

CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description: COMMON COUNCIL MEETING

Date: TUESDAY, JULY 21, 2020 Time: 6:30PM Location: MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI

| MAYOR | | COUNCIL MEMBERS | | |
|---------------------|--|-----------------|-----------------|----------------|
| | | FIRST DISTRICT | SECOND DISTRICT | THIRD DISTRICT |
| Edward Wojnicz | | Jesse DeFosse | Mike Freel | Ben Anderson |
| | | Brian Holzem | Terry Marshall | Dan Anchor |
| OPENING | | | | |
| 1 | Call to Order & Roll Call Attendance | | | |
| 2 | Pledge of Allegiance | | | |
| 3 | Approval of Consent Agenda Items: <ul style="list-style-type: none"> a. May 18, 2020 Common Council Meeting Minutes b. Schedule of Bills Payable dated July 21, 2020 c. Applications for Bartender Licenses | | | |
| AGENDA ITEMS | | | | |
| 4 | Public Comment/Citizen Appearances for Any Non-Agenda Item | | | |
| 5 | Notice of Claim Submitted by Paula Brunner | | | |
| 6 | Notice of Claim Submitted by Jeffrey Weishoff | | | |
| 7 | Original Class A Liquor License Application Submitted by Made with Love, LLC, Gayelynn Plaster Agent, for Made with Love Gift Shop, 316 Broadway, for the Licensing Period of July 22, 2020 Through June 30, 2021 | | | |
| 8 | Original Class B Beer License Application submitted by Swamigi, Inc, Mitesh Patel Agent, for the Super 8 Motel, 800 County Rd H, for the Licensing Period of July 22, 2020 thru June 30, 2021 | | | |
| 9 | Application for a Taxicab Service License submitted by Stephen McCarty for Twin Town Pedicabs, for the Licensing Period Through March 31, 2021 | | | |
| 10 | Applications (5) for Seasonal Workforce Housing Facility Licenses for the Licensing Period thru April 30, 2021 | | | |
| RESOLUTIONS | | | | |
| 11 | Resolution to Approve Waiving Interest and Penalties on Sauk County Property Tax Payment Installments | | | |
| 12 | Resolution to Approve the Encroachment Agreement with the Anna Nykaza Revocable Living Trust | | | |
| 13 | Resolution to Approve the Right-of-Way Dedication & Public Improvement Agreement with the Peter & Ann Tollaksen Living Trust and Allen & Nanya Pentell | | | |
| 14 | Resolution to Approve Dedication and Acceptance of Public Right-of Way Agreement with Fela Sign N Store LLC | | | |
| 15 | Resolution to Approve Amendment 1 to Small Cell Master License Agreement with Cellco Partnership (Verizon) | | | |
| 16 | Resolution to Approve Cost Estimate Submitted by Adams County Highway Dept for Ditch Work Along Hwy 13 Near Woodside Sports | | | |
| 17 | Resolution to Approve the Jones Road Right-of-Way Plat of Survey | | | |
| 18 | Resolution to Approve the Certified Survey Map Requested by Concept Holdings | | | |
| ORDINANCES | | | | |
| 19 | First Reading of Ordinance to Require the Entirety of a Workforce Housing Premises be Habitable | | | |

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

ITEM 3c

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73252
Council Date Granted: _____ Police Dept Verification: 7-1-20 By: RC
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name Aligen Malik
Last First Middle
Home Address 112 Misty Pines dr Wisconsin Dells WI 53865
Street City State Zip

Mail License to (if different from Home Address): PO Box 707 Lake Delton WI 53840
Street City State Zip

Date of Birth: 05/23/1988 Drivers License # A 410 5408 - 8183 - 01 State WI

Phone Number: 608-350-6141

List any other State(s) resided in within the last 5 years: _____

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

Have you been convicted of a felony? Yes ___ No
Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No
Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No

If you answered yes to any of the above questions, please list information below or on a separate page:

| Date | Nature of Offense | County | State |
|------|-------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 06/30/2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60⁰⁰ Receipt No. 73102
 Council Date Granted: _____ Police Dept Verification: Co-1920 By: JS
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: X Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name: Hayes Jenna C
Last First Middle
 Home Address: 1233 Oak St. WI Dells WI 53963
Street City State Zip

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

Date of Birth: 02-12-1998 Drivers License # W1200-4239-8552-01 State WI

Phone Number: 608 434 3061

List any other State(s) resided in within the last 5 years: _____

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

Have you been convicted of a felony? Yes ___ No X
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No X
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No X
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

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

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: *Jenna Hayes* Date: 05-29-2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73189
Council Date Granted: _____ Police Dept Verification: 6-29-20 By: JS
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____
 New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name HOFFMAN JOHN C.
Last First Middle
Home Address 670 E. LAKE AVE., UNIT 212 WIS. DELLS WI 53905
Street City State Zip
Mail License to (if different from Home Address): P.O. BOX 374, LAKE DELTON, WI 53940
Street City State Zip
Date of Birth: 03-30-1953 Drivers License # H155-4635-3110-02 State WI
Phone Number: 608-963-0114

List any other State(s) resided in within the last 5 years: NONE
License to be used at (Name of Wisconsin Dells Business): HOT ROCKS REST, AMERICAN WORLD BP + VUE RESTAURANT

Have you been convicted of a felony? Yes ___ No X
Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No X
Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No X
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

| Date | Nature of Offense | County | State |
|------|-------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 5-8-2020
6/26/2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73091
Council Date Granted: _____ Police Dept Verification: 6-17-20 By: PC [Signature]
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name Ochoa Janette
Home Address 324 ^{Last} Cedar St Sauk City ^{First} WI ^{Middle} 53583
Street City State Zip

Mail License to (if different from Home Address): _____

Date of Birth: 06/27/1996 Drivers License # 0200-4209-6727-05 State WI
Phone Number: (608) 385-9439

List any other State(s) resided in within the last 5 years: _____

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

Have you been convicted of a felony? Yes ___ No X
Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No X
Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No X
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

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

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 6/17/2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73243
 Council Date Granted: _____ Police Dept Verification: 7-1-20 By: RC
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: Deny:

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name: Spencer Synda
Last First Middle
 Home Address: 362 Golden Ct Wisc. Dells WI 53965
Street City State Zip

Mail License to (if different from Home Address): PO Box 6 Wisconsin Dells WI 53965
Street City State Zip

Date of Birth: 2-4-1965 Drivers License # S152-7806-5544-05 State WI

Phone Number: 608-844-0569

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): Paul Bunyan

Have you been convicted of a felony? Yes ___ No
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No

If you answered yes to any of the above questions, please list information below or on a separate page:

| Date | Nature of Offense | County | State |
|------|-------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: Synda Sp Date: 6-29-2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 173356
 Council Date Granted: _____ Police Dept Verification: 7-10-20 By: KC
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name ORHEI ANAMARIA

