued** Wisconsin

Phone Number (608) 844-3810 **Date of Birth** 11/04/1988 **Place of Birth** Manila, Philippines

Physical Description Sex F Race Pacific Islander Height 5'2 Eye Color: Brown Hair Color: Black

License to be used at (Name of Business) Showboat Saloon

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: June 13th 2018

Subscribed and sworn to before me this 13th day of June, 20 18.

[signature]
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64966
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: JS · 6·26·18
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 6/25/18

License Applying For:

- [x] **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)
- [x] 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 Cook (Last) Ashley (First) Nicole (Middle)

Home Address 1147 Fur Lane (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # C200-0149-7709-03 **State Issued** Wisconsin

Phone Number 608-963-8809 **Date of Birth** 6/9/1997 **Place of Birth** Marshfield

Physical Description Sex F Race Caucasian Height 5' 04" Eye Color: Brown Hair Color: Brown

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

(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.

Date	Nature of Offense	County	State

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: Ashley M Cook Date: 6/25/18

Subscribed and sworn to before me this 25th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 105572
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: 7-2-18 JS
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 6-29-18

License Applying For:

- [X] **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)
- [X] 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 Deakin (Last) Stephanie (First) Marie (Middle)

Home Address 530 E. Hiawatha Drive. Unit 502, pmB#31 (Street) Wis Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
1495 Pineview Drive Reedsburg, WI 53959

Drivers License # D250-7939-1556-06 **State Issued** WI

Phone Number 608-415-1691 **Date of Birth** 02-16-1991 **Place of Birth** Baraboo, WI

Physical Description Sex F Race White Height 5'5 Eye Color: GRN Hair Color: Brown

License to be used at (Name of Business) KICKERS

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 06-29-2018

Subscribed and sworn to before me this 29 day of June, 2018.

[signature] (SEAL)
Notary Public KIRSTEN PHUMMEL

My Commission Expires: MARCH 24, 2021

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65067
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____

Police Dept Verification 6-29-18 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6-28-2018

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 herby apply for a license to serve from the date hereof to June 30, 2018, 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 DORNER (Last) Alyssa (First) Kaye (Middle)

Home Address 1205 Warren St. (Street) BARABOO (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # D656-0118-7603-04 **State Issued** WI

Phone Number 608-393-9913 **Date of Birth** 3-23-87 **Place of Birth** BARABOO WI

Physical Description Sex F Race _____ Height 5'2 Eye Color: Hazel Hair Color: BROWN

License to be used at (Name of Business) Dells Distillery

(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.

Date	Nature of Offense	County	State

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: Alyssa Dorun Date: 6-28-2018

Subscribed and sworn to before me this 28th day of June 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 65103
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: JS 7-4-18
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 07/03/2018

License Applying For:

- [x] **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)
- [x] 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 DOSIC (Last) VIKTORIJA (First) _____ (Middle)

Home Address DOZA DERDA 114 (Street) TEMERIN (City) SERBIA (State) _____ (Zip)

Mail License to (if different from Home Address) E10002 CTY RD P (Street) WIS DELLS (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years
2150 WISCONSIN DELLS PARKWAY

Drivers License # 013249797 PASSPORT **State Issued** SERBIA

Phone Number 608 254 4141 **Date of Birth** 10/22/1995 **Place of Birth** LOZNICA, SERBIA

Physical Description Sex F Race WHITE Height 5'06" Eye Color: BROWN Hair Color: BROWN

License to be used at (Name of Business) DOCKSIDE GRILL AND RUM BAR

(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.

Date	Nature of Offense	County	State

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: Викторія Ковчик Date: 07/03/2018

Subscribed and sworn to before me this 3rd day of July 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64880
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: 6-20-18 PC -CH
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 _____

License Applying For:

- [X] **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)
- [X] 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 EVANS (Last) MICHAEL (First) ROBERT (Middle)

Home Address 630 E. LAKE AVE (Street) LAKE DELTON (City) WI (State) 53940 (Zip)

Mail License to (if different from Home Address) 630 E. LAKE AVE (Street) WISC. DELLS (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years
2728 W. 39th STREET
LORAIN OHIO 44053

Drivers License # E 152-5565-7055-00 **State Issued** WIS.

Phone Number 254-2293 **Date of Birth** 2-15-57 **Place of Birth** MILWAUKEE WI.

Physical Description Sex M Race CAU. Height 6' Eye Color: BLUE Hair Color: BROWN

License to be used at (Name of Business) CHEESE CAKE HEAVEN

(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.

Date	Nature of Offense	County	State

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: 6-19-18

Subscribed and sworn to before me this 19th day of June, 20 18

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 648377
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: _____

Police Dept Verification: 6-18-18 RC -CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 _____

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 Everts (Last) Hallie (First) Lyn (Middle)

Home Address 1549 Wood St (Street) LaCrosse, WI (City, State) 54603 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # E163 3329 890 103 **State Issued** WI

Phone Number 608-386-0976 **Date of Birth** 11/1/98 **Place of Birth** LaCrosse, WI

Physical Description Sex F Race Caucasian Height 5'8" Eye Color: Green Hair Color: Brown

License to be used at (Name of Business) Gino's Pizzeria + Bar

(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.

Date	Nature of Offense	County	State

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: Hallie Everts Date: 6/8/18

Hallie Everts 6/15/18

Subscribed and sworn to before me this 15th day of June, 20 18

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65104
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: JS 7-3-18
Police Chief: **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 07-03-2018

License Applying For:

- [x] **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)
- [x] 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 GANTZ (Last) CHRISTOPHER (First) DANIEL (Middle)

Home Address E10002 CTY RD P (Street) WIS DELLS (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # G532-1099-3463-07 **State Issued** WISCONSIN

Phone Number 608-393-9540 **Date of Birth** 12-23-93 **Place of Birth** Dubuque, IA

Physical Description Sex M Race White Height 6' 03" Eye Color: GRN Hair Color: BRO

License to be used at (Name of Business) DOCKSIDE GRILL & RUM BAR

(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.

Date	Nature of Offense	County	State

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: 07-03-2018

Subscribed and sworn to before me this 3rd day of July, 20 18

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

due 6-30

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

FOR OFFICE USE ONLY
Receipt# 65074
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: _____

Police Dept Verification: JS. 7-2-18
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6-29-2018

License Applying For:

- [x] **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)
- [x] 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)
- [x] 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 Gum2 (Last) Alexandra (First) _____ (Middle)

Home Address 500 Winnebago Ave. (Street) Portage (City) WI (State) 53901 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # G520-0149-8961-08 **State Issued** WI

Phone Number 608-697-3366 **Date of Birth** 12/21/98 **Place of Birth** Madison, WI

Physical Description Sex F Race White Height 5'6" Eye Color: Green Hair Color: Blond

License to be used at (Name of Business) Trappers Turn

(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.

Date	Nature of Offense	County	State

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: Alex L Date: 6/29/18

Subscribed and sworn to before me this 29th day of June, 2018

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD (SEAL) NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64831
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: 6-18-18 RC -CH
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 6/15/18

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 Gutierrez (Last) Toriana (First) Rosemary (Middle)

Home Address 1126 11th St Apt 4 (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
135 A grand Canyon Dr. Apt 209 Baraboo, WI.

Drivers License # G342-8169-1724-00 **State Issued** WI

Phone Number 608-431-9363 **Date of Birth** 06/24/91 **Place of Birth** portage

Physical Description Sex F Race W Height 5'1 Eye Color: HZL Hair Color: BLK

License to be used at (Name of Business) Chula Vista resort

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: _____ Date: 4/15/18

Subscribed and sworn to before me this 15th day of June, 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

(SEAL)

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64816
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: _____

Police Dept Verification 06-18-18 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 ~~05/28/2018~~ 6-14-2018

License Applying For:

- [x] **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:

- [x] 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 Hamilton (Last) Ian (First) B (Middle)

Home Address 53285 Lake Viiginia Rd (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
1175 Lincoln Dr N, DeKalb, IL, 60115

Drivers License # H543-4029-9054-02 **State Issued** WI

Phone Number 608-577-4409 **Date of Birth** 02/14/1999 **Place of Birth** Baraboo, WI

Physical Description Sex M Race White Height 6'2" Eye Color: Grey Hair Color: Blonde

License to be used at (Name of Business) Bridgeview Corp / Timber Falls

(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.

Date	Nature of Offense	County	State

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: 05/28/2018

Subscribed and sworn to before me this 28th day

of May, 2018.

Isabella Goakey
Notary Public

My Commission Expires: 09/27/2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

Due 6-30

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

FOR OFFICE USE ONLY
Receipt# 085076
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: JS 7-2-18
Police Chief: **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 6/29/18

License Applying For:

- [X] **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)
- [X] 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 Holtz (Last) Aysha (First) Deneé (Middle)

Home Address 817 Pine Grove Dr. (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # H432-0049-9606-03 **State Issued** Wisconsin
Phone Number (608)415-8912 **Date of Birth** 03/26/1999 **Place of Birth** Baraboo - St. Claire
Physical Description Sex F Race White Height 5'10" Eye Color: Blue Hair Color: Blonde
License to be used at (Name of Business) Trappers Turn Golf Course

(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.

Date	Nature of Offense	County	State

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: Alpha D Watts Date: 6/29/18

Subscribed and sworn to before me this 29th day of July, 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64781
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 6-14-18 RC + CH
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 6-13-18

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 Holzem (Last) Patrick (First) Scott (Middle)

Home Address 914 Oak St. (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # H425-6779-2054-07 **State Issued** WI

Phone Number 608-432-1728 **Date of Birth** 02/14/1992 **Place of Birth** Baraboo, WI

Physical Description Sex M Race W Height 5'5" Eye Color: Blue Hair Color: BLD

License to be used at (Name of Business) Showboat Saloon / Mama's Garage

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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 X 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.

Date	Nature of Offense	County	State
08/03/2011	OWI	Sauk	WI
	Parking Tickets (2)	Columbia	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: [signature] Date: 6/13/18

Subscribed and sworn to before me this 13th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL)

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64870
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: _____

Police Dept Verification: 6-19-18 RC + CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6-18-2018

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 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 Hosken (Last) Alicia (First) K (Middle)

Home Address S1314 Farber Rd (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

Drivers License # H625-0118-5706-03 **State Issued** WI

Phone Number 608 430 8303 **Date of Birth** 06/06/1985 **Place of Birth** Wisconsin

Physical Description Sex F Race White Height 5'9" Eye Color: Blue Hair Color: blonde

License to be used at (Name of Business) American Lodge & Suites

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
2006	- property damage to vehicle.	Sauk	Wisconsin

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: Alina K Horkan Date: June 18 2018

Subscribed and sworn to before me this 18th day of June 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64822
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: _____

Police Dept Verification 6-18-18 RC -CH
Police Chief: **Approved:** ✓
Denied: _____

License #: _____ **Date Issued:** _____

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 6/15/18

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 Hurd (Last) Jayne (First) Ellyn (Middle)

Home Address 201 River St. (Street) Portage (City) WI (State) 53901 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # H630-4459-6558-02 **State Issued** WI

Phone Number 608.408.4404 **Date of Birth** 02/18/1996 **Place of Birth** Madison, WI

Physical Description Sex F Race White Height 5'10" Eye Color: Green Hair Color: Brown

License to be used at (Name of Business) Chula Vista Resort

(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.

Date	Nature of Offense	County	State

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: Jayne Howard Date: 6/15/18

Subscribed and sworn to before me this 15th day of June, 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64886
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: 6-20-18 RC -CH
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 6-14-18

License Applying For:

- [x] **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)
- [x] 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 Inman (Last) Tiffani (First) Michelle (Middle)

Home Address 3626 11th Dr. (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
851 Kamps Ave. Appleton, WI 54914

Drivers License # I550-8139-2865-02 **State Issued** Wisconsin

Phone Number 920.740.8987 **Date of Birth** 10-05-1992 **Place of Birth** Milwaukee, WI

Physical Description Sex F Race Cauc Height 5'2 Eye Color: Hazel Hair Color: Brown

License to be used at (Name of Business) Americ Inn Lodge and Suites
Hulbert Creek Lodge and Suites

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
2/13	Petit Theft	Polk	Florida
3/17	DUI 1st offence.	Sauk	Wisconsin

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: Tiffani Urman Date: 6-14-18

Subscribed and sworn to before me this 14 day of June, 20 18.

Notary Public

My Commission Expires: 1-9-22

(SEAL)

BRAD BENSON NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64866
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: 6-19-18 RC -CH
Police Chief: **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 6-18-18

License Applying For:

- [X] 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)
- [X] 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 Jessen (Last) Ronni (First) Kay (Middle)

Home Address 1520 West Pine st APt #203 (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
1126 12th st APt #5 Baraboo WI 53913
145 Circle drive Lyndon Station wi 53944

Drivers License # J250-7319-1605-03 **State Issued** WI

Phone Number _____ **Date of Birth** 03/25/1991 **Place of Birth** Baraboo

Physical Description Sex F Race White Height 5'3 Eye Color: Blue Hair Color: Brown

License to be used at (Name of Business) Chula Vista

(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.

Date	Nature of Offense	County	State

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.

6/18/18

Signature of Applicant: _____ Date: 6/18/18

Subscribed and sworn to before me this 18th day of June, 2018.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 104794
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 6-14-18 RC-CH
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 6/13/18

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 Kimball (Last) Kendra (First) K (Middle)

Home Address N9464 New Haven Rd (Street) Wis Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
1125 Church Street
1613 Valley Drive

Drivers License # K514511888010 7 **State Issued** WI

Phone Number 608.393.9825 **Date of Birth** 8-21-88 **Place of Birth** Baraboo, WI

Physical Description Sex F Race White Height 4'11" Eye Color: blue Hair Color: Brown

License to be used at (Name of Business) Fisher's Bar

(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.

Date	Nature of Offense	County	State

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: Kendulum Date: 6/13/18

Subscribed and sworn to before me this 13th day of June, 20 18

Notary Public

My Commission Expires: 10-25-2019

(SEAL)

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64826
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 6-18-18 RC-GH
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 6-15-18

License Applying For:

- [x] **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)
- [x] 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, 2018, 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 Kokenzie (Last) Alexis (First) Nicole (Middle)

Home Address 1850 Grand Canyon Drive #15 (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
130½ 3rd Street #1 Baraboo, WI 53913
1140 19th Street Apt 1L Reedsburg WI 53959

Drivers License # K525201494834107 **State Issued** WI

Phone Number 6084773833 **Date of Birth** 9-14-94 **Place of Birth** Reedsburg

Physical Description Sex F Race W Height 5'6" Eye Color: haz Hair Color: BLK

License to be used at (Name of Business) The Keg

(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 X No ___
3. Are there currently any charges, federal, state, or local pending against you? Yes X No ___
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.

Date	Nature of Offense	County	State
2-10-17	3x Delivery of THC >200g ↳ pending motion to be dismissed	Sauk	WI
2012-13	- possession of alcohol underage - not drank - my mom left it in the car		

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: 6-15-18

Subscribed and sworn to before me this 15th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 65093
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: JS 7-3-18
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 2/7/2018

License Applying For:

- [x] **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)
- [x] 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, 2018, 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 KOSAKOWSKI (Last) MATHEW (First) _____ (Middle)

Home Address WISCONSIN DELLS COUNTY A 835 (Street) WI (City) 53965 (State, Zip)

Mail License to (if different from Home Address) WISCONSIN DELLS PKWY 2040 (Street, City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years

_____

_____

Drivers License # K222-5409-4466-03 **State Issued** WISCONSIN

Phone Number 262-271-8128 **Date of Birth** 12-26-1994 **Place of Birth** CHICAGO

Physical Description Sex M Race WHITE Height 6'4 Eye Color: BLUE Hair Color: Brown

License to be used at (Name of Business) American World BP

(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.

Date	Nature of Offense	County	State

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: Mathew Kosakowski Date: 7/2/2018

Subscribed and sworn to before me this 2 day of July, 20 18.

Michelle S Suz
Notary Public

(SEAL)

My Commission Expires: 3-22-21

(Rev. 03/14)

$60

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

FOR OFFICE USE ONLY
Receipt# 64811
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: _____

Police Dept Verification: 6-14-18 RC + CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6/14/18

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 Kuhls (Last) Jonathan (First) Donald (Middle)

Home Address 27 Barbara Ann Dr. (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
E9450 Dellwood Ct. #28
Reedsburg, WI 53959

Drivers License # K420-4247-7106-08 **State Issued** WI

Phone Number 608-477-5248 **Date of Birth** 5-6-1977 **Place of Birth** Reedsburg

Physical Description Sex M Race W Height 5'11 Eye Color: Blue Hair Color: Bald

License to be used at (Name of Business) Shakeout Saloon

(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.

Date	Nature of Offense	County	State
	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: 6/11/18

6/14/18

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

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65016
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: _____

Police Dept Verification 6-27-16 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 JUNE 26, 2018

License Applying For:

- [x] **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)
- [x] 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 KUVELJIC (Last) STEFAN (First) _____ (Middle)

Home Address 934 IOWA AVE (Street) WISCONSIN DELLS (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
440 PIONEER DR, WI DELLS

Drivers License # _____ **State Issued** _____

Phone Number 608\350-6260 **Date of Birth** 10.20.89 **Place of Birth** SERBIA

Physical Description Sex M Race WHITE Height 6.1 Eye Color: BROWN Hair Color: BROWN

License to be used at (Name of Business) MEXICALI ROSE

(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.

Date	Nature of Offense	County	State
2015?	TRESPASSING	SAUK	WI

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: JUNE 26, 2018

Subscribed and sworn to before me this 26th day of June 2018.