Home Address 1003 BOWMAN RD WISCONSIN DELLS WI 53965
Street City State Zip

Mail License to (if different from Home Address): 1003 BOWMAN RD WISCONSIN DELLS WI 53965
Street City State Zip

Date of Birth: 01.04.1994 Drivers License # 0600-0009-4504-03 State WI

Phone Number: 608 894 0221

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): KAMINSKI CHOPHOUSE CHOCALISTA

Have you been convicted of a felony? Yes ___ No
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No

If you answered yes to any of the above questions, please list information below or on a separate page:

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

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 7.8.2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. _____
 Council Date Granted: _____ Police Dept Verification: 7-10-20 By: RC
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: _____ Deny: X

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name DASH JACQUES JUAN
Last First Middle
 Home Address 231 N. BURRITT AVE APT 12 WISCONSIN DELLS WI 53916
Street City State Zip

Mail License to (if different from Home Address): _____

Date of Birth: 02/07/1981 Drivers License # N 200 4308 7047 08 State WI
Street City State Zip
 Phone Number: 608-717-9056

List any other State(s) resided in within the last 5 years: NONE

License to be used at (Name of Wisconsin Dells Business): TRAVEL MART - Broadway

Have you been convicted of a felony? Yes X No _____
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes _____ No X
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes X No _____
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes _____ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

| Date | Nature of Offense | County | State |
|-------------|-------------------|-------------|-----------|
| <u>2018</u> | <u>THEFT</u> | <u>DAVE</u> | <u>WI</u> |
| | | | |
| | | | |
| | | | |
| | | | |

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 07-9-2020

City of Wisconsin Dells Notice of Claim

ITEM 5

Name: Paula Brunner Incident/Accident Information:
Address: 1498 Pleasant View Drive Date: May 12th, 2020
Wisconsin Dells, WI 53916 Time: 12:00 P.M.
Phone: 608-253-0293 Location: 1498 Pleasant View DR.
WISCONSIN DELLS, WI 53916

Circumstances of Claim

In the space below briefly describe the circumstances of your claim. (Attach additional sheets if necessary.) For automobile damage, attach a copy of the police report including a diagram of the accident scene including north, south, east or west corners if the accident occurred at an intersection. A minimum of two estimates must be submitted for repairs. For personal injury, indicate the nature of the injury and whether or not medical attention was given. Attach copies of the medical bills. List any witnesses to the incident/accident.

On May 12th, 2020 I went out to retrieve our mail from the box and something caught my eye down by the Fire Hydrant. I walk towards the hydrant and noticed the debris scattered across the lawn (which included a large bolt and hitch). The vegetation was apparently cut down and some of it was removed but a considerable amount remained. Some of the branches had thorns on them which made removing them difficult. I thought I got all the debris out of the lawn: however, that which was not detected did a great deal of damage to the tire of my tractor. In waiting for the replacement tire, I had to mow with a push mower which further aggravated my arthritic knees.

Signed: Paula Brunner Date: June 15th, 2020

Claim

(NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of Wisconsin Dells at any time consistent with the applicable statute of limitations. **However, in order for the City of Wisconsin Dells to formally accept or deny your claim at this time, the following claim must be completed and signed.**)

The undersigned hereby makes a claim of \$ 55,371 against the City of Wisconsin Dells arising out of the circumstances described above. To process this claim it is necessary to detail monetary damages being sought.

Signed: Paula Brunner Date: June 15th, 2020

Paula Brunner
1498 Pleasant View Drive
Wisconsin Dells, WI 53965

INVOICE

City of Wisconsin Dells
Department of Public Works
300 La Crosse Street
Wisconsin Dells, WI 53965

Invoice # 0000001
Invoice Date 05/12/2020
Due Date 06/19/2020

| Item | Description | Unit Price | Quantity | Amount |
|--------------------|--|------------|----------|---------|
| Product | Purchase of New Lawn Tractor Tire. Tire was punctured by thorny debris left on our property on May 12th, 2020 along with a heavy metal hitch. | 55.37 | 1.00 | 55.37 |
| Subtotal | | | | 55.37 |
| Total | | | | 55.37 |
| Amount Paid | | | | 0.00 |
| Balance Due | | | | \$55.37 |

NOTES: The following photographs illustrate the mess we encountered upon arriving home on May 12th, 2020.



Monica Dorow Leis

From: Nancy Holzem
Sent: Wednesday, July 8, 2020 9:35 AM
To: E Wojnicz
Cc: David Holzem; Monica Dorow Leis
Subject: FW: ASSISTANCE WITH A PENDING PROBLEM

Monica has the Notice of Claim that she filed and it is set to be on the agenda along with the invoice she sent.

Nancy R. Holzem
City Clerk/Coordinator
City of Wisconsin Dells
(608)254-2012 x405

From: E Wojnicz
Sent: Wednesday, July 8, 2020 9:16 AM
To: Nancy Holzem <nholzem@dellscitygov.com>
Subject: Fwd: ASSISTANCE WITH A PENDING PROBLEM

Please put on public works agenda.

Sent from my iPad

Begin forwarded message:

From: Lois Brunner <ljbrunner@charter.net>
Date: July 6, 2020 at 3:12:03 PM CDT
To: E Wojnicz <ewojnicz@dellscitygov.com>
Subject: ASSISTANCE WITH A PENDING PROBLEM

Dear Mayor, Wojnicz:

Please find the attached information regarding a pending problem which has not yet been resolved.

On May 12th I discovered a mess that had been created unbeknownst to me without any previous notice that it was about to take

place and undoubtedly you might have been aware of it taking place. We are assuming city workers cut the brush the down behind our property but neglected to remove some of the debris which contain branches with thorns on them.

I called the Public Works Office and spoke to Monica about the mess and the heavy loop and bolt hitch that was also found on our property and sent me a claim form to fill out and also sent someone to observe the mess, but made very little comment and took the hitch and left.

I mailed the form in with my invoice but, unfortunately, I neglected to include the invoice for the new tractor tire to replace the that was damaged by the thorns that were present in the debris. It is my opinion that it was their responsibility to remove whatever debris flung on our property.

Monica had left a message for me to call her back because I was not home my mom was in the hospital having a Pacemaker inserted. On Friday June 26th I called Monica while I was waiting for my mom to

be released from hospital. Monica advised me that I had forgotten to include the tractor tire invoice and that I should have called Public Works to come out and clean up the mess but, I was unable to identify who exactly created this mess because no ad advanced notice. Monica also told me that someone told her that nothing had been cut down for 2 years (which, obviously was not accurate). While waiting for my tractor tire to be replaced I had to mow the lawn with the push mower which was extremely hard on my arthritic knees which, you might correctly assume that it would be.

My mother and I our senior citizens and it seem unfair that it should be our responsibility to clean up this debris. I am 61 and my mom is 92 and in failing health.

I am respectfully requesting your assistance in contacting the proper individual to assist me in the resolution of this problem and help me to obtain the proper reimbursement for the tractor tire which had to be replaced.

**Sincerely,
Paula Brunner**

**1498 Pleasant View Dr.
Wisconsin Dells, WI 53965**

<July 6.docx>

<Mess 1.jpg>

<Bolt.jpg>

<Lot Behind our house 1.jpg>

City of Wisconsin Dells Notice of Claim

Name: JERRY NEISHOFF Incident/Accident Information:
 Address: N 4660 Jameson Drive Date: 6/13/2020
R10 WI. 53960 Time: 11:00 PM
 Phone: 608-212-7572 Location: Hwy 16 and CTR RD

Circumstances of Claim

In the space below briefly describe the circumstances of your claim. (Attach additional sheets if necessary.) For automobile damage, attach a copy of the police report including a diagram of the accident scene including north, south, east or west corners if the accident occurred at an intersection. A minimum of two estimates must be submitted for repairs. For personal injury, indicate the nature of the injury and whether or not medical attention was given. Attach copies of the medical bills. List any witnesses to the incident/accident.

Driving on Hwy 16 East and there was a High Speed Chase in progress and a police officer Deployed Spike Strips to South and on the wrong side of the road and I ran over them with my truck
police Report NO. 20N02179

Signed: [Signature] Date: 6/23/2020

Claim

(NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of Wisconsin Dells at any time consistent with the applicable statute of limitations. However, in order for the City of Wisconsin Dells to formally accept or deny your claim at this time, the following claim must be completed and signed.)

The undersigned hereby makes a claim of \$ 729.25 against the City of Wisconsin Dells arising out of the circumstances described above. To process this claim it is necessary to detail monetary damages being sought.

Signed: [Signature] Date: 6/25/2020

Nancy Holzem

From: Jeffrey Weishoff <jweishoff0858@gmail.com>
Sent: Tuesday, June 23, 2020 9:04 AM
To: Nancy Holzem
Subject: POLICE REPORT 20WD2179 ROAD SPIKES
Attachments: tire receipts.pdf; tire receipt.pdf; tire receipt.3.pdf

My name is Jeffrey Weishoff N4660 Jameson Drive Rio WI. 53960
My 2001 Dodge Ram 1500 was road spiked by mistake on 6/13/2020.
The Officer in charge said they would cover the cost of my tires and tow.
The attached Receipts are the costs of the tow and some very worn used tires and
the new tires to replace the new tires that were on my truck that got road spiked.
I would appreciate a payment as soon as possible. Thanks Please call me if you have any questions.

Nancy Holzem

From: Perry Mayer <pmayer@wdpd.com>
Sent: Wednesday, June 17, 2020 1:45 PM
To: Nancy Holzem
Cc: Jody Ward
Subject: Citizen claim--Jeff Weishoff

Nancy,

Here's the background. This past Saturday night our officers had set up tire deflation devices (spike strips) at STH 16 and Vine St. at the request of the Columbia County Sheriff's Office as they had a high speed chase coming toward the city. Several vehicles took heed of the officers warnings to get out of the road. Mr. Weishoff slowed down, but proceeded over the spike strips rather than turn off onto Vine St. He commented to our officer that he thought it was an accident scene and that it was just debris in the roadway. As a result his vehicle sustained two flat front tires and had to be towed from the scene by Platt's.

Mr. Weishoff has since contacted us inquiring about getting reimbursed for his tires and tow. I referred him to you for any claims. He said he is about \$284.00 into it at this time.

If you have any questions please let me know.

--

Lt. Perry Mayer
Wisconsin Dells Police
712 Oak Street
Wisconsin Dells, WI 53965
608-253-1611
Wis. Command College Class 4



DAVID'S CERTIFIED AUTO REPAIR

300 S. Division St.
Waukegan, WI 53597
(608) 849-2667

"YOUR LOCAL AUTOMOTIVE REPAIR SPECIALISTS"

Invoice #0019906 6/22/2020 2001 Dodge Ram 1600 Pickup
Original Estimate # 4:14 pm V8-360 5.9L
WEISHOFF, JEFF/LORI VIN : 3B7HF13Z41G745980
N4680 JAMESON DR Mileage :: 192592
RIO, WI 53960- Trans : AUTO
Cell:(608) 212-7572 Ext: JEFF License : AN5324
Work:(920) 992-6006 Ext: HOME Colr : SILVER Sub :

Service Writer: DAVID WEISHOFF Center: RETAIL

Service Requests:
2 TIRES

| Category Summary | Parts | Labor | Job Total |
|----------------------|----------|----------|-----------|
| Miscellaneous | \$0.00 | \$-24.95 | \$-24.95 |
| MOTOR VEH INSPECTION | \$0.00 | \$0.00 | \$0.00 |
| TIRE SERVICE | \$367.98 | \$74.93 | \$442.91 |

| Technician | Service Description | Parts | Labor | Job Total |
|------------|---|--------|--------|-----------|
| 1 | Free Courtesy Check. | | 0.00 | |
| 1 | MOUNT AND BALANCE TWO TIRES | 367.98 | 29.98 | 397.96 |
| | <i>Part Number</i> <i>Part Description</i> <i>Part Price Each</i> <i>Quantity</i> <i>Extended</i> | | | |
| S | 04508470000 LT265/75R16 E GRABBER ATX RWL | 175.99 | 2 | 351.98 |
| S | TIRE DISPOSAL | 8.00 | 2 | 16.00 |
| | <i>Tire 1 DOT:</i> A3W8HM74419 | | | |
| | <i>Tire 2 DOT:</i> A3W8HM74419 | | | |
| 1 | LIGHT TRUCK NITROGEN PURGE AND FILL 2 TIRES | | 44.95 | 44.95 |
| | Discount | 0.00 | -24.95 | -24.95 |

Payments:
(On Account), \$444.38, on 06/22/20

Authorizations

| Approved By | Approval Given to: | Date | Time | Difference | Total Authorized | Method |
|--------------------|--------------------|---------|---------|------------|------------------|----------|
| JEFF/LORI WEISHOFF | | 6/22/20 | 7:31 am | \$471.65 | \$471.65 | By Phone |
| Reason: | | | | | | |

Repair Order Notes
RED CAMRY

WARRANTY INFORMATION

Nationwide warranty assistance 1-800-457-0019

All workmanship is warranted for 36 months or 36000 miles from the date of installation unless otherwise specified. All parts are warranted under the manufacturers warranty. I hereby authorize you and/or your agents to contact me regarding the products and services provided. An express mechanic's lien is hereby granted. I acknowledge receipt of a copy of this repair order.

Wheel lug nuts must be re-torqued within 100 miles after being removed and re-installed during any service that requires the tire and wheel assembly to be removed. Please Review or Services on Yelp, Google and Facebook.

Thank You for your business!!