[signature]
Notary Public

My Commission Expires: 10/25/2019

NOTARY PUBLIC (SEAL) STATE OF WISCONSIN TRACI J. STANFORD

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64856
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: _____

Police Dept Verification: - CH 6/19/18 SB
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6-18-2018

License Applying For:

- [x] **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)
- [x] 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 Liebetrau (Last) Morgan (First) Marie (Middle)

Home Address 731 ½ Superior St. (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
914 Janet Place, West Bend, WI. 53095

Drivers License # L136-5409-1752-05 **State Issued** WI

Phone Number 262-627-0141 **Date of Birth** 7-12-91 **Place of Birth** Milwaukee, WI

Physical Description Sex F Race White Height 5'7 Eye Color: Brown Hair Color: Brown

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

(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.

Date	Nature of Offense	County	State

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: Morgan Liebetrau Date: 6-18-18

Morgan Liebetrau 6-18-18

Subscribed and sworn to before me this 18th day of June, 2018

Notary Public

My Commission Expires: 10/25/2019

TRACI J STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65144
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: _____

Police Dept Verification: 7-5-18 JC -CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 7/3/18

License Applying For:

- [x] **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)
- [x] 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 Lippy (Last) Frank (First) Marcel (Middle)

Home Address 576N HWY 12/16 (Street) Wisconsin Dells (City) WI (State) 53940 (Zip)

Mail License to (if different from Home Address) 1638 Rich St (Street) Hallie (City) MT (State) 59501 (Zip)

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # L100-2738-7444-07 **State Issued** WI

Phone Number (608) 495 4976 **Date of Birth** 12/04/87 **Place of Birth** Minot, ND

Physical Description Sex M Race White Height 6'0" Eye Color: Green Hair Color: Brown

License to be used at (Name of Business) Showboat

(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.

Date	Nature of Offense	County	State

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: 7/3/18

Subscribed and sworn to before me this 3rd day of July, 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD
NOTARY
PUBLIC
STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64805
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: _____

Police Dept Verification: 6-14-18 RC - CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6-14-18

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 Lueck (Last) Patricia (First) Ann (Middle)

Home Address 532 Capital Street (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # L200-6815-3944-07 **State Issued** Wisconsin

Phone Number 608-254-7046 **Date of Birth** 12-4-53 **Place of Birth** Baraboo, WI

Physical Description Sex F Race W Height 4'11" Eye Color: Blue Hair Color: BRO

License to be used at (Name of Business) Broadway Travel Mart

(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.

Date	Nature of Offense	County	State

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: Patricia Ann Lueck Date: 6-14-18

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

Tammy L. Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65010
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: 6-27-18 RC -CH
Police Chief: **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 6-26-18

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 Mooney (Last) Louise (First) H. (Middle)

Home Address W680 60th ST (Street) Wis. Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # M500-5285-6930-04 **State Issued** WI

Phone Number 608-844-3860 **Date of Birth** 11-30-56 **Place of Birth** Baraboo

Physical Description Sex F Race White Height 5'4" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Broadway Travel Mart

(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.

Date	Nature of Offense	County	State

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: Louise H. Mooney Date: 6-26-18

Subscribed and sworn to before me this 26th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64902
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: JS · 6·22·18
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 6-20-18

License Applying For:

- [X] **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:

- [X] 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 Myhre (Last) Susan (First) Ann (Middle)
Home Address 275 Beech St (Street) Oxford (City) WI (State) 53952 (Zip)
Mail License to (if different from Home Address) _____ Street City State Zip

Previous Addresses within the past 10 years
None

Drivers License # M600-7815-9879-05 **State Issued** WI
Phone Number 608-584-4435 **Date of Birth** 10/19/59 **Place of Birth** Menomonee WI
Physical Description Sex F Race W Height 5'2 Eye Color: Hazel Hair Color: Brown/gray
License to be used at (Name of Business) Broadway Mobil Travelmart

(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 ✓
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.

Date	Nature of Offense	County	State

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: Susan A. Myhre Date: 6/20/18

Subscribed and sworn to before me this 20th day of June, 2018.

Tammy L. Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64991
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operator - June 30, 2020 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: JS 6-26-18
Police Chief: **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: 6/25/18

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 Myott (Last) Aaron (First) S (Middle)

Home Address 1877 11th Ave (Street) Friendship (City) WI (State) 53934 (Zip)

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

Previous Address: within the past 10 years
none

Drivers License # M300-0107-5337-04 **State Issued** Wisconsin

Phone Number 715-697-2333 **Date of Birth** 9/17/75 **Place of Birth** Ashland Co.

Physical Description Sex M Race Cau Height 6 Eye Color: BLU Hair Color: BLO

License to be used at (Name of Business) Applebee's Wisconsin Dells

(Continued)

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

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

Date	Nature of Offense	County	State
6/15	Seatbelt Violation	Adams	WI
3/09	MISD. Possession OWI 2nd	Adams	WI
9/08	Discharge Firearm while intoxicated	Adams	WI
8/04	Small Claims	Portage	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: _____ Date: 6/28/18

Subscribed and sworn to before me this 25th day of July, 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64918
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: JS 6-22-18
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 6-21-2018

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 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 Nelson (Last) Priscilla (First) Ann (Middle)

Home Address N8527 Fox Run Rd. (Street) Wis Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # N425-6615-8906-08 **State Issued** WI

Phone Number 6082547959 **Date of Birth** 11-06-58 **Place of Birth** Evergreen Park, IL

Physical Description Sex F **Race** W **Height** 5'8" **Eye Color:** Brown **Hair Color:** Brown

License to be used at (Name of Business) Broadway Travel Mart

(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.

Date	Nature of Offense	County	State

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: Priscilla Nelson Date: 6-21-18

Subscribed and sworn to before me this 21st day of June 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 105071
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: JS · 7-2-18
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 6/29/18

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 O'Bryon (Last) Cheryl (First) Ann (Middle)

Home Address 5921 Lynston Rd #322 (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Mail License to (if different from Home Address) Po Box 8 (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years
22270 County Hwy C
Cornucopia WI 54827

Drivers License # 0165 1015 7833 06 **State Issued** WI

Phone Number 608-628-0260 **Date of Birth** 9/13/67 **Place of Birth** Milwaukee WI

Physical Description Sex F Race White Height 5'2 Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Key + Patio

(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.

Date	Nature of Offense	County	State

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: Cheryl Ann O'Bryon Date: 6/29/18

Subscribed and sworn to before me this 29th day of June, 20 18.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64830
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: _____

Police Dept Verification: 6-18-18 RC
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6-15-18

License Applying For:

- [x] **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)
- [x] I have held an Operator's License within past 2 years (Attach proof)
- [x] 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 Olivares (Last) Berthlind (First) Aglae (Middle)

Home Address 713 S Preston Ave #210 (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
532 Jefferson St. #2 Mauston WI 53948
4733 Hayes Rd #112 Madison WI 53532

Drivers License # 0416-0619-3850-03 **State Issued** WI

Phone Number 608-844-3079 **Date of Birth** 09-30-93 **Place of Birth** McAllen, TX

Physical Description Sex F Race Hispanic Height 5'3 Eye Color: brown Hair Color: brown

License to be used at (Name of Business) Chula Vista

(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.

Date	Nature of Offense	County	State

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: 06-15-18

Subscribed and sworn to before me this 15th day of June, 20 18

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD
NOTARY PUBLIC
STATE OF WISCONSIN
(SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65070
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: _____

Police Dept Verification: JS 7-2-19
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 06/29/19

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 Pugh (Last) Rachel (First) Anne (Middle)

Home Address 44 Barbara Ann Dr (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
611 Bauer Street. Wisconsin Dells, WI 53965

Drivers License # P200-7218-5504-06 **State Issued** WI

Phone Number (608) 574-1270 **Date of Birth** 01/04/1985 **Place of Birth** Sauk Prairie, WI

Physical Description Sex F Race W Height 5'7" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) Dells Distillery

(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.

Date	Nature of Offense	County	State

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: Rachel A Ryh Date: 06/29/18

Subscribed and sworn to before me this 29th day of June, 2018

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65101
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: JS 2-4-18
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 07/03/2018

License Applying For:

- [x] **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)
- [x] 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 PUTNIK (Last) Feda (First) _____ (Middle)

Home Address MIROSLAVA ANTICA 14 (Street) NOVI SAD (City) SERBIA (State) 21000 (Zip)

Mail License to (if different from Home Address) E10002 CTY RDP (Street) WISCONSIN DELLS (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # 009933819 PASSPORT **State Issued** SERBIA

Phone Number 6082544141 **Date of Birth** 02/06/1997 **Place of Birth** NOVI SAD, SERBIA

Physical Description Sex M Race WHITE Height 6'2" Eye Color: BROWN Hair Color: BROWN

License to be used at (Name of Business) DOCKSIDE GRILL AND RUM BAR

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 07/03/2018

Subscribed and sworn to before me this 3rd day of July, 20 18.

[signature]
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64865
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: -CH 6/19/18 SB
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 06-18-2018

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 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 Pylypiuk (Last) Anastasiia (First) _____ (Middle)

Home Address 4401 (Street) N Sherman Ave (Street) Madison (City) WI (State) 53704 (Zip)

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

Previous Addresses within the past 10 years
510 Pine Street Wisconsin Dells WI 53965
1148 Birchwood Rd Wisconsin Dells WI 53965
4401 N Sherman Ave Madison WI 53704

Drivers License # PYLYP*A*053LP **State Issued** Washington

Phone Number 608-843-2823 **Date of Birth** 06-17-95 **Place of Birth** Ukraine

Physical Description Sex F Race Caucian Height 5.04 Eye Color: Green Hair Color: Blonde

License to be used at (Name of Business) Chula Vista Resort

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 06-18-2018

Subscribed and sworn to before me this 18th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64787
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 6-14-18 RC - CH
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 6-13-2018

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 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 Rossi (Last) Frank (First) Charles (Middle)

Home Address 1703 A Broadway Rd (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

630 E Lake Ave Wisconsin Dells WI 53965
5843 Charles Ln Oak Forest IL 60452

Drivers License # R200 2638 0108 06 **State Issued** WI

Phone Number 708 979 8113 **Date of Birth** 3/28/80 **Place of Birth** Plantation Fl

Physical Description Sex M Race White Height 5'7" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) River Walk Pub, Cheesecake Heaven

(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.

Date	Nature of Offense	County	State

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: Frank C Rossi Date: 6/13/18

Subscribed and sworn to before me this 13th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64823
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: _____

Police Dept Verification: 6-18-18 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6/15/18

License Applying For:

- [x] **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)
- [x] 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 Royston (Last) Kyler (First) David (Middle)

Home Address 1103 River Rd #108 (Street) Wis. Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
416 W 8th Ct.
Wis. Dells, WI 53965

Drivers License # R235-5048-8247-07 **State Issued** WI

Phone Number (608)432-2082 **Date of Birth** 7/7/88 **Place of Birth** Madison

Physical Description Sex M Race White Height 5'10" Eye Color: BRO Hair Color: BLD

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

(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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 6/4/18

Subscribed and sworn to before me this 15th day of June, 2018.

Tammy L. Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER
SEAL
NOTARY
PUBLIC
STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 105073
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: JS 7-2-18
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 6/26/18

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 Rufsvold (Last) Kyle (First) Jason (Middle)
Rufsvold Kyle

Home Address 915 Ellis Ave H 318 (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
E11059 Wynsong Dr Baraboo, WI 53913

Drivers License # R121-5107-8270-02 **State Issued** WI

Phone Number 715-491-2227 **Date of Birth** 7/30/1978 **Place of Birth** Fargo, ND

Physical Description Sex M Race CAU Height 5'11" Eye Color: GRN Hair Color: GRY

License to be used at (Name of Business) Kicker's

(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.

Date	Nature of Offense	County	State
1997	Underage consumption of fermented malt beverage	Pierce	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: _____ Date: 6/26/18

Subscribed and sworn to before me this 26 day of June, 20 18.

_____ (SEAL)
Notary Public
KIRSTEN PLUMMEL
My Commission Expires: MARCH 24, 2021

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64817
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: 6-18-18 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

Please Note:

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

Application Date ~~5/29/2018~~ 6-14-2018

License Applying For:

- [x] **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:

- [x] 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 Ruland (Last) Austin (First) J (Middle)

Home Address 345 Laurel (Street) Reedsburg (City) WI (State) 53959 (Zip)

Mail License to (if different from Home Address) 345 Laurel (Street) Reedsburg (City) WI (State) 53959 (Zip)

Previous Addresses within the past 10 years
930 8th St Reedsburg, WI, 53959

Drivers License # R453-0109-6101-02 **State Issued** WI

Phone Number 608-415-1838 **Date of Birth** 03/21/1996 **Place of Birth** Sauk City, WI

Physical Description Sex M Race White Height 6'0" Eye Color: Hazel Hair Color: Red

License to be used at (Name of Business) Bridgeview Corp/ Timber Falls

(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.

Date	**Nature of Offense**	**County**	**State**

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 6/13/18

Subscribed and sworn to before me this 13th day of June, 2018.

[signature]
Notary Public

My Commission Expires: 09-27-2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65105
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: JS 7-4-19
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 07.03.2018.

License Applying For:
- [X] **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)
- [X] 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 Samardzic (Last) Petar (First) / (Middle)

Home Address Zarka Zrenjanina 43 (Street) Lipar (City) Serbia (State) 25232 (Zip)

Mail License to (if different from Home Address) Elodoc CTY RD P (Street) w/s Dells (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years
2150 Wisconsin dells park way

Drivers License # 009477602 passport **State Issued** Serbia

Phone Number 608-254-4141 **Date of Birth** 01.26.1995. **Place of Birth** Urbas, Serbia

Physical Description Sex M Race white Height 6' 03" Eye Color: brown Hair Color: black

License to be used at (Name of Business) Dockside grill and rum bar

(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.

Date	Nature of Offense	County	State

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: [illegible] Date: 07.03.2018

Subscribed and sworn to before me this 3rd day of July 20 18.

Notary Public

My Commission Expires: 10/25/2019

(SEAL) TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64820
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 6-18-18 RC CH
Police Chief: **Approved:** [signature]
Denied: _____

Please Note:

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

Application Date ~~5-11-18~~ 6-14-2018

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 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 Scanlon (Last) Colin (First) Michael (Middle)

Home Address 737 N. Walnut St. (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # S545-1139-5007-02 **State Issued** Wisconsin
Phone Number 608-415-2592 **Date of Birth** 01-07-1995 **Place of Birth** Mauston, WI
Physical Description Sex M Race White Height 5'7" Eye Color: Hazel Hair Color: Brown
License to be used at (Name of Business) Timber Falls

(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.

Date	Nature of Offense	County	State

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: Colin Scanlon Date: 05-11-18

Subscribed and sworn to before me this 11th day of May, 2018.

Isabella Goakey
Notary Public

My Commission Expires: 09/27/2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

Due 6-30

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

FOR OFFICE USE ONLY
Receipt# 65053
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: 6-29-18 RC - CH
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 6-28-18

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 Schmitz (Last) Andrea (First) Marie (Middle)

Home Address S1620 Town Hall Road (Street) Lyndon Station (City) WI (State) 53944 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # S532-0138-8685-03 **State Issued** WI
Phone Number 608-431-3159 **Date of Birth** 05-25-1988 **Place of Birth** Kenosha, WI
Physical Description Sex F **Race** white **Height** 125 **Eye Color:** green **Hair Color:** brown
License to be used at (Name of Business) Trappers Turn Golf Club

(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.

Date	Nature of Offense	County	State

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: Andrea M. Schmitz Date: 6-28-18

Andrea M. Schmitz 6-28-18

Subscribed and sworn to before me this 28th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64878
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 6-20-18 RC - CH
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 6/19/2018

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 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 Scholz (Last) Rathorn (First) D (Middle)

Home Address N450 County A (Street) Brigssville (City) WI (State) 53920 (Zip)

Mail License to (if different from Home Address) P.O. Box 2 (Street) Brigssville (City) WI (State) 53920 (Zip)

Previous Addresses within the past 10 years

_____

_____

Drivers License # 5420-7249-1085-04 **State Issued** WI

Phone Number 608-432-3862 **Date of Birth** 3/5/1994 **Place of Birth** Portage, WI

Physical Description Sex M Race White Height 5-10 Eye Color: Blue Hair Color: Brown

License to be used at (Name of Business) Mexicali Rose

(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 X No ___
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.

Date	Nature of Offense	County	State
2/2015	Underage Drinking	Portage	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: [signature] Date: 6/19/2018

Subscribed and sworn to before me this 19th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64844
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 6-21-18 RC -CH
Police Chief: **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 6/17/18

License Applying For:

- [x] **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)
- [x] 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 Schultz (Last) Allison (First) Rose (Middle)

Home Address 1103 River Road Unit 108 (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # S432-0169-0867-03 **State Issued** _____

Phone Number 608-290-5950 **Date of Birth** 10/07/1990 **Place of Birth** Madison, WI

Physical Description Sex F Race White Height 5'-08" 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.

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 6/18/18

Subscribed and sworn to before me this 18th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

(SEAL) TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64800
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: 6-14-18 RC -CH
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 6-13-18

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 Schultz (Last) Travis (First) Alan (Middle)

Home Address 1152 Saddle Rdg, Portage, WI 53901
Street City State Zip

Mail License to (if different from Home Address) 300 Hwy 13 Wisconsin Dells WI 53965
Street City State Zip

Previous Addresses within the past 10 years
2419 Pebble Valley Rd.
Apt 60
Waukesha, WI 53188

Drivers License # S432 8018 6167 03 **State Issued** WI

Phone Number 262-309-3705 **Date of Birth** 05-07-1986 **Place of Birth** Elgin, IL

Physical Description Sex M Race white Height 5' 10" Eye Color: Blu Hair Color: Bro

License to be used at (Name of Business) Walgreens

(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.