Customer Signature: _____ Date: _____

| | |
|----------------------|-----------------|
| TOTAL PARTS | \$367.98 |
| TOTAL LABOR | \$49.98 |
| SUBLET | \$0.00 |
| SHOP SUPPLY | \$3.25 |
| SUBTOTAL | \$421.21 |
| OTHER FEES | \$0.00 |
| SALES TAX | \$23.17 |
| TOTAL INVOICE | \$444.38 |
| PAID | \$0.00 |
| DUE | \$444.38 |

Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O.Box 8911, Madison, Wisconsin 53708-8911



Platt's Garage
 1100 Washington Ave./ P.O. BOX 16
 Wisconsin Dells, WI. 53986
 Phone: 808-253-1881 Fax: 808-254-6288

INVOICE

21704

Org. Est. # 030264

OUR BUSINESS IS PICKING UP

Print Date : 08/15/2020

INVOICE

WEISHOFF, JEFF 2001 Dodge - Pickup R1500 - 6.9L V6 (300CI) VIN(Z)
 N4680 JAMESON DRIVE Llo # : AN5324 - WI Odometer In : 102,389
 Rio, WI 53960 Unit # : Odometer Out :
 VIN # : 3B7HF13Z4 1G746880

Cust ID : 6062

| Part Description / Number | Qty | Sale | Extd | Labor / Description | Extd |
|---------------------------|------|-------|-------|----------------------|--------|
| USED 16 INCH TIRES | 2.00 | 40.00 | 80.00 | TOWING FROM HWY 16 | 160.00 |
| UT | | | | MOUNT TWO USED TIRES | 40.00 |

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.
 2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
 3. I do not want an estimate. _____

Payment will be made by Cash Check Credit Credit Card

[Payments -]

| | |
|----------|-----------------|
| Labor: | 40.00 |
| Parts: | 80.00 |
| Sublet: | 160.00 |
| Sub: | 270.00 |
| Tax: | 14.86 |
| Total | 284.86 |
| Bal Due: | \$284.86 |

[Technicians : Please Select, Technician] Do you want the replaced parts you are entitled to? Yes No

Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

This vehicle received without face to face contact.

Shop Representative _____

Having authority to do so I hereby order the above products and services, parts, and labor and grant permission to you and/or your employees to operate the vehicle described for the purposes of testing and/or inspection. I agree to pay cash when the work is completed or to pay on the other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign: _____ Date: _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2020 ending: 6/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Wisconsin Dells
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

| Applicant's Wisconsin Seller's Permit Number | |
|--|------------------|
| FEIN Number | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input checked="" type="checkbox"/> Class A liquor | \$ 500 |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 14 |
| TOTAL FEE | \$ 514.00 |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Made with Love, LLC

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

| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|-----------------|---------------|---|
| <u>Plaster</u> | <u>Gayelynn</u> | <u>—</u> | <u>411 Pflaum Rd, Madison, WI 53716 Dane city</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Bloom</u> | <u>Darcy</u> | <u>K</u> | <u>1012 Race Street, Wis Dells, WI 53765 Colombiacity</u> |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>_____</u> | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>_____</u> | | | |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Plaster</u> | <u>Gayelynn</u> | <u>—</u> | <u>411 Pflaum Rd, Madison, WI 53716 Dane county</u> |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>_____</u> | | | |

1. Trade Name Made with Love, LLC Business Phone Number 608-609-7268
 2. Address of Premises 316 Broadway Post Office & Zip Code 53965 608-220-8931

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Back area of Retail Gift Store. AP 5/14/20
Area will have wine secured with a small tasting area for customers to be done by owners, in front area of store

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Required
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

| | | |
|---|--|--|
| Contact Person's Name (Last, First, M.I.) <u>Gayle Plaster, Gayelynn</u> | Title/Member <u>President/owner</u> | Date <u>11-3-2019</u> |
| Signature <u>Gayelynn Plaster</u> | Phone Number <u>608-220-8931</u> | Email Address <u>gayzo1@hotmail.com</u> <u>madewithloveLLC@outlook.com</u> |

TO BE COMPLETED BY CLERK

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5-18-2020</u> | Date reported to council / board | Date provisional license issued <u>NR</u> | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Made With Love LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Made With Love Gifts (LLC)
(Trade Name)

located at 316 Broadway

appoints Gayelynn Plaster
(Name of Appointed Agent)

411 Pflaum Road, Madison WI 53716
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 61 years

Place of residence last year _____

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Gayelynn Plaster, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Gayelynn Plaster 5-15-2020 Agent's age 61
(Signature of Agent) (Date)
411 Pflaum Madison WI 53716 Date of birth 08-05-58
(Home Address of Agent)

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

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

Approved on 5/29/20 by [Signature] Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

✓ 5/21/20 BS

Gayelynn

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|---------|---------------|----------------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Plaster, | | Gayelynn | | | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 411 Pflaum Rd | | Dane Cty | Madison | WI | 53716 |
| Home Phone Number | | | Age | Date of Birth | Place of Birth |
| 608-220-8931 | | | 61 | 08-05-1958 | Madison |

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

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

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

1. How long have you continuously resided in Wisconsin prior to this date? 61 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

| | | | |
|---|--|-----------------------------------|----------------------|
| Employer's Name <u>Kwik Trip</u> | Employer's Address <u>American Pkwy, Sun Prairie</u> | Employed From <u>5-15-2016</u> | To <u>Current</u> |
| Employer's Name <u>DeJope (Ho chunk)</u> | Employer's Address <u>4802 Evan Acres Road MADISON, WI, 53716</u> | Employed From <u>2012-2015</u> | To <u>2015</u> |

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

Gayelynn Plaster
(Signature of Named Individual)

Darcy

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|------------------------------|---------------------------------|----------------------------------|--------------------------|
| Individual's Full Name (please print) (last name) Bloom | | (first name) Darcy | | (middle name) IK | |
| Home Address (street/route) 1012 Race St | | Post Office | City Wisc. Dells | State WI | Zip Code 53965 |
| Home Phone Number 608-609-7268 | | Age | Date of Birth 4-10-86 | Place of Birth MADISON | |

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

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

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

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

| | | | |
|---|--|------------------------------------|------------------------|
| Employer's Name Master Corp. | Employer's Address 45 Hillman Rd, Baraboo 53913 | Employed From Aug 2018 | To Nov 2018 |
| Employer's Name Zimbrick European | Employer's Address 2300 Rimrock Rd Madison 53713 | Employed From APRIL 2017 | To July 2018 |

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

DBloom
(Signature of Named Individual)

Wisconsin Dells Municipal Code 16.12(13):

Retail Class A Licenses:

(a) Retail Class A Beer and/or Liquor License may be issued to, subject to appropriate site by site limitations and/or restrictions:

1. Liquor Stores
2. Drug Stores/Pharmacies
3. Department Stores (i.e. Wal-Marts)
4. Convenience Stores with or without gasoline
5. Grocery Stores

(b) Retail Class A Beer and/or Class A Liquor License may be issued on a case by case discretionary basis, to **specialty retail establishments** where the sale of select "Class A" products will complement and enhance the sale of specific products and product lines; or contribute to a unique retail shopping concept; subject to appropriate site limitations and/or restrictions.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/22/2020 ending: 6/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Wisconsin Dells
 Town of }
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization
SCOOP

| Applicant's Wisconsin Seller's Permit Number <u>456 1028 542811-02</u> | |
|---|------------------|
| FEIN Number <u>47-1524148</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| Class A Beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100.00 |
| Class C wine | \$ |
| Class A liquor | \$ |
| Class A liquor (cider only) | \$ N/A |
| Class B liquor | \$ |
| Reserve Class B liquor | \$ |
| Class B (wine only) winery | \$ |
| Publication fee | \$ 14.00 |
| TOTAL FEE | \$ 114.00 |

Name (individual / partners give last name, first, middle, corporations / limited liability companies give registered name)
Swamigi inc.

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

| | | | |
|---|-----------------------------|---------------------------|--|
| President / Member Last Name <u>PATEL</u> | (First) <u>Bharkumar</u> | (Middle Name) <u>G</u> | Home Address (Street, City or Post Office, & Zip Code) <u>810 Winchester St West Salem, WI</u> |
| Vice President / Member Last Name <u>PATEL</u> | (First) <u>Pankaj</u> | (Middle Name) <u>D</u> | Home Address (Street, City or Post Office, & Zip Code) <u>3457 Blue Star Hwy, Sauget, IL</u> |
| Secretary / Member Last Name <u>PATEL</u> | (First) <u>Yatin</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) <u>800 County H, Wisconsin Dells, WI</u> |
| Treasurer / Member Last Name <u>PATEL</u> | (First) <u>Hitesh</u> | (Middle Name) <u>J</u> | Home Address (Street, City or Post Office, & Zip Code) <u>811 Winchester St. West Salem WI</u> |
| Agent Last Name <u>Patel</u> | (First) <u>Mitesh</u> | (Middle Name) <u>K</u> | Home Address (Street, City or Post Office, & Zip Code) <u>800 County Road H Wisconsin Dells, WI</u> |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name Super 8 Business Phone Number 608-678-3876
 2. Address of Premises 800 County Rd H Post Office & Zip Code 53965

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

4. Legal description (omit if street address is given above): Swamigi inc

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. Yes No
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

| | | |
|---|-------------------------------------|--|
| Contact Person's Name (Last, First, MI) PATEL BHARATKUMAR G | Title/Member Member | Date 7-2-20 |
| Signature Bhena Patel | Phone Number 715-383-0231 | Email Address Dansim12552@bharat.com |

TO BE COMPLETED BY CLERK

| | | | |
|---|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk 7-6-2020 | Date reported to council / board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Swamigi LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as SWAMI SUPER 8 BY WYANDHAM
(Trade Name)

located at 800 COUNTY ROAD H, WISCONSIN DELLS, WI-53965

appoints Mitesh Patel
(Name of Appointed Agent)

800 COUNTY ROAD H, WISCONSIN DELLS, WI 53965
(Home Address of Appointed Agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 months

Place of residence last year _____

For: Swamigi LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Mitesh Patel
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Mitesh Patel, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Mitesh Patel 07-06-2020 Agent's age 29
(Signature of Agent) (Date)

800 COUNTY ROAD H, WISCONSIN DELLS WI Date of birth 01-31-1991
(Home Address of Agent)

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

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

Approved on 7/13/20 by [Signature] Title POLICE CHIEF
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|---------------------------------|---------------------------------|-----------------------------|-----------------------|
| Individual's Full Name (please print) (last name) Patel | | (first name) Yatin Kumar | | (middle name) K | |
| Home Address (street/route) 800 COURT ROAD A | | Post Office | City WISCONSIN DELLS | State WI | Zip Code 53965 |
| Home Phone Number 708-830-1454 | | Age 22 | Date of Birth 02-21-1998 | Place of Birth India | |

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

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

_____ of **Swamiji INC**
(Official / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? **2 years**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

| | | | |
|-----------------|--------------------|---------------|----|
| Employer's Name | Employer's Address | Employed From | To |
| | | | |
| Employer's Name | Employer's Address | Employed From | To |
| | | | |

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

[Signature]
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|----------------------------|---------------------------------|-----------------------------|-----------------------|
| Individual's Full Name (please print) (last name) Patel | | (first name) Pankaj | | (middle name) D. | |
| Home Address (street/route) 3930 Clearbrook Ct | | Post Office | City Saugatuck | State MI | Zip Code 49453 |
| Home Phone Number | | Age 49 | Date of Birth 10/28/1970 | Place of Birth India | |

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

_____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

| | | | |
|-----------------|--------------------|---------------|----|
| Employer's Name | Employer's Address | Employed From | To |
| | | | |
| Employer's Name | Employer's Address | Employed From | To |
| | | | |

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

Pankaj Patel
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|----------------------------|-------------------------------|-----------------------------|-----------------------|
| Individual's Full Name (please print) (last name) Patel | | (first name) Hitesh | | (middle name) J | |
| Home Address (street/route) 810 Winchester St | | Post Office | City West Salem | State WZ | Zip Code 54669 |
| Home Phone Number 608 844 3116 | | Age 39 | Date of Birth 09-24-81 | Place of Birth India | |

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

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

_____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 6 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 if yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale License or Permit) (Address By City and County)
- Named individual must list in chronological order last two employers.

| Employer's Name | Employer's Address | Employed From | To |
|-----------------|--------------------|---------------|----|
| | | | |
| Employer's Name | Employer's Address | Employed From | To |

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

Hitesh Patel

(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|---------------|----------------|----------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| PATEL | | BHARATKUMAR | | G | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 810 Winchester St | | | West Salem | WI | 54669 |
| Home Phone Number | | Age | Date of Birth | Place of Birth | |
| 715-383-0221 | | 55 | Dec-6-1964 | India | |

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 10 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

| Employer's Name | Employer's Address | Employed From | To |
|-----------------|--------------------|---------------|----|
| | | | |
| | | | |

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

Bharat Patel
(Signature of Named Individual)

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

Fee: \$150

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

New Renewal

Date Submitted: July 2 2020 Amount Paid: \$ 225 Receipt No. _____

Name of Applicant (Last, First, MI): MCCARTY, STEPHEN K
Address of Applicant: 3253 SNELLING AVENUE MILS MN 55406
Date of Birth: Nov 9 1959 Daytime Telephone Number: 651 249 6036
Applicant's Drivers License Number: R238107239713 State: MN
Business Name: TWIN TOWN TAXICABS Telephone No. 612 338 1128
Business Address: 917 5TH AVENUE MINNEAPOLIS MN 55404
Proposed hours of Operation: DAILY - NOON THROUGH BAR CLOSE

Name of Auto Insurance Carrier: (Attach Proof of Coverage): SECURA

Proposed Rate Schedule: GENERALLY \$5-\$10 per person, FARE WILL BE QUOTED PRIOR TO THE COMMENCEMENT OF THE RIDE

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

[Signature]

Signature of Applicant

JULY 1, 2020

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. _____
- License Approved: _____ License Valid from _____, 20 _____ through March 31, 2021
Conditions (if any): _____
- Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB DRIVER

Fee: \$30

New Renewal

Date Submitted: July 1, 2020 Amount Paid: \$30.00 Receipt No. _____

Name of Applicant (Last, First, MI): Coleman Richard D.