Date	Nature of Offense	County	State

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: 06.13.2018

Subscribed and sworn to before me this 13th day of June 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64924
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: JS · 6-22-18
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 6-21-2018

License Applying For:

- [x] **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)
- [x] 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 Smith (Last) Hallie (First) E. (Middle)

Home Address 460 Pioneer Drive (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
1056 Gillette Lane

Drivers License # S530 3259 4838-07 **State Issued** Wisconsin

Phone Number 608 432-8453 **Date of Birth** 9/18/1994 **Place of Birth** Madison

Physical Description Sex F Race W Height 4'11 Eye Color: Blue Hair Color: blond

License to be used at (Name of Business) Travelmart Shell

(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.

Date	Nature of Offense	County	State

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: Hallie Smith Date: 6/21/18

Subscribed and sworn to before me this 21st day of June, 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACY STATE OF WISCONSIN NOTARY PUBLIC (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64798
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: _____

Police Dept Verification 6-14-18 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6/13/18

License Applying For:

- [x] **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)
- [x] 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 Steinhorst (Last) Chelsie (First) D (Middle)

Home Address 710 S. Preston Ave #108 (Street) Reedsburg (City) Wi (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
E6861 N. Dewey Ave #A Reedsburg Wi
710 S. Preston Ave Apt 208 Reedsburg Wi
275 1/2 E. Main St. Reedsburg Wi

Drivers License # S356-1048-8751-02 **State Issued** Wi

Phone Number (608) 728-8726 **Date of Birth** 7/11/88 **Place of Birth** TN

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

License to be used at (Name of Business) Showboat Saloon

(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.

Date	**Nature of Offense**	**County**	**State**

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: 6/13/18

Subscribed and sworn to before me this 13th day of June, 2018.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64990
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____

License #: _____ **Date Issued:** _____

Police Dept Verification: JS 6-26-18
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 6/25/18

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, 2018, 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 Stevens (Last) Joshua (First) Faron (Middle)

Home Address W10445 State Road 16 #33 (Street) Portage (City) WI (State) 53901 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # 5315 4267 1468 09 **State Issued** WI

Phone Number 608-566-9181 **Date of Birth** 12/28/71 **Place of Birth** Friendship WI

Physical Description Sex M Race W Height 6'00" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) R+G Travel

(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 X No ___
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.

Date	Nature of Offense	County	State
10/10	sold to underage	Columbia	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: _____ Date: 6/25/18

Subscribed and sworn to before me this 25th day of June, 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

STATE OF WISCONSIN
TRACY J. STANFORD
NOTARY PUBLIC
(SEAL)

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 65063
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____

Police Dept Verification 6-29-18 RC-CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6/28/18

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, 2018, 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 Stevens (Last) Michelle (First) L (Middle)

Home Address W10445 State Rd 16 lot 33 (Street) Portage (City) WI (State) 53901 (Zip)

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

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # S315-5527-2875-07 **State Issued** WI

Phone Number 608-254-5077 **Date of Birth** 10-15-72 **Place of Birth** Harrisburg, PA

Physical Description Sex F Race W Height 5'03" Eye Color: blue Hair Color: blonde

License to be used at (Name of Business) R & G Travel Mart Citgo

(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.

Date	Nature of Offense	County	State

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: Michelle L. Stevens Date: 6/28/18

Subscribed and sworn to before me this 28th day of June, 2018.

Notary Public (SEAL)

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 64896
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: _____

Police Dept Verification 6-21-18 JC -CH
Police Chief: **Approved:** [signature]
Denied: _____

License #: _____ **Date Issued:** _____

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 6/20/18

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 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 Thalacker (Last) Joshua (First) Scott (Middle)

Home Address E10656 N. Reedsburg Rd (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
1504 Pleasant view Dr. Wis Dells WI 53965
512 Mill Street Baraboo WI 53913

Drivers License # T426-4379-3018-09 **State Issued** _____

Phone Number 608 547 3108 **Date of Birth** 01/18/93 **Place of Birth** Reedsburg

Physical Description Sex M Race white Height 5' 8" Eye Color: Blue Hair Color: BLN

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

(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.

Date	Nature of Offense	County	State

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: 6/20/18

Subscribed and sworn to before me this 20th day of June 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64819
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 6-18-18 PC CH
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 06/18/2018

License Applying For:

- [x] **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:

- [x] 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 Thomas (Last) Roxanne (First) Danielle (Middle)

Home Address 410 Wisconsin Avenue (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
_____
_____

Drivers License # Passport A6185295 **State Issued** Jamaica

Phone Number 608-844-0409 **Date of Birth** 11/30/1995 **Place of Birth** Jamaica

Physical Description Sex F Race HUMAN Height 5'7" Eye Color dark brown Hair Color: 1B

License to be used at (Name of Business) Timber Falls

(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.

Date	Nature of Offense	County	State

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: R. Thomas Date: 06/3/2018

Subscribed and sworn to before me this 3rd day of June, 2018.

Isabella Goakey
Notary Public

My Commission Expires: 09/27/2020

(SEAL)

ISABELLA GOAKEY NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64871
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: _____

Police Dept Verification: 6-19-18 RC - CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6/18/18

License Applying For:

- [x] **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)
- [x] 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 Thornton (Last) Renee (First) M (Middle)

Home Address W6344 30th St. (Street) New Lisbon (City) WI (State) 53950 (Zip)

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

Previous Addresses within the past 10 years
113 3rd St. South Apt #2 La Crosse, WI 54601
1424 6th St. South Apt #4 La Crosse, WI 54601
1510 Tripp Circle, Madison, WI 53706

Drivers License # T653-7339-5594-02 **State Issued** Wisconsin

Phone Number (608) 514-2786 **Date of Birth** 03/14/1995 **Place of Birt'** Palos Heights, IL

Physical Description Sex F Race Caucasian Height 5'8 Eye Color: Blue Hair Color: Brown'

License to be used at (Name of Busines: Cheese Cake Heaven

(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.

Date	Nature of Offense	County	State

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: Renee Slater Date: 6/17/18

Renee Slater 6/18/18

Subscribed and sworn to before me this 18 day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

(SEAL) NOTARY PUBLIC STATE OF WISCONSIN TRACI J. STANFORD

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64982
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: JS - 6-26-18
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 06-25-18

License Applying For:

- [x] **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:

- [x] 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 Toneva (Last) Dilyana (First) Atanasova (Middle)

Home Address 505 Vine Str. apt 8 (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # T510-1618-4509-07 **State Issued** WI

Phone Number 608-432-6181 **Date of Birth** 01-09-1984 **Place of Birth** Bulgaria

Physical Description Sex F Race white Height 5' 04" Eye Color: Blue Hair Color: Brown

License to be used at (Name of Business) Chula Vista

(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.

Date	Nature of Offense	County	State

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: 06-25-2018

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

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY (SEAL) PUBLIC STATE OF WISCONSIN

(Rev 4/18)

Due date 6-30-18

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

FOR OFFICE USE ONLY
Receipt# 65080
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: JS - 7-2-18
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 6-29-2018

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 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 Turzinski (Last) Robert (First) Caleb (Middle)

Home Address E8070 North Reedsburg Road (Street) Reedsburg (City) WI (State) 53959 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # T625-7638-3412-00 **State Issued** WI
Phone Number 608-658-1745 **Date of Birth** 11/12/83 **Place of Birth** Marshfield
Physical Description Sex M Race [illegible] Height 5'11 Eye Color: Haz Hair Color: Brown
License to be used at (Name of Business) Trappers Turn

(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.

Date	Nature of Offense	County	State

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: 6/28/18

Subscribed and sworn to before me this 29th day of June, 2018.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD (SEAL) NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64812
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: _____

Police Dept Verification 6-14-18 RC -CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

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 6/14/18

License Applying For:

- [x] **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)
- [x] I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate) (Will email certificate to Traci)
- [ ] 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 Voigts (Last) Steven (First) Roy (Middle)

Home Address 1309 River Rd (Street) Wi Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
E8723 North Ave

Drivers License # V232-7769-0345-07 **State Issued** WI

Phone Number 608-432-1865 **Date of Birth** 9/25/90 **Place of Birth** Platteville

Physical Description Sex M Race white Height 6'2" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) Showboat

(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.

Date	Nature of Offense	County	State

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: Steve Vaf Date: 6/14/18

Subscribed and sworn to before me this 14th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 65145
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: 07-05-18 RC + CH
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 7-3-2018

License Applying For:

- [x] **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)
- [x] 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 Welker (Last) Amanda (First) S. (Middle)

Home Address 1122 S Chicago Ln. (Street) Friendship (City) Wi (State) 53934 (Zip)

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

Previous Addresses within the past 10 years
618½ Washington Ave Wis. Dells, WI 53965
W8652 Duck Creek Ln Westfield, WI, 53964

Drivers License # W426-0178-6919-06 **State Issued** WI

Phone Number 608-697-1709 **Date of Birth** 11/19/1986 **Place of Birth** Mesa, AZ

Physical Description Sex F Race White Height 5'7" Eye Color: Blue Hair Color: Brown/Blonde

License to be used at (Name of Business) Applebee's

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
09-06-2012	Manufacture/Deliver THC (>200-1000g)	Greenlake	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: Amanda J. Welker Date: July 3, 2018

Subscribed and sworn to before me this 3rd day of July, 20 18.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 69922
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: JS 6-22-18
Police Chief: **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 5/18/18

License Applying For:

- [x] **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 WOZNIAK (Last) WESLEY (First) MARSHALL (Middle)

Home Address 201 N PINE ST (Street) ADAMS (City) WI (State) 53910 (Zip)

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

Previous Addresses within the past 10 years
1498 BUTTERCUP AVE ARCDALE WI 54613
925 PARKWAY DR WIS. DELLS WI 53965

Drivers License # W252-8938-6449-08 **State Issued** WISCONSIN

Phone Number 608-547-2691 **Date of Birth** 12/09/86 **Place of Birth** ADAMS, WI

Physical Description Sex M Race CAUCASIAN Height 5'10" 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 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.

Date	Nature of Offense	County	State

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: 6/18/18

Subscribed and sworn to before me this 18 day of June, 2018.

Michelle S Sing
Notary Public

(SEAL)

My Commission Expires: 3-22-21

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64802
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 6-14-18 RC
Police Chief: **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 6/13/2018

License Applying For:

- [x] **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)
- [x] 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 Yingling (Last) Alycian (First) Skye (Middle)

Home Address 1427 Tuttle St #1 (Street) Baraboo, (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
1020 Connie Rd. #211 Baraboo, WI 53913
158 Gould Ave SE Kellner, MN 56050

Drivers License # Y524 0179 6800 08 **State Issued** WI

Phone Number (218) 766-2818 **Date of Birth** 08/26/1996 **Place of Birth** WI

Physical Description Sex F Race White Height 5'3" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) Showboat Saloon

(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~~
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.

Date	Nature of Offense	County	State

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: 6/13/2018

Subscribed and sworn to before me this 13th day of June 20 18.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

Due 6-30

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

FOR OFFICE USE ONLY
Receipt# 65164
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: 7-6-18 RC -CH
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 7-5-2018

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 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 Young (Last) Carolyn (First) Amanda (Middle)

Home Address 810 Cynthia Lane (Street) Wis Dells (City) WI (State) 53965 (Zip)

Mail License to (if different from Home Address) 526 Campus place (Street) Oshkosh (City) WI (State) 54901 (Zip)

Previous Addresses within the past 10 years

_____
_____
_____

Drivers License # Y520-1019-6925-00 **State Issued** Wisconsin

Phone Number 608-448-1175 **Date of Birth** 11/25/1996 **Place of Birth** Rochester MN

Physical Description Sex F Race White Height 5'7 Eye Color: blue Hair Color: blonde

License to be used at (Name of Business) Trappers Turn

(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.

Date	Nature of Offense	County	State

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: 7-5-18

Subscribed and sworn to before me this 5th day of July, 2018.

_____
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64845
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: CH 6/19/18 SB
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 6-18-2018

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 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 ZOBEL (Last) SCOTT (First) D (Middle)

Home Address 918 GALE DRIVE (Street) WISCONSIN DELLS (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
_____
_____
_____

Drivers License # Z140-7846-8221-01 **State Issued** WI

Phone Number 608-432-4641 **Date of Birth** 6-21-1968 **Place of Birth** GARY, IN

Physical Description Sex M Race CAU Height 5'8" Eye Color: BRW Hair Color: BRW

License to be used at (Name of Business) BROADWAY TRACK MART

(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.

Date	Nature of Offense	County	State

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: SAM. Zn Date: 18 Jun 2018

Subscribed and sworn to before me this 18th day of June, 20 18.

Notary Public

My Commission Expires: 10/25/2019

STATE OF WISCONSIN NOTARY PUBLIC (SEAL) TRACI J. STANFORD

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64881
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 6-20-18 RC + CH

Police Chief: **Approved:** _____

Denied: [signature]

Please Note:

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

Application Date 6.19-18

License Applying For:

- [X] **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)
- [X] 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 Clark (Last) Karla (First) Elizabeth (Middle)

Home Address 2501 River Rd (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Mail License to (if different from Home Address) 550 State hwy 12 (Street) p.o. (City) 45 (State) (Zip)

Previous Addresses within the past 10 years
1132 Silver Drive Apt 107
Baraboo WI 53913

Drivers License # C462-5058-6875-0 **State Issued** 06/19/2017
Phone Number 608-477-5539 **Date of Birth** 10/15/86 **Place of Birth** Guatemala
Physical Description Sex F Race Hispanic Height 5'02 Eye Color: Brown Hair Color: Brown/Black
License to be used at (Name of Business) American Inn by Wyndam

(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.

Date	Nature of Offense	County	State
12/11	POSS. THC After Deferr 2nd offence	Sauk	WI
4/14	"POSS THC Maintaining Drug Home"	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: Karla Clare Date: 6/19/18

Subscribed and sworn to before me this 19th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64907
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: JS 6-21-18
Police Chief: **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 6-20-2018

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 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 Cvengros (Last) Jennifer (First) Lee (Middle)

Home Address 623 3rd Ave (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
333 Chestnut St (Baraboo)
415 8th Ave (Baraboo)

Drivers License # _____ **State Issued** WI

Phone Number 608-408-0208 **Date of Birth** 8-17-81 **Place of Birth** Kenosha WI

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

License to be used at (Name of Business) Chula Vista

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 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.

Date	Nature of Offense	County	State
?	Driving w/out licence	Sauk, Juneau	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: Jennifer Cuengros Date: 6-20-18

Subscribed and sworn to before me this 20th day of June, 20 18.

Notary Public

My Commission Expires: 1/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

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

FOR OFFICE USE ONLY
Receipt# 64904
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: JS - 6-21-18
Police Chief: **Approved:** _____
Denied: [signature]

Please Note:

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

Application Date 6.20.18

License Applying For:

- [X] **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:

- [X] 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)
- [X] 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 Jacobson (Last) Whitney (First) E (Middle)

Home Address 501 W. Oak St (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years

301 pine meadows in cross plains WI 53528 — 834 Lynn Ave Apt #6 Baraboo WI 53913
1212 Kendall St Apt 1 San diego

Drivers License # J212885917590 8 **State Issued** WI

Phone Number 608-477-2394 **Date of Birth** 07.19.1991 **Place of Birth** Madison

Physical Description Sex F Race White Height 5'0" Eye Color: green Hair Color: brown

License to be used at (Name of Business) The Veg & Beat house

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 X
3. Are there currently any charges, federal, state, or local pending against you? Yes X No ___
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.

Date	Nature of Offense	County	State
9.2012	OWI	Dane	WI
4.2015	Poss. of THC	Columbia	WI
9.2017	OWI (Pending)	Sauk	WI
	↓		
	We are fighting this one		

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: 6.20.18

Subscribed and sworn to before me this 20th day of June, 2018.

Tammy L Miller
Notary Public

My Commission Expires: 1-21-22

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

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

FOR OFFICE USE ONLY
Receipt# 65165
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: 7-6-18 RC + CH
Police Chief: **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 7-5-2018

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 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 Thaler (Last) Dion (First) Charles (Middle)
Home Address 3762 9th AVE #33 (Street) Wis. Dells (City) wi (State) 53965 (Zip)
Mail License to (if different from Home Address) _____ (Street) _____ (City) _____ (State) _____ (Zip)
Previous Addresses within the past 10 years
SAME

Drivers License # T460-1637-0019-05 **State Issued** WISCONSIN
Phone Number 608-432-4029 **Date of Birth** 1-19-70 **Place of Birth** MILWAUKEE
Physical Description Sex M Race White Height 6'1" Eye Color: BL Hair Color: BL
License to be used at (Name of Business) RiverWalk PUB

(Continued)

1. Have you been convicted of any felony or misdemeanor? Yes X 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 X
3. Are there currently any charges, federal, state, or local pending against you? Yes X No ___
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.

Date	Nature of Offense	County	State
? 2007	BATTERY TO peace officer	ADAMS CNTY	WI
2017	4th DUI & Eluding	Columbia CNTY	WI
STILL pending	5 DUI	ADAMS	WI
	probably more I Don't remember		

See attached Sheet.

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: Dion Thaler Date: ~~6-29-18~~ 7-5

Subscribed and sworn to before me this 5th day of July 2018.

Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev 4/18)

1-3-02	Disorderly Conduct
8-18-03	Possess Drug Paraphenalia
8-9-05	Disorderly Conduct
11-10-05	Disorderly Conduct Bail jumping
12-28-05	Disorderly Conduct Bail jumping
1-12-11	Reckless Driving Resisting an Officer
1-31-14	OWI 3rd
9-25-14	Bail jumping
(Felonies)	
* 1-11-06	Battery of Law Officer Resisting an Officer
* 11-7-16	OWI 4th Bail jumping Vehicle Operator flee/Elude
* 8-14-17	Bail jumping

ITEM 6

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

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

IT APPROVES the Mural Installation & Maintenance Agreement with DUKW, LLC, Riverview Boat Line and Riverfront Green, LLC for installation and access to the "Spirits of the River" mural on the side of the building at 11 Broadway, with the list of recommended changes submitted to Attorney Hasler by Attorney William Curran.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ayes, _____nays ____ abs.
Date Introduced: July 16, 2018
Date Passed:
Date Published:

Mural Installation & Maintenance Agreement

This Mural Installation and Maintenance Agreement is by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (the "City") and the following parties: DUKW, LLC, a Wisconsin Limited Liability Company (DUKW), Riverview Boat Line, a Wisconsin Corporation (Riverview) and Riverfront Green, LLC, a Wisconsin Limited Liability Company (Riverfront Green).

RECITALS

A. DUKW owns the following described real estate in the City:

Lots 1-5, Block 55, Kilbourn City, Property Address: 11 Broadway, Tax Parcel Number: 11291-599.

B. Riverview owns the following described real estate in the City which is leased by Riverfront Green: Lots 6-15, Block 44, Kilbourn City, Property Address: 17-29 Broadway, Tax Parcel Number: 11291-600.

C. The City has requested permission from DUKW to install and maintain a mural on the west-facing wall of the building on the DUKW property (the "Mural Area"). Access to the mural area is over the property owned by Riverview and leased by Riverfront Green.

D. This agreement recites the parties' understandings regarding the installation, repair, maintenance and removal of the mural.

AGREEMENT

1. The City may install or cause to have installed on the Mural Area a mural titled "Spirits of the River" created by Joseph Leute and Jeanne Eberlein Burmeister

which artwork was selected, accepted and commissioned by the City. The approved appearance of the mural is as shown in Exhibit A attached.

2. The mural will be painted in panels which will be attached to the exterior surface of the Mural Area as shown in Exhibit B attached. The dimensions of the installed mural will be 27 feet by 12 feet.

3. Riverview and Riverfront Green agree that the City and its agents may have access to the Mural Area over the Riverview/Riverfront Green property for all purposes associated with this Agreement.

4. The City agrees that installation, maintenance, repair and removal of the mural shall not interfere with the day to day commercial uses on the Riverview/Riverfront Green property and that the City will coordinate its installation, repair, maintenance and removal activities with Riverview and Riverfront Green.

5. The term of this agreement between the City and DUKW is indeterminate and either DUKW or the City may terminate this agreement at any time for any reason and the City shall remove the mural at the City's sole cost and expense; except that DUKW may not terminate the agreement until after December 31, 2019.

6. This agreement shall terminate as to Riverview and Riverfront Green at such time as the mural is removed from the mural area.

7. The City shall maintain and repair the mural and the Mural Area during the term of this agreement so that the mural is at all times in a state of good condition and repair.

8. At all times during the term of this agreement and upon its termination the City will make such repairs to the DUKW and Riverview/Riverfront Green properties if there are damages caused by the activities associated with this Agreement.

9. The City shall be responsible for all costs of installation, repair maintenance and removal of the mural and shall hold the parties harmless for payment thereon.

10. The City shall indemnify DUKW, Riverview and Riverfront Green from and against all loss, costs (including reasonable attorney's fees), injury, death, or damage to persons or property that at any time during the term of this Agreement may be suffered or sustained by any person or entities in connection with this Agreement regardless of the cause of injury except to the extent caused by the gross negligence or misconduct of DUKW, Riverview or Riverfront Green.

CITY OF WISCONSIN DELLS

Dated:_____, 2018. _____
Edward Wojnicz, Mayor

Dated:_____, 2018. _____
Nancy R. Holzem, Clerk/Administrative Coordinator

DUKW, LLC

Dated:_____, 2018. By:_____
its: _____

RIVERVIEW BOAT LINE

Dated:_____, 2018.

By:_____
its: _____

RIVERFRONT GREEN, LLC

Dated:_____, 2018.

By:_____
its: _____

CITY OF WISCONSIN DELLS
RESOLUTION NO. ___

ITEM 7

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their July 9, 2018 meeting;

IT APPROVES the Site Plan application submitted by Mt. Olympus for construction of two maintenance buildings behind their employee housing on parcel 291-0143-00000 located at 310 County A, with the contingency that the applicant cooperates with the city to address any storm water issues that may arise.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: July 16, 2018
Date Passed:
Date Published:

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

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

- Office Use Only -

Initial application fee	
Receipt number	
Application number	

1. Applicant information

Applicant name	Mt. Olympus
Street address	1881 Wisconsin Dells Prky
City	Wisconsin Dells
State and zip code	53965
Daytime telephone number	608-254-8560
Fax number, if any	
E-mail, if any	eric@mtolympuspark.com

2. Subject property information

Street address	310 CTH A	
Parcel number	291-0143-00000	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	C4 Commercial - large scale	
Describe the current use	Maintenance shop	

3. Proposed use. Describe the proposed use.

Maintenance shops

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

Maintenance

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

Site Plan Application
Mt. Olympus Maintenance Shop
Plan Commission, 7/09/18

The City has received a Site Plan Application from Mt. Olympus to construct two (2) new Maintenance shops next to the existing shop behind the employee housing on parcel 291-0143-00000 located at 310 County Trunk Highway A.

Site Plan approval is required for any new commercial building. The construction will include the installation of new private water and sewer lines to serve the new buildings.
There is an existing maintenance shop at this location. Two identical 60' x 120' buildings are planned about 50ft from the existing building and about 60 ft apart. The buildings are approximately 18 ft tall and will house various maintenance activities.

A new private water main and private pressurized sewer main will be installed to provide utilities to the buildings. As new uses an REU fee is required for new connections to the municipal sewer. One (1) REU is required for every 20 employees. It is understood that there will be less than 20 employees in these new buildings.
There will be a new private fire hydrant installed near the buildings. While this is a private hydrant, the City should still be allowed access to exercise the hydrant if they choose to.

The shops will be accessed by an existing paved drive, with gravel drives around the new buildings. A full Storm water plan does not appear to be required for this construction, but some effort should be made to ensure no storm water issues are created on the adjoining property.

Approval should include the following contingency:

The applicant cooperates with the City to address any storm water issues that may arise.

Chris Tollaksen
City of Wisconsin Dells

Building1
Building2
A

GENERAL NOTES AND SPECIFICATIONS

1. The materials and labor shown on these plans that are provided by Cleary Building Corp. are limited to those materials and labor as defined by the Cleary Building Corp. Contract. Additional materials or accessories that are not being provided by Cleary Building Corp. may be shown on plans for context or building code compliance.

2. This building is designed in accordance with the following codes and specifications:
   Wisconsin Commercial Building Code (WCBC)
   National Design Specifications for Wood Construction

   Building Category — II
   Use Group(s) Occupancies — S-1/F-1
   Building Use — Storage
   Type of Construction — Type V-B
   Building Gross Square Footage — 7200 Sq. Ft.

   Building Design Loads
   Snow Design Data:
   Design Snow Load — 34 PSF
   Ground Snow Load (P_g) — 35 PSF
   Flat Roof Snow Load (P_f) — 30.95 PSF
   Snow Exposure Factor (C_e) — 1
   Snow Load Importance Factor (I_s) — 1.0
   Thermal Factor (C_t) — 1.1
   Sloped Roof Snow Load (P_s) — 23.18
   Unbalanced Snow Load — 6.95 PSF Windward; 23.14/15.10 PSF Leeward

   Wind Design Data:
   Design Wind Speed — 115 MPH
   Wind Exposure — C
   Wind Load Importance Factor (I_w) — 1
   Earthquake Design Data:
   Seismic Design Category — A
   Spectral Response Coefficients (S_{DS}) — 0.074g; (S_{D1}) — 0.062g
   Site Class — D
   Seismic Importance Factor (I_e) — 1.0
   Mapped Spectral Response Accelerations (S_s) — 0.132; (S_1) — 0.074g
   Response Modification Factor (R) — 6

3. All lumber, unless noted otherwise, shall be SYS #2 SPF or better. All lumber embedded in the ground shall be treated with Ammoniac Copper Arsenate to a retention level of .60 lbs. per cubic foot.

4. Grading should be such that the surface water is drained away from the foundation. Minimum grade would be six inches of vertical drop per ten feet of horizontal away from the foundation (5%).

5. Fill used for concrete floor slab sub grade, if present, shall be commonly graded granular material. Fill used in exterior holes shall be the excavated soil unless noted otherwise. All fill shall be free from debris, stones over 6" and frozen material.

6. Electrical work is not a part of this drawing and shall be installed as per applicable codes.

7. Heating, ventilating, and air conditioning work is not a part of this drawing and shall be installed as per applicable codes.

8. Plumbing work is not a part of this drawing and shall be installed as per applicable codes.

9. All bolts are to be galvanized hardened steel unless otherwise noted.

10. This design is based on a building site with sand, silty sand, clayey sand, silty gravel, clayey gravel soil. As per the WCBC building code and Referenced Standard ASAE 486.1 an assumed soil bearing strength value of 1500 psf with increases for depth and width has been used in this design. If information is discovered before or during construction contrary to this, the building designer should be contacted.

NOTE:
PLEASE BE ADVISED THAT ARTIFICIAL LIGHTING IS NOT PART OF THIS DESIGN. IF ARTIFICIAL LIGHTING IS TO BE USED IN THIS BUILDING, STATE LAW REQUIRES IT TO BE DESIGNED BY A REGISTERED PROFESSIONAL TO COMPLY WITH SPS 363.0501 AND 363.0503. THE PLANS AND SPECIFICATIONS SHALL BE KEPT ON SITE FOR REVIEW BY THE BUILDING INSPECTOR.

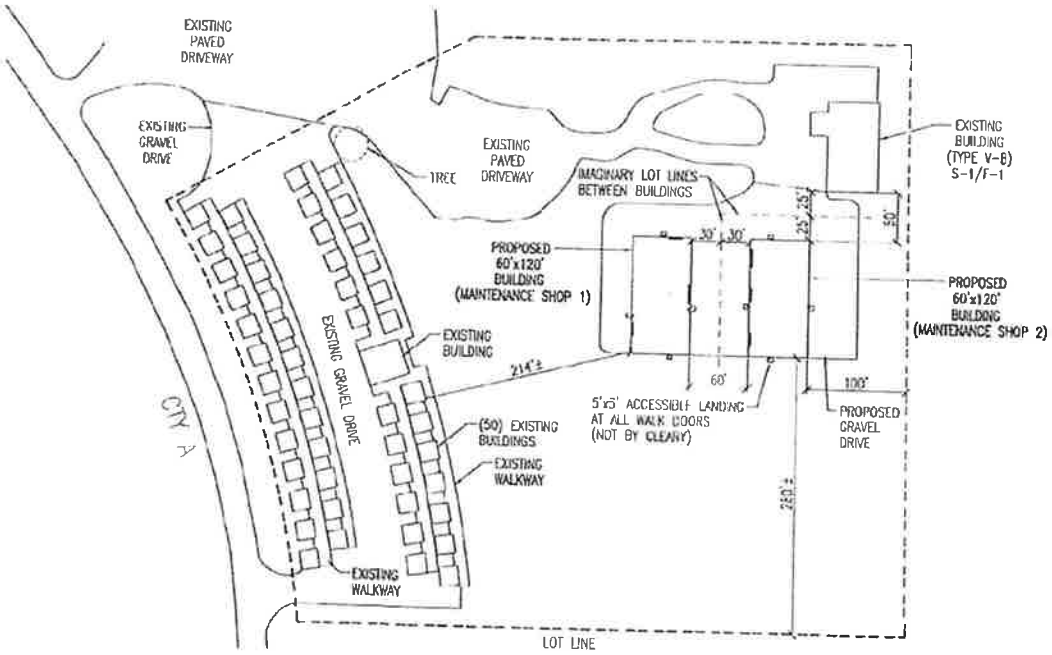
NOTE:
NO FORM OF PUBLIC TRANSPORTATION STOPS ADJACENT TO PROPERTY

NOTE:
A SEPARATE ROOM OR SPACE SHALL BE PROVIDED ON THE SITE FOR THE STORAGE OF RECYCLABLE MATERIALS

Conditionally
APPROVED
DEPT. OF SAFETY AND PROFESSIONAL SERVICES
DIVISION OF INDUSTRY SERVICES

SEE CORRESPONDENCE

Regulated Object: Building & Roof Truss
Project Type: New Construction
Transaction ID: 3093490
Date: 6-7-18
Note: ASHRAE 90.1 Applies



NORTH

TABLE OF CONTENTS

100. SITE PLAN
110. ELEVATIONS
120. FLOOR PLAN
121. INTERIOR LAYOUT / EGRESS PLAN
125. RESTROOM DETAILS
130. TYPICAL SECTION
140. HEADER DETAILS "A"
141. HEADER DETAILS "B & C"
150. DIAPHRAGM ACTION and MISC. DETAILS
160. TRUSS DIAGRAMS

CLEARY BUILDING CORP.
100 PAOLI STREET / P.O. BOX 0000
VERONA, WI 53593 / (800) 000-0000

DRAWN BY: LASKI
DATE DRAWN: 4/21/18

PLAN REVISIONS:

NUMBER	DATE	BY
1	5/29/18	LAL
2		
3		
4		

PROJECT NAME: MT. OLYMPUS SHOP (MAINTENANCE SHOP 2)
PROJECT SITE ADDRESS: 300 CTY A WISCONSIN DELLS, WI - SAUK COUNTY
BUILDING SIZE: 60' x 120' x 17'-8"
SHEET NAME: SITE PLAN

PROJECT NUMBER: 2018102150
SHEET NUMBER: 100
SHEET SCALE: NONE

WISCONSIN MATTHEW B. HUNSINGER E-35324 VERONA, WI PROFESSIONAL ENGINEER
5/30/18

Printed By: Logan Laski
Date Printed: 5/30/2018 6:37 AM

REVISIONS	NO	BY	DATE

PROPOSED SITE PLAN
EMPLOYEE HOUSING UTILITY EXTENSION
MT. OLYMPUS

City of Wisconsin Dells
Sauk County, WI

General Engineering Company

C1.0

ITEM 8

CITY OF WISCONSIN DELLS
RESOLUTION NO. ___

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their July 9, 2018 meeting;

IT APPROVES the Site Plan application submitted by American Transmission Company for construction of a new switchgear enclosure on parcel 11291-280 and a new control house on parcel 11291-280.01 with the following contingencies:

1. Applicant shall cooperate with the city on the location of the vehicle barriers.
2. Applicant shall cooperate with the city to address any issues that may arise.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: July 16, 2018
Date Passed:
Date Published:

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin

Version: February 27, 2008

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

- Office Use Only -

Initial application fee	
Receipt number	
Application number	

1. Applicant information

Applicant name	**American Transmission Co.**
Street address	**5303 Fen Oak Drive**
City	**Madison**
State and zip code	**Wisconsin 53718-8810**
Daytime telephone number	**608-877-3631**
Fax number, if any	**608-877-3604**
E-mail, if any	**jhanson@atcllc.com**

2. Subject property information

Street address	705 Finnegan Avenue, Wisconsin Dells, WI 53965	
Parcel number	11291-280, 11291-280.01	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	Industrial	
Describe the current use	Electrical Substation, one parcel owned by Wisconsin Power and Light and the other parcel owned by American Transmission Company.	

3. Proposed use. Describe the proposed use.

The site will remain as an electrical substation.

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

Operating conditions will remain as they currently exist. The site is surrounded by the Wisconsin River, and the City of Wisconsin Dells owned property (park, substation) and other undeveloped lands and no impacts are anticipated.

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

American Transmission Company will be upgrading the physical security in the substation. ATC will be removing its equipment from the existing control house and adding a new, pre-assembled 24 x 40 control house and Alliant will be adding a new switchgear building. For yard lighting, instant-on capabilities are required to provide adequate lighting to support the high-resolution camera system. The lighting design will focus on illuminating areas around ATC equipment with a minimum two foot-candles of illumination.

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin

Version: February 27, 2008

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

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

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

Construction is currently scheduled from Fall 2018-Winter 2019. Hours of construction is Monday-Friday from 7:00 a.m.-5:30 p.m.

c. Effects of the project on the natural environment: This project will expand the south-west area of the substation yard by approximately 6,300 square feet to accommodate the installation of a new ATC control house and approximately 3,400 square feet west to accommodate the installation of the new WPL switchgear enclosure

d. Effects of the project on surrounding properties, including operational considerations relating to hours or operation and creation of potential nuisances: Operating conditions will remain as they currently exist. The site is surrounded by the Wisconsin River, and the City of Wisconsin Dells owned property (park, substation) and other undeveloped lands. No impacts are anticipated.

e. The overall appearance of the project will appear as it does today.

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area. N/A

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way. N/A

Site Plan Application
American Transmission Co.
Plan Commission, 7/09/18

The City has received a Site Plan Application from American Transmission Co. to construct two (2) new buildings at the sub-station area they share with Alliant at 705 Finnegan Ave, parcels 11291-280 and 11291-280.01.

Site Plan approval is required for any new commercial building.
This project is based on improving the security of the electrical facilities at this location. This includes the construction of a new Switchgear Enclosure on parcel 11291-280 and a new Control house on parcel 11291-280.01. The buildings are different sizes, but are each around 500 sq ft. New raceways will be installed to connect cabling from the new buildings to the existing facilities.

This project will also include a new connection to the City of Wisconsin Dells Municipal Electric sub-station, located on the other side of Finnegan Ave, for improved reliability.

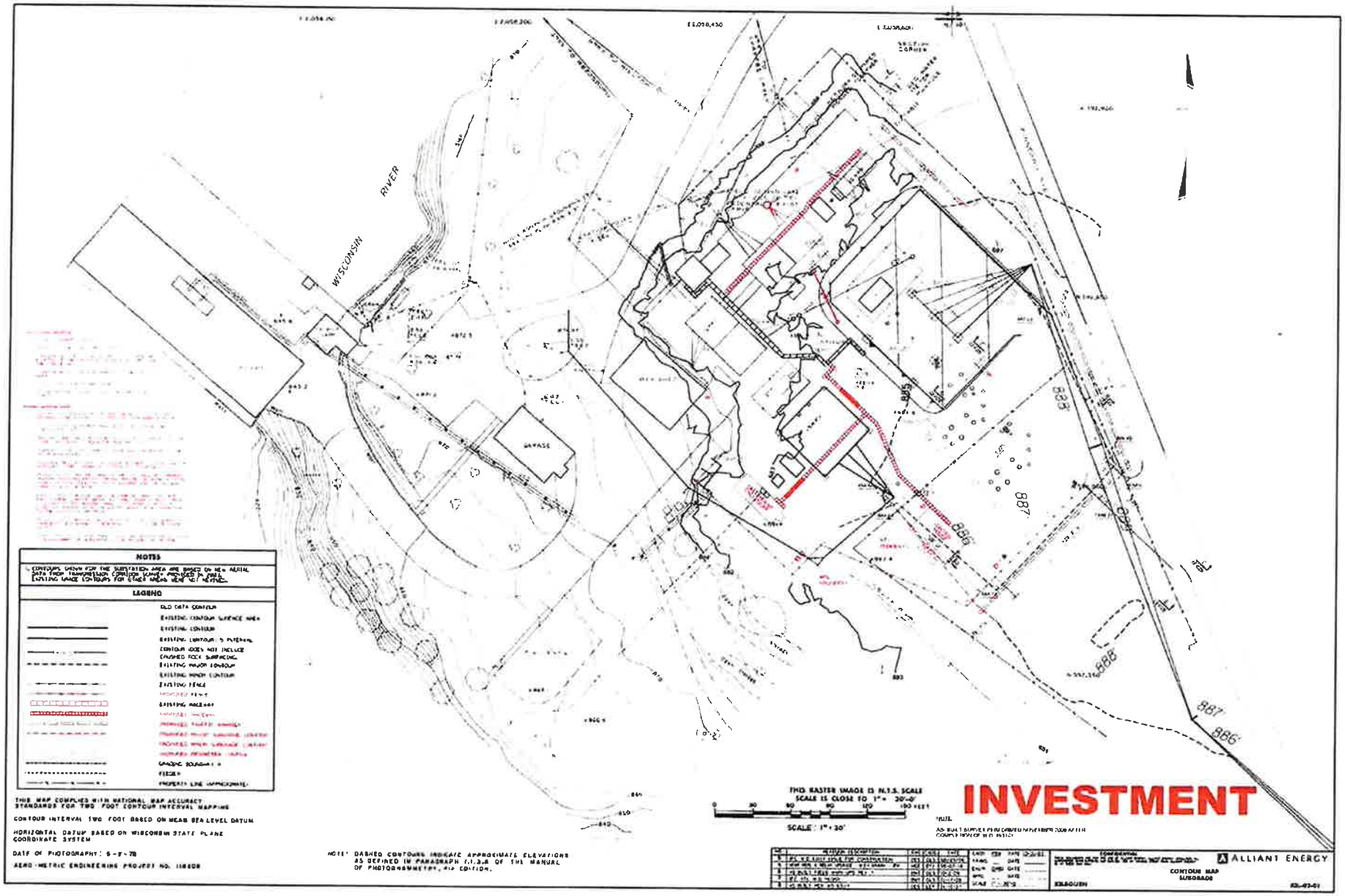
Additional security measures will be installed, including lights, cameras and improved fencing, gates, and vehicle barriers.

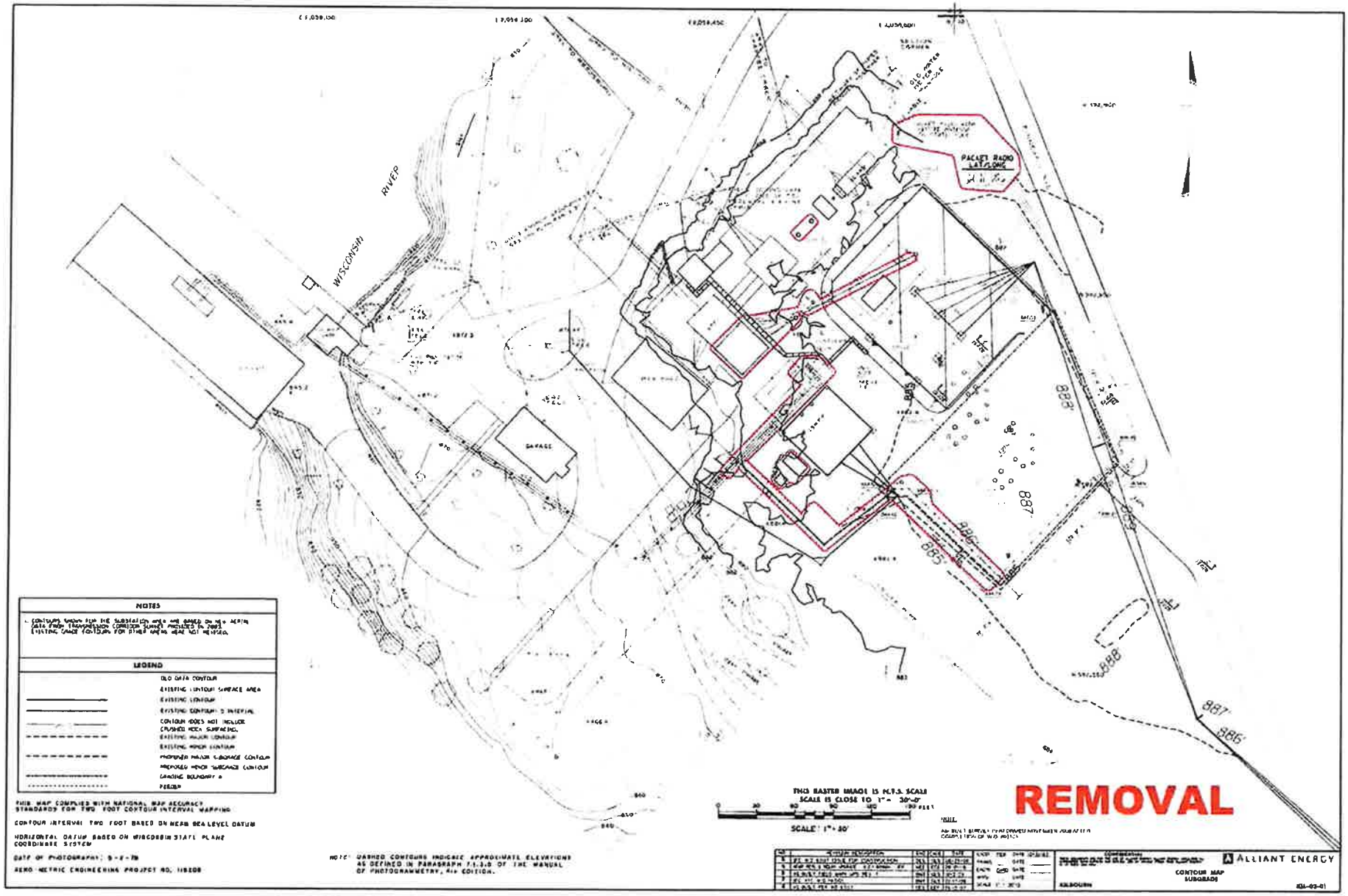
One item noted on the plan was the location of some of the vehicle barriers in the vicinity of the Finnegan Ave. Right-Of-Way. While these barriers will be movable, they are intended to stay in plan indefinitely. The final location of these barriers shall be approved by the City Public Works Department, to ensure they do not interfere with underground utilities or the City's ability to maintain (plow) Finnegan Ave.
There are no water or sewer utilities to these buildings.

Approval should include the following contingency:

Applicant shall cooperate with the City on the location of the vehicle barriers.

Chris Tollaksen
City of Wisconsin Dells


WISCONSIN RIVER
GARAGE
885
887
886
NOTES
LEGEND
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS FOR TWO FOOT CONTOUR INTERVAL MAPPING
CONTOUR INTERVAL TWO FOOT BASED ON MEAN SEA LEVEL DATUM
HORIZONTAL DATUM BASED ON WISCONSIN STATE PLANE COORDINATE SYSTEM
DATE OF PHOTOGRAPHY: 5-8-78
AERO-METRIC ENGINEERING PROJECT NO. 118608
NOTE: DASHED CONTOURS INDICATE APPROXIMATE ELEVATIONS AS DEFINED IN PARAGRAPH 1:1.3.8 OF THE MANUAL OF PHOTOGRAMMETRY, 4TH EDITION.
THIS RASTER IMAGE IS N.T.S. SCALE
SCALE IS CLOSE TO 1" = 20'-0"
SCALE: 1" = 20'
INVESTMENT
ALLIANT ENERGY
CONTOUR MAP
SUBGRADE


WISCONSIN RIVER
GARAGE
PACKET RADIO LAYOUT
887
886
885
888
REMOVAL
THIS MASTER IMAGE IS N.T.S. SCALE
SCALE IS CLOSE TO 1" = 30'-0"
SCALE: 1" = 30'
NOTES
LEGEND
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS FOR TWO FOOT CONTOUR INTERVAL MAPPING
CONTOUR INTERVAL TWO FOOT BASED ON MEAN SEA LEVEL DATUM
HORIZONTAL DATUM BASED ON WISCONSIN STATE PLANE COORDINATE SYSTEM
DATE OF PHOTOGRAPHY: 5-2-78
AERO-METRIC ENGINEERING PROJECT NO. 118208
NOTE: DASHED CONTOURS INDICATE APPROXIMATE ELEVATIONS AS DEFINED IN PARAGRAPH 7.1.3.D OF THE MANUAL OF PHOTOGRAMMETRY, 4th EDITION.
ALLIANT ENERGY
CONTOUR MAP
SUBGRADE
KIM-02-01

CITY OF WISCONSIN DELLS
RESOLUTION NO. ___

ITEM 9

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their July 9, 2018 meeting;

IT APPROVES the Certified Survey Map requested by Mike & Ann Kaminski and Tim & Debra Tofson in order to split Lot 16 of Kilbourn Ridge and combine each half with adjacent Lots 15 and 17.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: July 16, 2018
Date Passed:
Date Published:

Sheet 1 of 2 sheets

COLUMBIA COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin.

Client: Mike and Ann Kaminski,
995 S. Grouse Lane, Wisconsin Dells, WI, 53965
Tim and Debra,
P O Box 115, Wisconsin Dells, WI, 53965

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

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI
LAND SURVEYOR

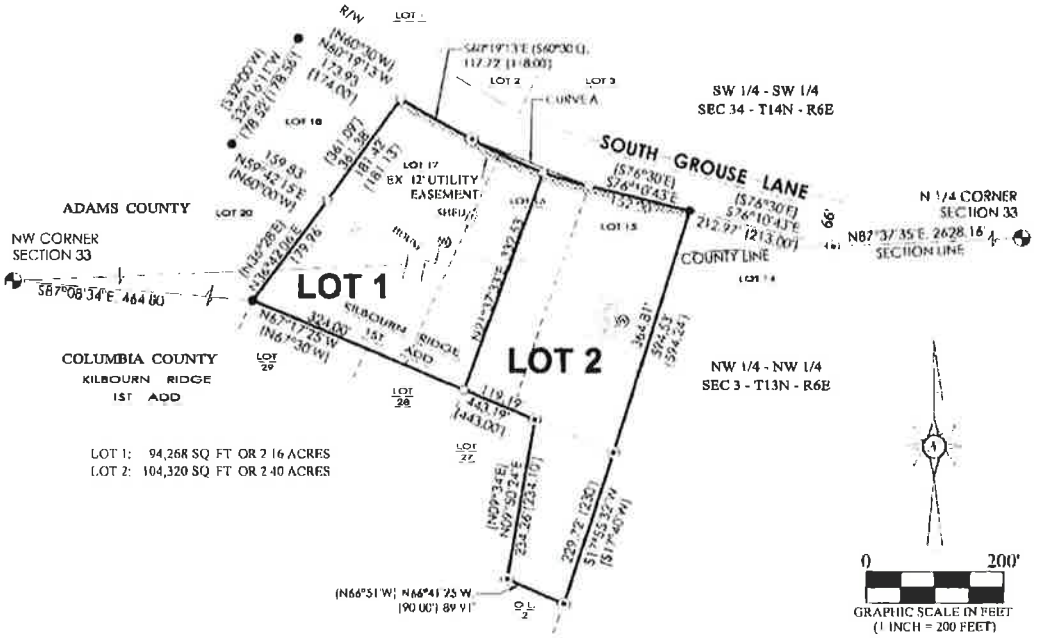
Mark C. Carlson
6-15-18

Bearings are referenced to north line of NW1/4 of Section 3 which bears N87°37'35'E.

- ⊕ = Found government corner (Harrison Mon.)
- • = Found ¾" round iron rod
- ⊙ = Found 1 1/4" round iron rod
- ○ = Set ¾"x24" round iron rod weighing 1.5#/lin. Ft.
- Ⓦ = Well
- Ⓢ = Septic Tanks
- ( ) = Recorded as

CURVE	RADIUS	DELTA:	ARC:	CHORD:
A	650.00'	16°02'02"	181.90'	S68°19'38"E, 181.30'
Lot 1	650.00	10°01'16"	113.69'	S65°19'15"E, 113.54'
Lot 2	65000'	6°01'46"	68.21'	S73°20'16"E, 68.18'

Tangent Bearings are S76°20'39"E and S60°18'37"E.



COLUMBIA COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin.

SURVEYOR'S CERTIFICATE:
I, Mark C. Carlson, Professional Land Surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin bounded by the following described line:
Commencing at the northwest corner of said Section 3; thence S87°08'34"E, 464.80 feet to the southwest corner of said Lot 17 and point of beginning; thence N36°42'06"E along the west line of said Lot 17, 361.38 feet to the northwest corner of said Lot 17; thence S60°19'13"E along south line of South Grouse Lane, 117.73; thence Easterly along said south line on a curve to the left, radius 650.00 feet, whose chord bears S68°19'38"E, 181.30 feet; thence S76°10'43"E along said south line, 152.00 feet to northwest corner of Lot 14, Kilbourn Ridge; thence S17°55'32'W along west line of said Lot 14, 594.53 feet to northeast corner of Out Lot 2 First Addition to Kilbourn Ridge; thence N66°41'25"W along north line of sais Out Lot 2, 89.91 feet to the south ease corner of Lot 27, First Addition to Kilbourn Ridge; thence N9°50'24"E along easr line of said Lot 27, 234.26 feet to northwest corner of said Lot 27; thence N67°17'25"W along north line of Lots 27, 28 and 29, First Addition to Kilbourn Addition, 443.19 feet to point of beginning

Said described parcel contains 4.56 acres and is subject to existing 12' utility easement along South Grouse Lane per Kilbourn Ridge and easements of record.

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

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

That I have made such survey under the direction of Mike Kaminski and Tim Tofson.

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI

6-15-18 Mark C Carlson
Date Mark C. Carlson

CITY OF WISCONSIN DELLS APPROVAL:
Resolved by the Common Council of the City of Wisconsin Dells, Wisconsin that this Certified Survey Map, filed by Mike Kaminski and Tim Tofson is hereby approved and accepted by the City.
Dated: _____ day of _____, 2018.

Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the
_____ day of _____, 2018.

_____
City Clerk

Sheet 1 of 2 sheets

ADAMS COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin.