Address of Applicant: 3253 Snelling Ave. - Minneapolis, MN 55406

Date of Birth: November 10, 1955 Daytime Telephone Number: 763-438-8031

Applicant's Drivers License Number: F316046261710 State: MN.

Attach a current 1 1/4" x 1 1/4" headshot photograph of yourself. License will not be issued without it.

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

Richard D. Coleman

Signature of Applicant

July 1, 2020

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

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

Per City of Wisconsin Dells Ordinance 30.10 (2) No officer or agent of the City shall issue any City permit or license if the applicant for such license or permit is in default of any financial obligations due and owed the City. If an application for a license or permit discloses the person or entity who or which will perform work associated with the permit or license, and, such person or entity is in default of any financial obligations due and owed the City, the application shall be denied until full payment is made.

Reviewed by: Utility _____ Taxes _____ Invoices _____ Parking Tickets _____ Municipal Court _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB DRIVER

Fee: \$30

New Renewal

Date Submitted: July 2, 2020 Amount Paid: \$ 30 Receipt No. _____

Name of Applicant (Last, First, MI): MCCARTY, STEPHEN K

Address of Applicant: 3253 SWELLING AVE MINNEAPOLIS MN 55406

Date of Birth: Nov 9 1959 Daytime Telephone Number: 651 249 6036

Applicant's Drivers License Number: R 238107239713 State: MN

Attach a current 1 1/4" x 1 1/4" headshot photograph of yourself. License will not be issued without it.

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

SK
Signature of Applicant

JULY 1, 2020
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

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

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

Per City of Wisconsin Dells Ordinance 30.10 (2) No officer or agent of the City shall issue any City permit or license if the applicant for such license or permit is in default of any financial obligations due and owed the City. If an application for a license or permit discloses the person or entity who or which will perform work associated with the permit or license, and, such person or entity is in default of any financial obligations due and owed the City, the application shall be denied until full payment is made.

Reviewed by: Utility _____ Taxes _____ Invoices _____ Parking Tickets _____ Municipal Court _____



July 1, 2020

To whom it may concern:

My name is Stephen McCarty. I am the owner of Twin Town Pedicabs. We are based in Minneapolis and operate our pedicabs all about the Midwest. I believe our pedicabs could provide a viable transportation option to both the residents and visitors in Wisconsin Dells. This letter is to request that you consider permitting our business to operate in Wisconsin Dells.

Specifically, I request that we be given authority to operate our pedicabs from August 1, 2020 to Labor Day. We would operate two to four pedicabs more or less along Broadway and the surrounding streets. I suggest that our performance over this brief time be evaluated over the coming off season and that we be granted a more permanent license to operate prior to the 2021 season.

We have a 11 year history of operating a friendly and much appreciated service in a safe and highly professional manner. I believe that our service will be very well received by the entire Wisconsin Dells Community. Pedicab operation is a 'feel good' industry and a viable transportation option.

The following is a partial list of the cities in which we operate/have operated;

| | | |
|-----------------|----------------|-----------------|
| Minneapolis, MN | Saint Paul, MN | Madison, WI |
| Ames, IA | Des Moines, IA | Lincoln, NE |
| Sioux Falls, SD | Duluth, MN | Saint Louis, MO |
| Phoenix, AZ | Tempe, AZ | Scottsdale, AZ |
| San Diego, CA | Louisville, KY | Omaha, NE |

This is our 11th year of operation. We have operated professionally and safely across the United States. We provide a valued transportation option. We always work well with local government and have never been the source of any significant problem. We have a fleet of quality, well maintained and heavily insured pedicabs. Our team of drivers are mature professionals who take great pride in what they do.

Please consider my request and please contact me with any questions that may arise.

Thank you,

Stephen McCarty

651 249 6036



CENTSTA-01

ABLEGEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2020

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

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

| | | | |
|---|--|--|--|
| PRODUCER Stein Agency Inc. 12800 Lake Blvd Lindstrom, MN 55045 | | CONTACT NAME: PHONE (A/C, No, Ext): (651) 257-1042 FAX (A/C, No): (651) 257-3937 E-MAIL ADDRESS: | |
| INSURED Central States Pedicab LLC Dba Twin Town Pedicabs 3253 Snelling Avenue Minneapolis, MN 55406 | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : Secura Insurance Company NAIC # 22543 | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR INSD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|-----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CP3264082 | 2/17/2020 | 2/17/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | CP3264082 | 2/17/2020 | 2/17/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

| | |
|---|---|
| CERTIFICATE HOLDER City of Wisconsin Dells 300 La Crosse Street Wisconsin Dells, WI 53965 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Alisa Lamb</i> |
|---|---|



Current Ordinance

16.21 Taxicabs and Drivers

(1) Definitions.

- (a) "Taxicab" means a motor vehicle which carries or transports passengers for a fee or fare. The term does not include:
1. Vehicles which operate on a fixed route pursuant to authority granted by the state or federal government.
 2. Vehicles commonly referred to as "rent-a-cars".
 3. Vehicles solely operating as funeral cars or ambulances
 4. Amphibious motor vehicles properly registered and licensed and operating on the highway upon routes between lake access points or operated as free business shuttles
 5. Free shuttle services operated by businesses.
 6. Limousine services.
- (b) "Taxicab Service" means a person which owns or operates one or more taxicabs.

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From _____ to April 30, 2021 Fee \$ 850 Receipt No. 73310
(\$50 each for first 15 sleeping units; \$25 each add'l) 7/6/2020

Applicant Name: A&J Entertainment

Applicant Address: 1550 WDP

Telephone Number: 608-547-2332

Lodging Facility Address: 510 Vine

Number of Sleeping Units: 19

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

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

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

Jason Field - 3 blocks away

Onsite, live-in supervisor

Adam Seymer - Lives across town

Adam Sy
Applicant's Signature

7-20
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells ^{ITE}

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New

Renewal

- two thousand two hundred \$¹⁰⁰/₁₀₀-

Date From May 1, 2020 to April 30, 2021 Fee \$2200.⁰⁰ Receipt No. 731107
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: GTAM LLC

Applicant Address: 2501 River Rd. PO BOX 30 Wisconsin Dells, WI 53965

Telephone Number: (608) 254-1614

Lodging Facility Address: Same as above

Number of Sleeping Units: 73

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

Name & Telephone No. of On-Site Supervisor: Rennie Gibeaut 608-393-4806
Marianne Kissack 608-254-1614

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

Rennie Gibeaut - Maintenance Mgr

Marianne Kissack - Housing Mgr

Security - Patrols Regularly

Marianne Kissack
Applicant's Signature

4/15/2020
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 5/1/2020 (6/1/16/2020 eff) to April 30, 2021 Fee \$ 600.00 Receipt No. 73020
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Riverview Boat Line

Applicant Address: 31 Broadway, Wise. Dells

Telephone Number: 608-254-8386

Lodging Facility Address: 2150 Wise Dells Parkway (formerly 700 US Hwy. 12)

Number of Sleeping Units: 12 units

Zoning Classification: A Commercial West
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Elena Chiribuca : 608-432-8625
OR Eric Helland (Gen. Manager) : 608-963-1630.

Manner in which the facility will be supervised and maintained: All 12 units are being
operated by Riverview Boat Line, who is the responsible
party for maintenance and supervision.

Karen Fleming, Accountant
Applicant's Signature

6/10/2020
Date

- for Eric Helland, Gen. Manager

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New

Renewal

Date From: *April 1, 2020 to April 30, 2021*

Fee: \$200

Receipt No.:

73314

(*\$50 each for first 15 sleeping units; \$25 each add'l*)

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

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

Telephone Number: *(931) 459-4474*

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

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

Zoning Classification: *C-1 Commercial Neighborhood*

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: *Sal Ornelas, Regional VP (First point of contact)*

Cell: 757-345-9552/Email- salvador.ornelas@mastercorp.com

Manner in which the facility will be supervised and maintained:

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


Applicant's Signature

6/30/2020

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 06/01/2020 to April 30, 2021 Fee \$ 500⁰⁰ Receipt No. 173350
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Dells Resorts.

Applicant Address: 400 Cty. Rd. A, Wisc. Dells, WI 53965

Telephone Number: 608.253.4451

Lodging Facility Address: 175 Sweet Briar Dr., Wisc. Dells, WI 53965

Number of Sleeping Units: 13

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

Name & Telephone No. of On-Site Supervisor: Sunny Krause 608.495.0393

Manner in which the facility will be supervised and maintained: Inspections will occur randomly as well as monthly. Due to Covid-19 we will only have 2 people per room for a total of 6 people during the summer 2020. Extra precautions are being taken by residents to keep facility sanitary.

Sunny Krause
Applicant's Signature

07/01/2020
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

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

*Waiving Interest and Penalties on SAUK County Property Tax Payment Installments
Due on or After April 1, 2020*

WHEREAS, in December, 2019, a novel strain of coronavirus known as COVID-19 was detected, and COVID-19 has continued to spread throughout the world, including to the United States and the State of Wisconsin ("COVID-19 Pandemic"); and

WHEREAS, the federal government, state governments, and local governments are working together to contain the further spread of the disease and treat existing cases; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services declared a Public Health Emergency, on March 11, 2020, the World Health Organization declared COVID-19 a pandemic, on March 12, 2020 the Governor of the State of Wisconsin declared a Health Emergency in the State, and on March 17, 2020, Sauk County (the "County") declared a state of emergency under authority granted by Wis. Stats. Chap. 323; and

WHEREAS, the federal government has enacted various laws and regulations in response to the COVID-19 Pandemic including, without limitation, the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act; and

WHEREAS, because of the COVID-19 Pandemic, on March 24, 2020, Secretary-designee Andrea Palm of the Wisconsin Department of Health Services issued Emergency Order #12, Safer at Home Order ("Safer at Home Order") requiring that everyone in Wisconsin stay at their home or place of residence except in limited circumstances until April 24, 2020; and

WHEREAS, on April 16, 2020, Secretary-designee Palm extended the Safer at Home Order, with certain modifications, to May 26, 2020, pursuant to Emergency Order #28; and

WHEREAS, the federal, state, local and individual responses to the COVID-19 Pandemic and the uncertainty as to the effectiveness of those responses in mitigating the duration of the COVID-19 Pandemic have created economic hardship and uncertainty for the City of Wisconsin Dells business community, households throughout the municipality and for every property taxpayer; and

WHEREAS, prominent economists have predicted record level unemployment rates for the coming months and this prediction suggests that City of Wisconsin Dells residents will also experience record level unemployment rates in the coming months, and an unprecedented number of businesses and employers throughout the State and in the County have been required to suspend operations; and

WHEREAS, in response to the COVID-19 Pandemic, the various federal laws and regulations implemented as a result of the COVID-19 Pandemic, and the various emergency

orders and regulations implemented by state and local governments, on April 15, 2020, the Wisconsin Legislature enacted 2019 Wisconsin Act 185 ("Act 185"), which Governor Evers signed on April 16, 2020; and

WHEREAS, Section 105(25) of Act 185 authorizes, among other things, the County to adopt a resolution enabling taxation districts in the County to waive interest and penalties on 2020 property tax installment payments due and payable after April 1, 2020, until October 1, 2020; and

WHEREAS, a resolution authorizing the above referenced waiver must also establish criteria for determining hardship that would qualify a property tax payer for the waiver; and

WHEREAS, the County's authorization for a taxation district to implement the above referenced waiver is contingent upon a taxation district adopting a resolution in similar form and content as to the County's resolution; and

WHEREAS, the County has adopted a resolution authorizing taxation districts in the County to implement the above-referenced waiver; and

WHEREAS, the City of Wisconsin Dells desires to waive interest and penalties on 2020 SAUK COUNTY property tax installment payments due and payable after April 1, 2020, until October 1, 2020

WHEREAS, pursuant to Section 105(25) of Act 185, this Resolution is intended to waive interest and penalties on SAUK COUNTY installment payments of property taxes due and payable after April 1, 2020, in a manner consistent with Act 185 and declare that all property taxpayers in the City of Wisconsin Dells are experiencing hardship as a result of the economic conditions associated with the COVID-19 Pandemic, the various federal laws and regulations implemented as a result of the COVID-19 Pandemic, the various emergency orders and regulations implemented by state and local governments, and Act 185; and

WHEREAS, while the plain language of Section 105(25) of Act 185 allows for either a general or a "case-by-case" finding of hardship to qualify for the above referenced waiver of interest and penalties, the County has only authorized a taxation district to waive interest and penalties for all property taxpayers in the County otherwise eligible for waiver under Section 105(25) of Act 185 on a finding of general hardship based upon the economic conditions described in this Resolution, which the City of Wisconsin Dells Common Council determines has adversely affected all taxpayers in the City of Wisconsin Dells; and

NOW THEREFORE BE IT RESOLVED that pursuant to Section 105(25) of Act 185, the Wisconsin Dells Common Council hereby finds and authorizes the following:

1. Because of the COVID-19 Pandemic, the various federal laws and regulations implemented as a result of the COVID-19 Pandemic, the various emergency orders

and regulations implemented by state and local governments, and Act 185, the Common Council finds that city property taxpayers may be experiencing hardship as that term is used in Section 105(25) of Act 185.