Client: Mike and Ann Kaminski,
995 S. Grouse Lane, Wisconsin Dells, WI, 53965
Tim and Debra,
P O Box 115, Wisconsin Dells, WI, 53965

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

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI

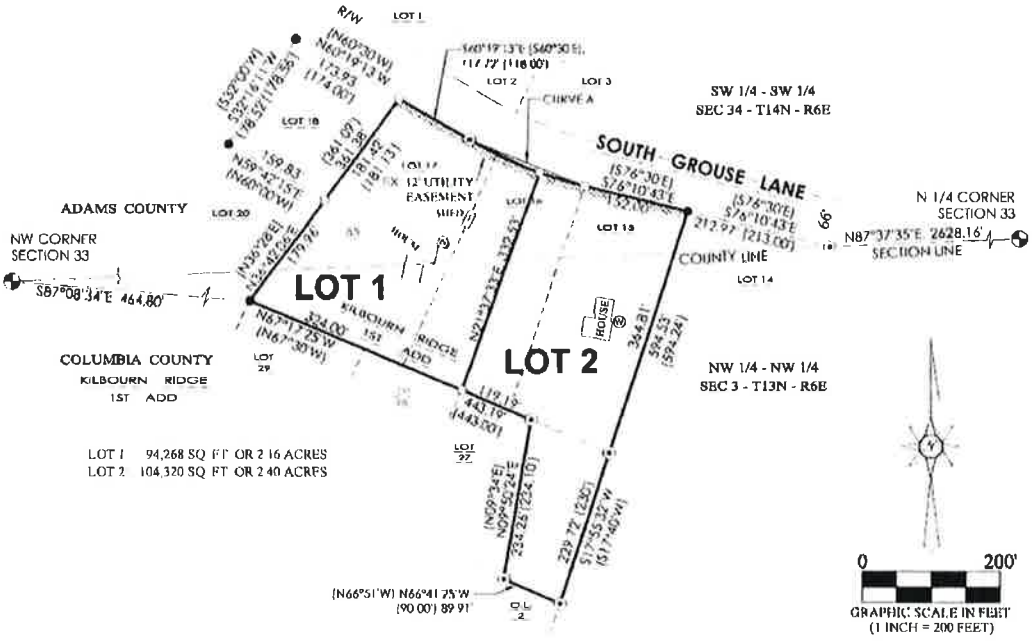
Mark C Carlson
6-15-18

Bearings are referenced to north line of NW1/4 of Section 3 which bears N87°37'35'E.

- = Found government corner (Harrison Mon.)
- = Found ¾" round iron rod
- = Found 1 1/4" round iron rod
- = Set ¾"x24" round iron rod weighing 1.5#/lin. Ft.
- = Well
- = Septic Tanks
- ( ) = Recorded as

CURVE	RADIUS	DELTA:	ARC:	CHORD:
A	650.00'	16°02'02"	181.90'	S68°19'38"E, 181.30'
Lot 1	650.00	10°01'16"	113.69'	S65°19'15"E, 113.54'
Lot 2	65000'	6°01'46"	68.21'	S73°20'16"E, 68.18'

Tangent Bearings are S76°20'39"E and S60°18'37"E.



ADAMS COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin.

SURVEYOR'S CERTIFICATE:
I, Mark C. Carlson, Professional Land Surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in Lots 15, 16 and 17, Kilbourn Ridge, SW1/4-SW1/4, Section 3, N14N, R6E Adams County and NW1/4-NW1/4, Section 3, T13N, R6E, Columbia County, City of Wisconsin Dells, Wisconsin bounded by the following described line:
Commencing at the northwest corner of said Section 3; thence S87°08'34"E, 464.80 feet to the southwest corner of said Lot 17 and point of beginning; thence N36°42'06"E along the west line of said Lot 17, 361.38 feet to the northwest corner of said Lot 17; thence S60°19'13"E along south line of South Grouse Lane, 117.73; thence Easterly along said south line on a curve to the left, radius 650.00 feet, whose chord bears S68°19'38"E, 181.30 feet; thence S76°10'43"E along said south line, 152.00 feet to northwest corner of Lot 14, Kilbourn Ridge; thence S17°55'32'W along west line of said Lot 14, 594.53 feet to northeast corner of Out Lot 2 First Addition to Kilbourn Ridge; thence N66°41'25"W along north line of sais Out Lot 2, 89.91 feet to the south ease corner of Lot 27, First Addition to Kilbourn Ridge; thence N9°50'24"E along easr line of said Lot 27, 234.26 feet to northwest corner of said Lot 27; thence N67°17'25"W along north line of Lots 27, 28 and 29, First Addition to Kilbourn Addition, 443.19 feet to point of beginning

Said described parcel contains 4.56 acres and is subject to existing 12' utility easement along South Grouse Lane per Kilbourn Ridge and easements of record.

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

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

That I have made such survey under the direction of Mike Kaminski and Tim Tofson.

WISCONSIN MARK C CARLSON S-2021 Baraboo, WI LAND SURVEYOR

6-15-18 Mark C Carlson
Date Mark C. Carlson

CITY OF WISCONSIN DELLS APPROVAL:
Resolved by the Common Council of the City of Wisconsin Dells, Wisconsin that this Certified Survey Map, filed by Mike Kaminski and Tim Tofson is hereby approved and accepted by the City.
Dated: _____ day of _____, 2018.

Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the
_____ day of _____, 2018.

_____
City Clerk

ITEM 10

CITY OF WISCONSIN DELLS
RESOLUTION NO. ___

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their July 9, 2018 meeting;

IT APPROVES the Certified Survey Map requested by GTAM, LLC to split Lot 1 of Adams County Certified Survey Map 6150, (parcels 291-00369-0010, 291-00370-0000, 291-00371-0000 and a portion of 291-00369-000) located at 2600 River Road, into two lots to maintain consistency with the TIF District boundary.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: July 16, 2018
Date Passed:
Date Published:

Sheet 1 of 3 sheets

NEW

ADAMS COUNTY CERTIFIED SURVEY MAP No. to be assigned

Located in Lot 1, CSM No. 6150, G. L. 5 and NE1/4-NE1/4, Section 28, T14N, R6E, City of Wisconsin Dells, Adams County, Wisconsin.

Client: GTAM, LLC, PO Box 30, Wisconsin Dells, WI, 53965

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

Bearings are referenced to north line of G. L. 5 and NE1/4-NE1/4 of Section 28 which bears N89°26'54"W, Adams County Coordinate system, NAD 83(97).

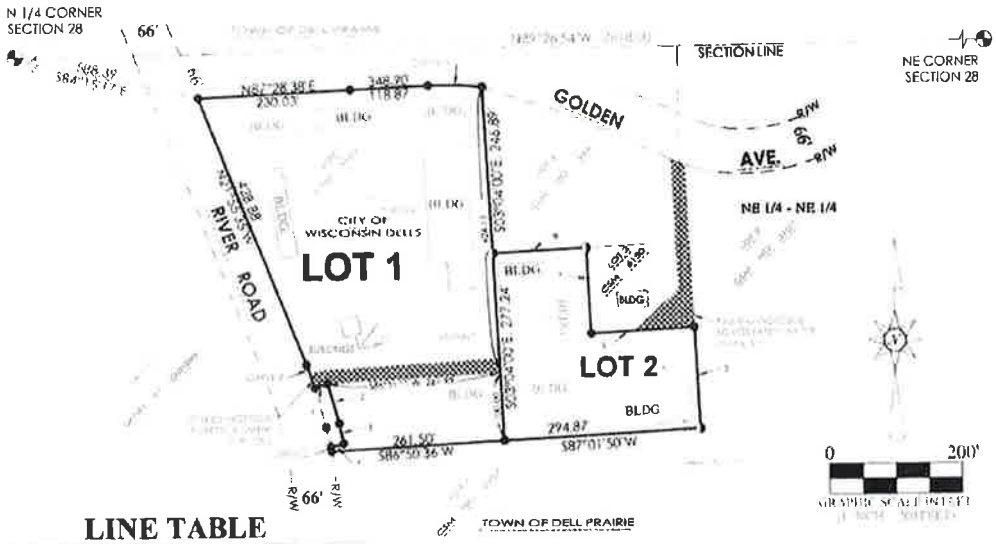
- = Found government corner (Harrison monument)
- = Found 3/4" round iron rod
- = Found 1" iron pipe
- ( ) = Recorded as
- ------- = Buildings under construction

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI
LAND SURVEYOR

Mark C Carlson
5-3-18

LOT 1 CONTAINS 179,294 SQ.FT. OR 4.12 ACRES.

LOT 2 CONTAINS 62,074 SQ.FT. OF 1.42 ACRES



LINE TABLE

LINE	BEARING AND DISTANCE
1	S77°45'58"W, 20.00'
2	N16°21'24"W, 61.60'
3	N12°37'11"W, 30.00'
4	N77°22'49"E, 20.00'
5	S03°00'41"E, 150.00'
6	N87°01'50"E, 154.98'
7	S02°58'39"E, 127.25'
8	N87°01'34"E, 140.24'

CURVE TABLE

CURVE	RADIUS	DELTA	ARC	CHORD
A	502.00'	9°23'04"	82.22'	S87°52'04"E, 82.13'
B	683.00'	3°00'52"	35.93'	N20°25'09"W, 35.93'
C	683.00'	0°36'34"	7.26'	N11°03'24"W, 7.26'

SURVEYOR'S CERTIFICATE:

I, Mark C. Carlson, Professional Land Surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in Lot 1, CSM No. 6150, G. L. 5 and NE1/4-NE1/4, Section 28, T14N, R6E, City of Wisconsin Dells, Adams County, Wisconsin bounded by the following described line:

Commencing at the N1/4 corner of said Section 28; thence S84°15'17"E, 588.39 feet to the northwest corner of said Lot 1, CSM No. 6150 and point of beginning; thence N87°28'38"E along north line of said Lot 1, 348.90 feet; thence Easterly along said north line on a curve to the right, radius 502.00 feet, whose chord bears S87°52'04"E, 82.13 feet to east line of said Lot 1; thence S03°04'00"E along said east line, 246.89 feet; thence N87°01'34"E along said east line, 140.24 feet; thence S2°58'39"E along said east line, 127.25 feet; thence N87°01'50"E along said east line, 154.98 feet; thence S3°00'41"E along said east line, 150.00 feet to southeast corner of said Lot 1; thence S87°01'50"W along south line of said Lot 1, 294.87 feet; thence S86°50'36"W along said south line, 261.50 feet to east line of River Road; thence Northwesterly along the said east line on a curve to the left, radius 683.00 feet, whose chord bears N11°03'24"W, 7.26 feet; thence N77°22'49"E along said east line, 20.00 feet; thence N12°37'11"W along said east line, 30.00 feet; thence N16°21'24"W along said east line, 61.60 feet; thence S77°45'58"W along said east line, 20.00 feet, thence Northwesterly along said east line on a curve to the left, radius 683.00 feet, whose chord bears N20°25'09W, 35.93 feet; thence N21°55'35"W along said east line of River Road, 428.88 feet to point of beginning.

Said described parcel contains 5.54 acres and benefits from Ingress and Egress Easement across Lot 2, CSM No. 6150 is subject to Ingress and Egress Easement across Lot 1 of this Certified Survey Map for the benefit of Lot 2 of this survey and is subject to easements of record.

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

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

That I have made such survey under the direction of Mike Kaminski.

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI

5-3-18 Mark C Carlson

Date Mark C. Carlson

CITY OF WISCONSIN DELLS APPROVAL:

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

Dated: _____ day of _____, 2018.

Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the _____ day of _____, 2018.

_____

City Clerk

OWNER'S CERTIFICATE:
As owner of Lot 1, CSM No. 6150, GTAM LLC, I hereby certify that I have caused lands in this Certified Survey Map to be surveyed, divided, mapped and access easement created as represented on this map. I also certify that this Certified Survey Map is required to be approved by the City of Wisconsin Dells.

_____
Mike Kaminski

State of Wisconsin)
Sauk County)

Personally came before me this ____ day of _____, 2018 the above known owner to me known to be the person who executed the foregoing instrument.

Notary Public _____ My Commission expires _____

Consent of Corporate Mortgagee:

WESTBY CO-OP CREDIT UNION, as a corporation duly organized and existing under and by virtue of the laws of the State of Wisconsin, as mortgagee of all or a portion of the above described land, does hereby consent to the surveying, dividing, mapping and dedication of the lands described on this Certified Survey Map, and does hereby consent to the Owner's Certificate.

IN WITNESS WHEREOF, the said WESTBY CO-OP CREDIT UNION has caused these presents to be signed by _____, its _____, and countersigned by _____, its _____, at _____, Wisconsin, and its corporate seal to be hereunto affixed this _____ day of _____, 2018.

In the presence of:

_____
_____ (Corporate Seal)

Title: Date

Title: Date

STATE OF WISCONSIN)
) SS.
COUNTY OF)

Personally came before me this _____ day of _____, 2018, _____, the _____, and _____, the _____ of the above named corporation, to me known to be the persons who executed the foregoing instrument, and to me known to be such _____ and _____ of said corporation, and acknowledged that they executed the foregoing instrument as such officers as the deed of said corporation, by its authority.

*
Notary Public, State of _____
My Commission:

Sheet 1 of 6 sheets

approved by PC
November 2017

ADAMS COUNTY CERTIFIED SURVEY MAP No. 6150

Located in Lot 1, CSM No. 5717, Lots 1 and 2, CSM No. 4954, Lots 1 and 2, CSM No. 466, G. L. 5 and the NE1/4-NE1/4, Section 28, T14N, R6E, City of Wisconsin Dells, Adams County, Wisconsin.

Client: GTAM, LLC, PO Box 30, Wisconsin Dells, WI, 53965

Owners: GTAM, LLC, PO Box 30, Wisconsin Dells, WI, 53965 & Jeff Kaminski, 1003 Hillside Dr., Wisconsin Dells, WI 53965

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

Bearings are referenced to north line of G. L. 5 and NE1/4-NE1/4 of Section 28 which bears N89°26'54'E. Adams County Coordinate system, NAD 83(91).

- = Found government corner (Harrison monument)
- = Found ¾" round iron rod
- = Found 1" iron pipe
- = Set ¾"x24" round iron rod weighing 1.5#/lin. Ft.

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI

Mark C Carlson
11-2-17

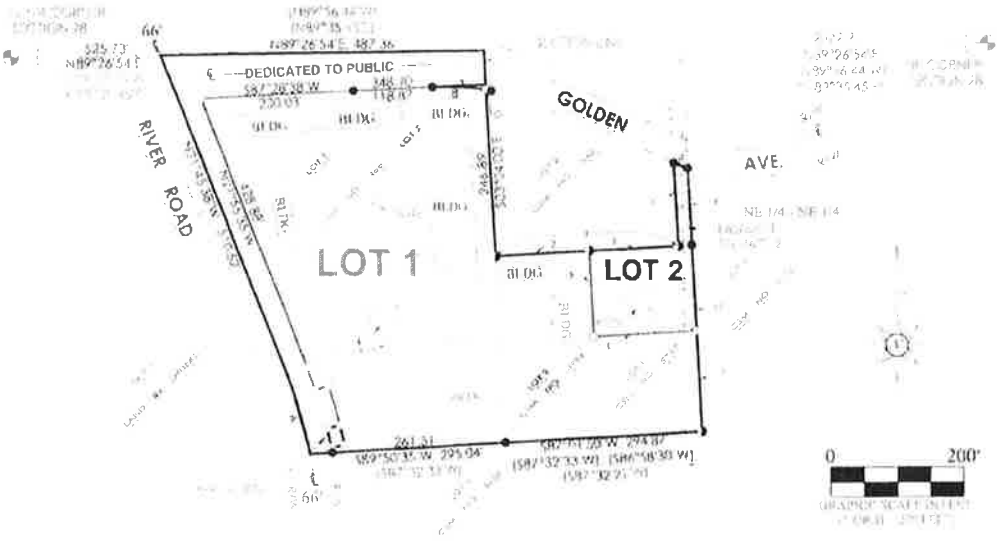
LINE DATA

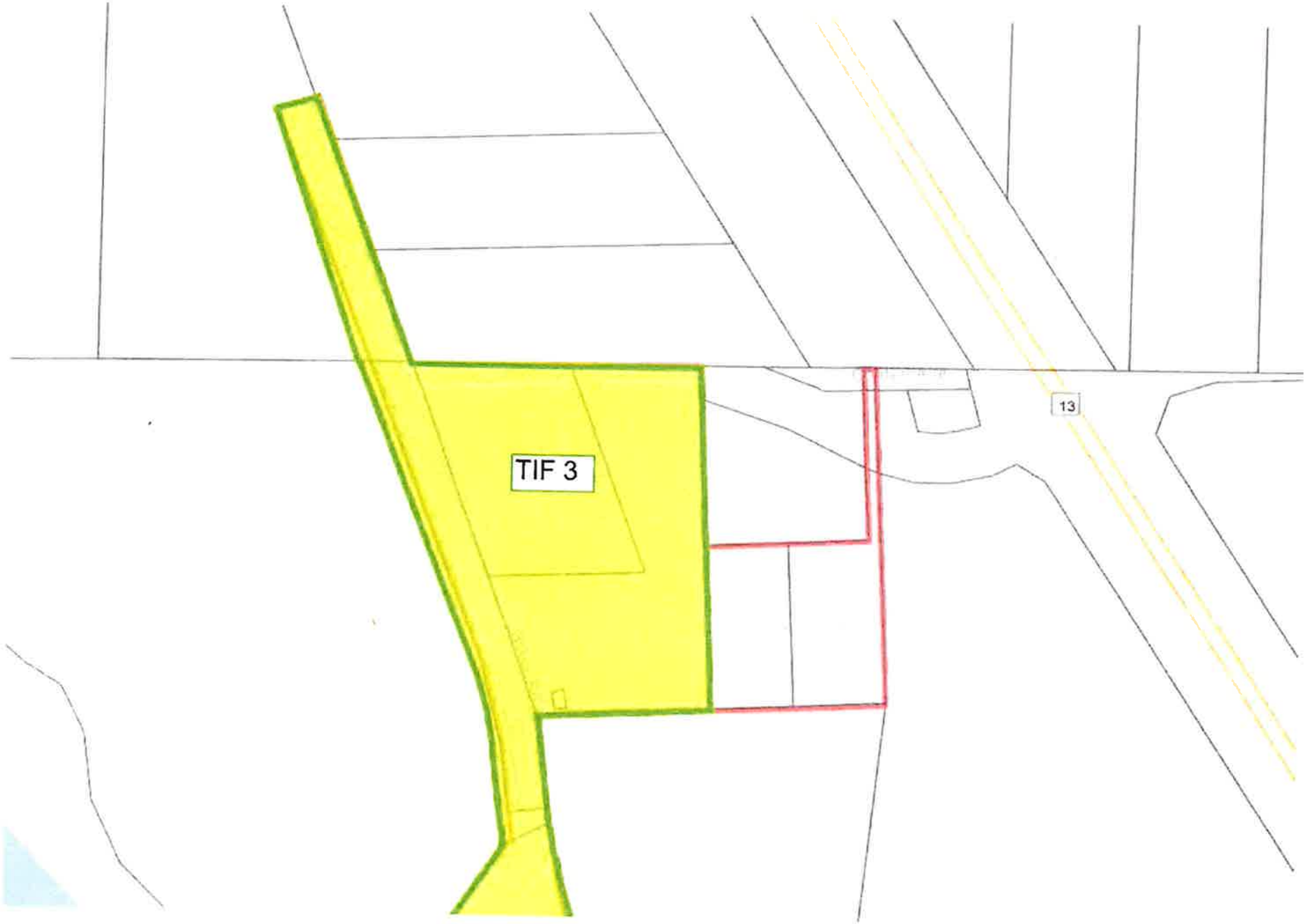
LINE	BEARING & DISTANCE	PREVIOUSLY RECORDED AS
[illegible]	[illegible]	[illegible]

CURVE DATA

CURVE	RADIUS	DELTA	ARC	CHORD	TANGENT	BEARINGS
A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
B	502.60'	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C	785.00'	[illegible]	7.36	[illegible]	[illegible]	[illegible]
D	641.00	[illegible]	30.00	[illegible]	[illegible]	[illegible]
E	633.00'	5°00'32"	[illegible]	[illegible]	[illegible]	[illegible]
F	800.00'	[illegible]	31.44'	[illegible]	[illegible]	[illegible]
G	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOT 1: CONTAINS 241,968 SQ FT OR 5.54 ACRES
LOT 2: CONTAINS 22,168 SQ FT OR 0.51 ACRES
DEDICATED TO PUBLIC:0.08 LOT 1: CONTAINS 12,815 SQ FT OR .29 ACRES




TIF 3
13

ITEM 11

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon Section 3 of the Chula Vista Agreement for Public Infrastructure Improvements recommended by the Public Works Committee at their September 11, 2017 meeting and approved by the Common Council on September 18, 2017;

IT APPROVES and ACCEPTS the dedication of Sanitary Sewer Lift Station No. 18 and associated Force Main located at 2570 River Road, from Chula Vista contingent upon satisfying all the terms of the agreement.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: July 16, 2018
Date Passed:
Date Published:

wccucreditunion.coop

07/09/2018

Dave Holzem
City of Wisconsin Dells
300 LaCrosse Street
Wisconsin Dells, WI 53965

Dear Dave,

Pursuant to the attached agreement signed by the City of Wisconsin Dells on12/18/2017 and by the Chula Vista Resort on 12/26/17 the incentive payment "shall be paid to Chula's lender for application on Chula's loan for the project and improvements". WCCU authorizes this payment to be made directly to Chula Vista Resort; Chula will then apply these funds to the loan balance. The purpose for payment directly to Chula is so that said payment can be accounted for and documented as a component of the overall project costs.
Should you have any questions or concerns, please feel free to contact me at 608-768-9228, extension 1327.

Best Regards,

Art Shrader
WCCU Credit Union

July 11, 2018

Dave Holzem
City of Wisconsin Dells
300 LaCrosse Street
Wisconsin Dells, WI 523965

Re: Lift Station Dedication.

Dear Dave,

Please accept this letter as our offer to dedicate the new Lift Station on River Road to the City. I have provided proof and final lein waivers for you file from the construction. The construction is now complete. As of the dedication the warrantee period will start pursuant the developers agreement. Brad Boettcher from General Engineering will wrap up most of the easements this week per the agreement also. If there is anything else you require to complete this transaction, please let me know. I will be in attendance at the common counsel meeting to answer any questions you may have.

Thanks.
Mike Kaminski
CEO Chula Vista Inc.

Dane County Title Company
901 South Whitney Way
Madison, WI 53711
608-271-2800

FULL WAIVER OF CONSTRUCTION LIEN

For value received, the undersigned hereby waives all rights to and claims for a lien on the land hereafter described, for any and all work, labor, materials, plans or specifications heretofore performed, procured, or furnished. The undersigned further waives all such lien rights and claims for any and all work, labor, materials, plans, or specifications which is to be or may hereafter be performed, procured or furnished in connection with or in any manner relating to that certain improvement now being, or about to be, built, erected, made or done for **GTAM, LLC**, owner, by **Allen Steele Co., Inc.**, which improvement consists generally of **2600 River road Wisconsin Dells.**

The land referred to herein is situated in Adams County, State of Wisconsin, and is described as follows:

Parcel 1, Lot 1, CSM 466 Parcel 2, CSM 466, Parcel 3, Lot 2 CSM 4954

This waiver is intended to be a Waiver of all construction lien rights under Wisconsin Statutes, including without limitation, all future construction lien rights.

For information purposes only, and not for the purpose of limiting the extent of this Waiver, the undersigned represents as follows:

1. The work, labor, materials, plans or specifications performed, procured or furnished, or to be performed, procured, or furnished, by the undersigned in connection with that certain improvement mentioned above consists of:

   _____

2. The date the undersigned first performed, procured or furnished any work, labor, materials, plans or specifications in connection with said improvement was 3/26/18 and last performed work was 6/13/18. **Total contract amount of $335,992.99.**

7/10/2018
(Date)

Pamela Steele
(Signature of Sole owner, partner or corporate officer

Secretary
(Title)

Company Name: Allen Steele Co

Please return to:
carriej@chulavistaresort.com
phone: 608-254-8366 ext. 5860
fax: 608-253-5456

2:32 PM
07/10/18

GTAM, LLC
Vendor QuickReport
All Transactions

Type	Date	Num	Memo	
ALLEN STEELE CO, INC.				
Bill	03/26/2018	1101-79BO	Application 1	111,943.77
Bill	04/24/2018	1101-79BO	Application 2	118,698.23
Bill	06/13/2018	1101-79BO	Application 3 (final)	105,350.99
				335,992.99

APPLICATION FOR PAYMENT

PROJECT: Employee Housing Lift Station Upgrade, City of Wisconsin Dells, Adams County, WI
Engineer' s Project No 1101-79BO

3-Final
PERIOD FROM: 4-25-18
PERIOD TO: 6-13-18

OWNER:
GTAM, LLC
Mike Kaminski
4031 River Road, PO Box 3
Wisconsin Dells, WI 53965

CONTRACTOR:
ALLEN STEELE CO., INC.
P.O. BOX 430
LAKE DELTON, WI 53940

ENGINEER:
General Engineering Company
916 Silver Lake Drive
PO Box 340
Portage, WI 53901

CONTRACT DATE: November 30, 2017
COMPLETION DATE: June 30, 2018

APPLICATION FOR PAYMENT

1. Original Contract Sum		$ 319,262.70
2. Net change by Change Orders		16,730.29
3. Contract Sum to Date (Line 1± 2)		335,992.99
4. Total Completed & Stored To Date (Column L)		335,992.99 ✓
5. Retainage		
a. 2.5 % of Completed Work	$12,131.05 ~~8,399.82~~	ok
b. ____% of Stored Material		$0.00
Total Retainage		~~8,399.82~~
6. Total Amount Earned Less Retainage		~~327,593.17~~ 0
7. Less Previous Applications for Payment		230,642.00
8. Current Payment Due		$ ~~96,951.17~~ $105,350.99

Change Order Summary	Additions	Deductions
Total Approved Previous Changes	$ 21,779.00	
Total Changes Approved This Period		255.10
Adjust Bid Items to Actual (Final)		4,793.61
TOTALS	$	16,730.29

Approximate Balance to Finish Including Retainage $ ~~8,399.82~~ 0
(Line 3 - Line 6

17030 Emp Hsg Lift Station CHULA

APPLICATION BY CONTRACTOR

The undersigned Contractor certifies that: all previous progress payments received from Owner on account of the Work have been applied to discharge in full all Contractor's legitimate obligations in connection with the Work Covered by the previous Applications for Payments; and all Work covered by this Application for Payment has been completed in accorance with the Contract Documents; and Title of all Work and materials and equipment incorporated in said Work or otherwise listed in or covered by this Applilcation for Payment will pass to the Owner at the time of payment free and clear of all liens, security interests, and encumberances.

CONTRACTOR:
Allen Steele Co., Inc.

By: Richard Steele, Pres 6/14/2018

ENGINEER'S RECOMMENDATION

General Engineering Company

By: [signature] Date: 06/18/18

OWNER'S APPROVAL

GTAM, LLC

By: Date:

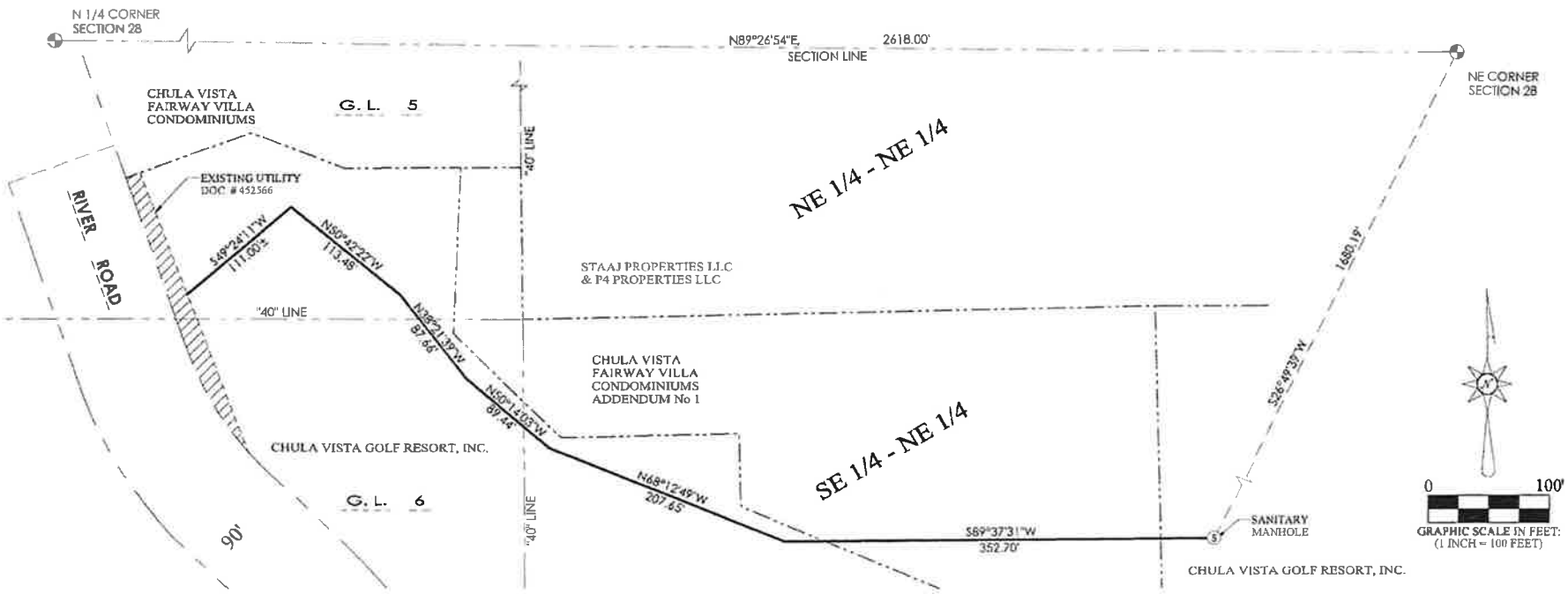
SKETCH OF EASEMENT

Located in the SE1/4 - NE 1/4, Government Lots 5 and 6, Section 28, T14N, R6E, City of Wisconsin Dells, Adams County, Wisconsin.

SEWER EASEMENT DESCRIPTION:

A 20 foot wide sewer easement located in Chula Vista Fairway Villa Condominium Addendum No. 1, SE1/4-NE1/4, Government Lot 5 and Government Lot 6, Section 28, T14N, R6E, City of Wisconsin Dells, Sauk County, Wisconsin whose centerline is described by the following line:

Commencing at the N1/4 corner of said Section 28; thence N89°26'45"E along north line of NE1/4 of Section 28, 2618.00 feet to the Northeast corner of said Section 28: thence S26°49'39"W, 1680.19 feet to a center of a manhole and point of beginning; thence S89°37'31"W, 352.70 feet; thence N68°12'49"W, 207.65 feet; thence N50°14'03"W, 89.44 feet; thence N38°21'39"W, 87.66 feet; thence N50°42'22"W, 113.48 feet; thence S49°24'11"W to the east line of an existing Utility Easement recorded in Document No. 452566 and end of easement centerline.



Agreement for Public
Infrastructure Improvements &
Development Matters
(Chula Vista and City of Wisconsin Dells)

This Agreement is by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (WisDells) and Chula Vista Resort & Water Park (Chula).

RECITALS

A. Chula operates a multi-faceted lodging, hospitality and recreation venue in WisDells on real estate owned by various Chula entities including, without limitation, GTAM, LLC, Chula Vista Golf Resort, Inc., Chula Vista, Inc. and Chula Vista Condominiums.

B. Chula will enhance and improve its hotel, convention and water park facilities by the development and construction of new or enhanced garage, laundry and employee housing facilities on site; and on site and off site public and private utility system facilities and improvements including a replacement sanitary sewer lift station.

C. As provided in this agreement, WisDells will provide financial assistance for the following element of the Chula project: The construction of the Sanitary Lift Station and associated Force Main.

AGREEMENT

1. Chula shall:

   a. Design, engineer, install and construct at its sole cost and expense the on-site new garage, laundry and employee housing facilities; and, on-site and the off-site public and private utility service system improvements.

   b. Apply for and obtain all required approvals for the project and the improvements and submit to WisDells written verification of such approvals.

   c. Provide project management and administration for the construction and installation of the utility service improvements including the services of an approved consulting engineering firm licensed to do business in the State of Wisconsin to provide such services.

   d. Grant such easements as WisDells deems necessary in connection with this agreement.

   e. Construct the required improvements in accordance with standard specifications and contract documents including the engagement of contractors whose qualifications have been approved by WisDells.

   f. In particular, and in consultation with WisDells, construct and install a sanitary sewer lift station adjacent to existing lift station as follows:

      1. The proposed Integral Valve Vault lift station will be constructed next to the old station.

      2. The new sanitary Lift Station will be constructed in accordance with specifications used to construct the Crandall Bay Lift Station,

Contract #1 – 2013. Modifications to the specifications regarding sizing, GPM, TDH, etc. will be determined by General Engineering with WisDells approval. Some specific requirements, but not limited to, are as follows:

New Station wet well will be 8 ft. round wet well constructed as a duplex station with two submersible pumps, mounted on stainless steel guide rails with disconnect flanges to allow removal of pumps without entering the wet well.

3. The station valves will be located in underground valve vault next to the wet well.

4. The operation of the station will be controlled by a transducer with backup float switches.

5. Station Controls as WisDells deems necessary including, without limitation, high water alarm, lag pump 1 on, lead pump on, pumps off and low water alarm.

6. The station will be equipped with a SCADA system to transmit the signal to City of Wisconsin Dells Public Works Department.

7. The station will be provided with two modes of emergency operation; a manual transfer switch and a generator receptacle to allow the connection of a portable generator at the station. The station will include bypass piping that will allow connection of a portable pump and a discharge connection for the connection of a

portable pump. The pump will discharge directly into the force main.

8. The project will include construction of approximately 1,700' of force main, size to be determined. The force main will discharge in the gravity manhole located east of the Building D Golf Villas.

2. WisDells shall:

a. Timely cooperate with Chula in the planning and completion of the project including such construction oversight and consultation as it deems necessary.

b. Timely review and approve building and construction plans and permits for the project.

3. Dedication of public improvements. After completion and construction of the public infrastructure improvements, including the lift station, in accordance with standards and specifications and provided there is a written statement of "no objection" from the WisDells Director of Public Works, Chula shall dedicate the public infrastructure improvements to WisDells provided acceptance of the dedication shall require approval of a resolution by the Common Council.

4. Guarantee of the Work. Chula shall assure that the engineer and contractor guarantee and warrant all work and public infrastructure improvements performed and provided under this Agreement against defects in workmanship or materials for a period of fourteen (14) months from the date of acceptance of dedication. If any defect should appear during the guarantee period, as determined in the reasonable discretion of the Director of Public Works, the engineer and contractor shall make required replacement or acceptable repairs of the defective work.

Furthermore, following such notice to and repair, the guarantee period shall be extended for an additional fourteen (14) month period from the date of completion of the repair. All guaranties or warranties for materials or workmanship which extend beyond the guarantee period shall be assigned to WisDells.

5. Incentive payment.

a. In connection with this Agreement and the project and the improvements, WisDells shall pay to Chula a one-time development incentive payment as follows: one-third (1/3) of the final agreed upon price and cost of the replacement sanitary lift station as verified by records approved in writing by Chula and WisDells. The incentive payment shall be paid to Chula's lender for application on Chula's loan for the project and improvements. Payment of the incentive shall be subject to WisDells' receipt of lien waivers from contractors, subcontractors, engineering firms and suppliers presented to and accepted by the Director of Public Works; and, receipt by WisDells of final project documents and record drawings as requested by the Director of Public Works.

b. The incentive payment section is based upon an anticipated project cost of $310,000.00. If the final project cost exceeds the anticipated cost, WisDells reserves the right to re-negotiate the amount and timing of the incentive payment.

c. Costs related to restoration of Chula golf course property shall be the sole responsibility of Chula and not subject to 1/3 – 2/3 cost allocation.

6. Payment of professional fees and costs. On or before December 1, 2017, Chula shall pay to WisDells $3,000.00 as a contribution towards WisDells' fees and costs related to the preparation, review and approval of this Agreement and the project and infrastructure improvements.

7. Post dedication matters.

   a. Chula shall provide WisDells with a Bill of Sale for all of the equipment, fixtures and personal property which comprise the facility; along with lien waivers evidencing payment in full for all labor, materials and equipment; and, along with all operations and specifications, manuals and materials regarding the improvements and a complete set of as built drawings in a form acceptable to the City.

   b. WisDells shall be solely responsible for operating, repairing and maintaining the lift station at its expense. Service restorations beyond the reestablishment of grade will remain the responsibility of Chula in all areas outside the right-of-way.

   c. Chula shall install and maintain equipment recommended by WisDells, such as screening of discharge from the laundry facility, to prevent extraordinary repair and maintenance issues at the lift station associated with the on-site commercial laundry facility.

8. Compliance with law. When performing its obligations under this agreement, Chula shall comply with all terms of this agreement and relevant laws, ordinances and regulations in effect having jurisdiction thereof. In the event of a conflict among the requirements, the stricter provisions shall control.

9. No vested rights granted. Except as provided by law, or as expressly provided in this Agreement, no vested rights in connection with this project shall inure to Chula. Nor does WisDells warrant by this Agreement that Chula is entitled to any other required approvals.

10. No Waiver. No waiver of any provision of this Agreement shall be deemed or constitute a waiver of any other provision, nor shall it be deemed or constitute a continuing waiver unless expressly provided for by a written amendment to this Agreement signed by both WisDells and Chula; nor shall the waiver of any default under this Agreement be deemed a waiver of any subsequent default or defaults of the same type. WisDell's failure to exercise any right under this Agreement shall not constitute the approval of any wrongful act by Chula or the acceptance of any improvement.

11. City Rights Retained. WisDells does not hereby waive, and expressly retains, its right to governmental immunity and other defenses that may be available to WisDells. The obligations set forth herein are not intended to, and shall not be interpreted to, limit WisDells' insurance coverage or other similar protections. To the extent not expressly contracted in this Agreement, WisDells retains and expressly reserves it legislative discretion.

12. Amendment/Modification. This Agreement may be amended or modified only by a written amendment approved and executed by WisDells and Chula.

13. Default. A default is defined herein as Developer's breach of, or failure to comply with, the terms of this Agreement. WisDells reserves to itself all remedies available at law or equity as necessary to cure any default. Remedies

shall include, but not be limited to, stopping all construction. Remedies shall be cumulative, and the exercise of one shall not preclude the exercise of others.

14. Entire Agreement. This Written Agreement, and written amendments, and any other referenced attachments thereto, shall constitute the entire Agreement between Chula and WisDells.

15. Severability. In any part, term or provision of this Agreement is held by the courts to be illegal or otherwise unenforceable, such illegality or unenforceability shall not affect the validity of any other part, term or provision, and the rights of the parties will be construed as if the part, term or provision was never part of the Agreement.

16. Benefits. The benefits of this Agreement to Chula are personal and shall not be assigned without the express written approval of WisDells. Such approval may not be unreasonably withheld, but any unapproved assignment is void. Notwithstanding the foregoing, the burdens of this Agreement are personal obligations of Chula and also shall be binding on the heirs, successors and assigns of Chula.

17. Notice. Any notice required or permitted by this Agreement shall be deemed effective when personally delivered in writing or three (3) days after notice is deposited with the U.S. Postal Service, postage prepaid, certified mail and return receipt requested, and addressed as follows:

If to Chula: Chula Vista Resort & Waterpark
Attn: Michael F. Kaminski
2501 River Road
Wisconsin Dells, Wisconsin 53965

If to WisDells: City of Wisconsin Dells
300 LaCrosse Street
Wisconsin Dells, Wisconsin 53965

18. Effective Date. This Agreement shall be effective as of the date and year executed by both parties.

CITY OF WISCONSIN DELLS

Dated: 12/18, 2017.

Brian L. Landers, Mayor

Dated: 12/18, 2017.

Nancy R. Holzem, Clerk/Administrative Coordinator

CHULA VISTA RESORT & WATERPARK, LLC

Dated: 12/17, 2017.

By:
its:

Document Number	Document Title
	Deed of Dedication of Lift Station #18

Recording Area

Name and Return Address

Joseph J. Hasler, Esq.
LeRowe Gerlach Taggart LLP
110 East Main Street
P.O. Box 231
Reedsburg, WI 53959

Parcel Identification Number (PIN)

THIS PAGE IS PART OF THIS LEGAL DOCUMENT – DO NOT REMOVE.

This information must be completed by submitter: document title, name & return address, and PIN (if required). Other information such as the granting clause, legal description, etc., may be placed on this first page of the document or may be placed on additional pages of the document.
WRDA Rev. 12/22/2010

Deed of Dedication of Lift Station #18

This Deed in Dedication of Lift Station, made between Chula Vista Golf Resort, Inc., a Wisconsin corporation, Chula Vista, Inc. and GTAM, LLC, Grantors, and The City of Wisconsin Dells, a Wisconsin municipal corporation, Grantee.

Grantors convey to Grantee the following described real estate (the "Property"): The lift station located on the following described lands in the City of Wisconsin Dells, Adams County, Wisconsin: Parcel 1, Lot 1, CSM 466 Parcel 2, CSM 466, Parcel 3, Lot 2 CSM 4954.

The above described property is hereby dedicated to Grantee as land for use of a Lift Station. Also included in the grant is the ownership of all equipment and fixtures currently located on such Property. The Property is also shown on the drawing on Exhibit A attached hereto and incorporated by this reference.

This transaction is exempt from the requirement of a Wisconsin Real Estate Transfer Fee pursuant to Wis. Stat. 77.25(2g).

Dated this ____ of July, 2018

Chula Vista Golf Resort, Inc./Chula Vista, Inc./GTAM, LLC

By:_____

Michael F. Kaminski

ACKNOWLEDGMENT

STATE OF WISCONSIN)

COUNTY OF SAUK)

Personally came before me this ____ day of July, 2018, the above-named Michael F. Kaminski as President of Chula Vista Golf Resort, Inc. to me known to be the person who executed the foregoing instrument in such capacity and acknowledged the same.

_____

*_____

Notary Public, State of Wisconsin

My Commission:_____

This instrument was drafted by:

Joseph J. Hasler, Esq.

LaRowe Gerlach Taggart LLP

Document Number	Sewer Easement Agreement

Recording Area

Name and Return Address

Joseph J. Hasler, Esq.
LaRowe Gerlach Taggart LLP
P.O. Box 231
Reedsburg, WI 53959

291-00390-0000 & 291-00390-0025
(Parcel Identification Number)

THIS SEWER EASEMENT AGREEMENT is granted by the Owners named hereafter to the City of Wisconsin Dells.

RECITALS:

A. The Owners named herein are Chula Vista Golf Resort, Inc. and Chula Vista Fairway Villa Condominium Unit Owners Association, Inc.

B. Chula Vista Golf Resort, Inc. owns the following described lands in the City of Wisconsin Dells, Adams County, Wisconsin:

Tax Parcel Number 291-00390-0000 and 291-00390-0025.

C. Chula Vista Fairway Villa Condominium Unit Owners Association, Inc. owns the following described lands in the City of Wisconsin Dells, Adams County, Wisconsin:

Tax Parcel Number: 291-_____-____.

D. The City has requested that the Owners grant a sewer easement over certain portions of their Properties as such portions are described on the attached and incorporated Exhibit A "Sketch of Easement".

E. This Agreement recites the parties respective rights and obligations regarding the easement.

AGREEMENT

1. **Grant of Easement.** The Owners grant to the City, and its licensees, a perpetual easement and right-of-way to construct, reconstruct, maintain, operate, supplement, and remove force main sewer facilities, fixtures, equipment, and appurtenances that may from time to time be required along with the right of ingress and egress for the purposes of this grant over the Easement. All improvements shall be located below grade.

2. **Access Ingress and Egress.** Owners grant to the City such access ingress and egress over their land adjacent to the easement as reasonably needed to implement the terms of this Easement Agreement.

3. **Indemnification.** The City shall indemnify the Owner from and against all loss, costs (including reasonable attorney fees), injury, death, or damage to persons or property that at any time during the term of this Agreement may be suffered or sustained by any person or entity in connection with the City's activities conducted on the Property, regardless of the cause of the injury, except to the extent caused by the gross negligence or misconduct of the Owner or their agents or its employees.

4. **Consistent Uses Allowed.** The Owners reserves the right to use the Easement Areas for purposes that will not interfere with the City's full enjoyment of the Easement rights granted in this Agreement.

5. **Restoration of Surface.** The City shall restore the surface disturbed by any construction or maintenance of any equipment located within the Easement Areas to their condition before the disturbance.

6. **Covenants Run with Land.** All of the terms and conditions in this Agreement, including the benefits and burdens, shall run with the land and shall be binding upon, inure to the benefit of, and be enforceable by the Owners and the City and their respective successors and assigns. The parties named as Owners in this Agreement and any successor or assign to the Owners as fee simple owners of the Property shall cease to have any liability under this Agreement with respect to facts or circumstances arising after the party has transferred its fee simple interest in the Property.

7. **Non-Use.** Non-use or limited use of the Easement rights granted in this Agreement shall not prevent the benefitting party from later use of the Easement rights to the fullest extent authorized in this Agreement.

8. **Governing Law.** This Agreement shall be construed and enforced in accordance with the internal laws of the State of Wisconsin.

9. **Entire Agreement.** This Agreement sets forth the entire understanding of the parties and may not be changed except by a written document executed and acknowledged by all parties to this Agreement and duly recorded in the office of the Register of Deeds of Adams County, Wisconsin.

10. **Notices.** All notices to either party to this Agreement shall be delivered in person or sent by certified mail, postage prepaid, return receipt requested, to the other party at that party's last known address. If the other party's address is not known to the party desiring to send a notice, the party sending the notice may use the address to which the other party's property tax bills are sent. Either party may change its address for notice by providing written notice to the other party.

11. **Invalidity.** If any term or condition of this Agreement, or the application of this Agreement to any person or circumstance, shall be deemed invalid or unenforceable, the remainder of this Agreement, or the application of the term or condition to persons or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and condition shall be valid and enforceable to the fullest extent permitted by law.

12. **Waiver.** No delay or omission by any party in exercising any right or power arising out of any default under any of the terms or conditions of this Agreement shall be construed to be a waiver of the right or power. A waiver by a party of any of the obligations of the other party shall not be construed to be a waiver of any breach of any other terms or conditions of this Agreement.

13. **Enforcement.** Enforcement of this Agreement may be by proceedings at law or in equity against any person or persons violating or attempting or threatening to violate any term or condition in this Agreement, either to restrain or prevent the violation or to obtain any other relief. If a suit is brought to enforce this Agreement, the prevailing party shall be entitled to recover its costs, including reasonable attorney fees, from the nonprevailing party.

14. **No Public Dedication.** Nothing in this Agreement shall be deemed to be a gift or dedication of any portion of the easements granted under this Agreement to the general public or for any public purpose whatsoever.

Chula Vista Golf Resort, Inc.

Dated:_____, 2018.

_____
By:
Its:

ACKNOWLEDGMENT

STATE OF WISCONSIN)
COUNTY OF SAUK)

This instrument was acknowledged before me on _____, 2018, by _____.

_____
Notary Public, State of Wisconsin
My commission expires: _____

Chula Vista Fairway Villa Condominium Unit Owners Association, Inc.

Dated:_____, 2018.

_____
By:
Its:

ACKNOWLEDGMENT

STATE OF WISCONSIN)
COUNTY OF SAUK)

This instrument was acknowledged before me on _____, 2018, by _____.

_____
Notary Public, State of Wisconsin
My commission expires: _____

City of Wisconsin Dells

Dated:_____, 2018.

_____
Edward Wojnicz, Mayor

Dated:_____, 2018.

_____
Nancy R. Holzem, Clerk/Administrative Coordinator

ACKNOWLEDGMENT

STATE OF WISCONSIN)
COUNTY OF SAUK)

This instrument was acknowledged before me on _____, 2018, by Edward Wojnicz and Nancy R. Holzem.

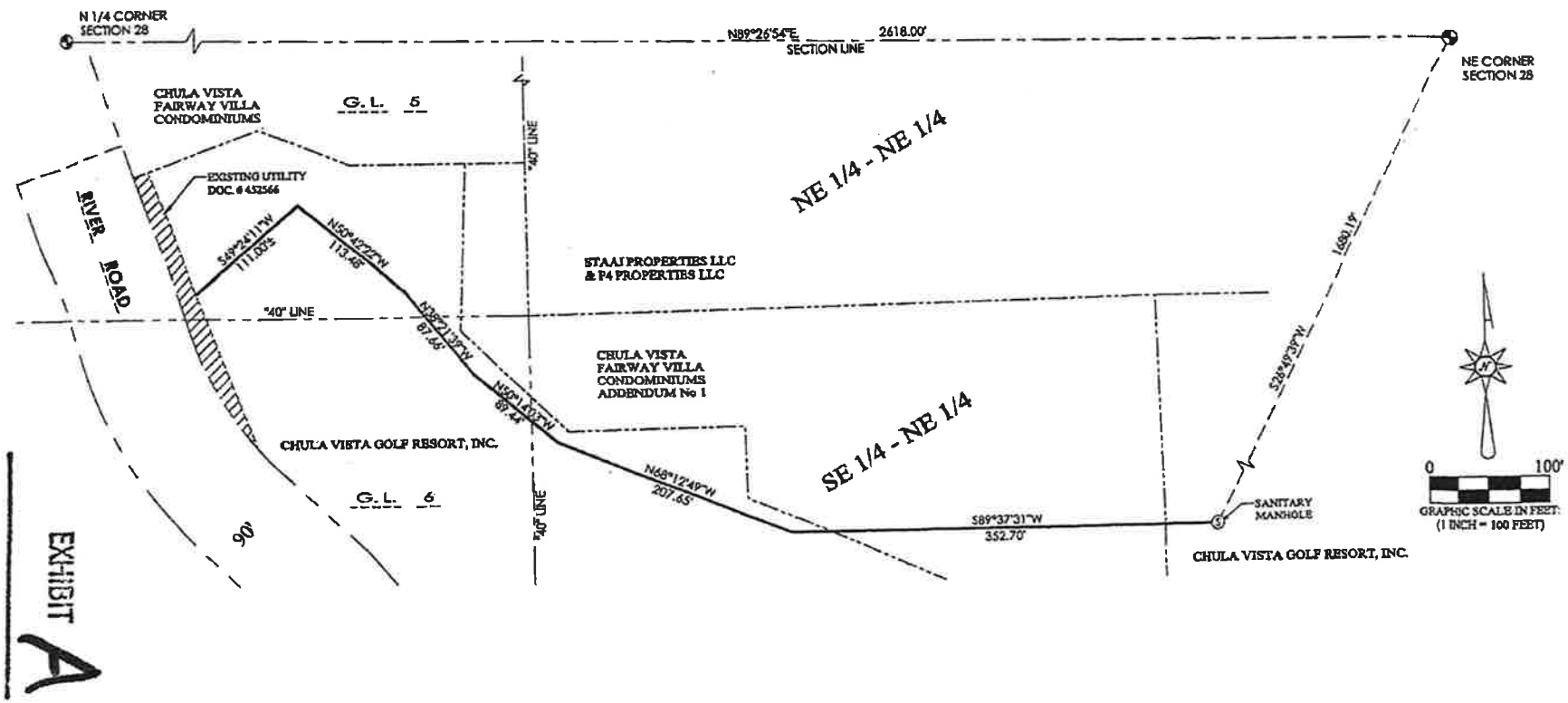
_____
Notary Public, State of Wisconsin
My commission expires: _____

This document was drafted by
Joseph J. Hasler, Esq.
LaRowe Gerlach Taggart LLP
P.O. Box 231
Reedsburg, Wisconsin 53959
608-524-8231

SKETCH OF EASEMENT

Located in the SE1/4 - NE 1/4, Government Lots 5 and 6, Section 28, T14N, R6E, City of Wisconsin Dells, Adams County, Wisconsin.

SEWER EASEMENT DESCRIPTION:

A 20 foot wide sewer easement located in Chula Vista Fairway Villa Condominium Addendum No. 1, SE1/4-NE1/4, Government Lot 5 and Government Lot 6, Section 28, T14N, R6E, City of Wisconsin Dells, Sauk County, Wisconsin whose centerline is described by the following line:

Commencing at the N1/4 corner of said Section 28; thence N89°26'45"E along north line of NE1/4 of Section 28, 2618.00 feet to the Northeast corner of said Section 28: thence S26°49'39"W, 1680.19 feet to a center of a manhole and point of beginning; thence S89°37'31"W, 352.70 feet; thence N68°12'49"W, 207.65 feet; thence N50°14'03"W, 89.44 feet; thence N38°21'39"W, 87.66 feet; thence N50°42'22"W, 113.48 feet; thence S49°24'11"W to the east line of an existing Utility Easement recorded in Document No. 452566 and end of easement centerline.