2. The City of Wisconsin Dells hereby waives interest and penalties for SAUK COUNTY property taxes payable in 2020 for an installment payment that is due and payable after April 1, 2020. This Resolution waives interest and penalties as provided in Section 105(25) of Act 185 for all SAUK COUNTY property taxpayers in the City of Wisconsin Dells such that the waiver is available to all SAUK COUNTY property taxpayers in the City of Wisconsin Dells. Notwithstanding the foregoing, nothing in this Resolution waives interest and penalties for SAUK COUNTY property taxes payable in 2020 for an installment payment that was due and payable prior to April 1, 2020, except as otherwise permitted under applicable law.
3. The County has confirmed that upon adoption of this Resolution, the County will settle in full with the City of Wisconsin Dells on August 20, 2020, as provided under Wis. Stat. § 74.29(1).
4. City of Wisconsin Dells officers are authorized and directed to assist the County in the interpretation, application and implementation of this Resolution and Section 105(25) of Act 185.

BE IT FURTHER RESOLVED that all actions heretofore taken by the Common Council and other appropriate public officers and agents of the City of Wisconsin Dells with respect to the matters contemplated under this Resolution are hereby ratified, confirmed and approved.

Dated this 21st of July, 2020.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk, Coordinator

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Finance Committee from their July 21, 2020 meeting;

It APPROVES the Encroachment Agreement with the Anna Nykaza Revocable Living Trust.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs

Date Introduced: July 21, 2020

Date Passed:

Date Published:

26 June 20

**Encroachment Agreement
(Anna Nykaza Revocable Living Trust)**

This Encroachment Agreement is by and between Anna Nykaza Revocable Living Trust ("Trust") and the City of Wisconsin Dells ("City").

Recitals

- A. Trust holds record title to the following described real estate located in the City of Wisconsin Dells, Sauk County, Wisconsin: See Exhibit A (Nykaza Land).
- B. City has acquired the following described portion of the Nykaza land which will be part of County Trunk Highway (CTH) "A" right-of-way: See Exhibit B (right-of-way parcel.)
- C. Buildings on the Nykaza Land encroach on the right-of-way parcel.
- D. The encroachments are depicted in the attached Exhibit C "Site Plan of Existing Structure Encroachments"; i.e. "Existing Buildings 1, 2, 3 & 4."
- E. In connection with the City's acquisition of the right-of-way parcel the City agreed to permit the continuation of the encroachments; i.e. "grandfather" them.
- F. This Encroachment Agreement memorializes the parties' agreement.

Agreement

- 1. The City consents to the building encroachments depicted in Exhibit C and agrees that the buildings may remain in place.

2.
 - a. The parties agree that the premises are in need of repair and maintenance including, but not limited to, as follows:
 - i. Repair fence around swimming pool; and,
 - ii. All structures and improvements shall be repaired, painted and sided consistent with the City requirements.
 - b. Trust shall have until December 31, 2020 to complete the identified items of repair and maintenance to bring the buildings into compliance with applicable city codes; and,
 - c. If required repairs are not timely completed City may initiate enforcement actions including, without limitation, citations and other judicial proceedings.
3. This consent includes the right to perform maintenance on the improvements located in the encroachments area, provided said maintenance shall not result in any greater encroachment onto the CTH "A" right-of-way.
4. Trust acknowledges this consent as to the encroachments is limited to the terms specified herein and Trust shall have no rights in any other part of the public roadways adjacent to the Nykaza Land.
5. The consent granted herein shall be construed as a covenant running with the land.
6. The agreement shall not be construed as supporting, or used to support, a claim

26 June 20

6. The agreement shall not be construed as supporting, or used to support, a claim of adverse possession, prescriptive rights or other similar claims, as to any portion of the public roadways adjacent to the Nykaza Land.
7. This agreement shall not be construed to permit any additional encroachments.
8. This agreement shall run with the property and be binding upon the parties hereto, their respective heirs, successor and assigns.
9. This agreement shall terminate at such time as Trust does not hold title to the Nykaza Land
10. This agreement may only be amended upon the execution of a written amendment signed by the Parties and subsequently recorded in the Office of the Register of Deeds for Sauk County.
11. This agreement has been drafted with the review and input of both Parties. Each party has been advised and given ample opportunity to obtain independent legal counsel and has obtained such counsel or waived such right prior to executing this Agreement.
12. This agreement constitutes the sole and entire agreement of the parties hereto with respect to the matters covered hereby and supersedes all prior negotiations and written, oral and implied representations, warranties, commitments, offers, contracts and understandings between the Parties with respect to such matters.
13. Those persons signing this Agreement hereby represent and warrant that they are authorized to sign on behalf of the respective Party hereto and to legally bind said Party to all of the terms of this Agreement.

26 June 20

14. In connection with the City's acquisition of the right-of-way parcel and this encroachment agreement the parties further agree as follows:
- a. Attached as Exhibit D is a Temporary Construction Permit dated June 11, 2020, the terms of which are incorporated by reference.
 - b. City will install, or cause to have installed, at its cost a sanitary sewer lateral to provide service to Building #1 as depicted in Exhibit C. This City promise is contingent on Nykaza having or being eligible to have an occupancy permit for Building #1.

ANNA NYKAZA REVOCABLE LIVING TRUST

Dated: _____, 2020

By: Adam Nykaza, Trustee

ACKNOWLEDGMENT

STATE OF WISCONSIN
COUNTY OF SAUK

This instrument was acknowledged before me on _____, 2020 by Adam Nykaza.

Notary Public, State of Wisconsin
My commission expires: _____

26 June 20

CITY OF WISCONSIN DELLS

Dated: _____, 2020

Edward Wojnicz, Mayor

Dated: _____, 2020

Nancy Holzem, Clerk/Coordinator

ACKNOWLEDGMENT

STATE OF WISCONSIN
COUNTY OF SAUK

This instrument was acknowledged before me on _____, 2020 by Edward Wojnicz and Nancy Holzem.

Notary Public, State of Wisconsin
My commission expires: _____

Drafted by:
Joseph J. Hasler, Esq.
LaRowe Gerlach Taggart LLP

DOC# : 1168124
Recorded
November 18, 2016 9:00 AM

State Bar of Wisconsin Form 3-2003
QUIT CLAIM DEED

Document Number

Document Name

Grant Daily

REGISTRAR'S OFFICE
SAUK COUNTY WI
RECEIVED FOR RECORD
Fee Amount: \$38.00

FEE EXEMPT: 77.25-16

THIS DEED, made between Anna Nykaza

(“Grantor,” whether one or more),

and Anna Nykaza Revocable Living Trust, dated November 3, 2016

(“Grantee,” whether one or more).

Grantor quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Sauk County, State of Wisconsin (“Property”) (if more space is needed, please attach addendum):

Part of the Southeast Quarter of the Northwest Quarter of Section 4, Township 13 North of Range 6 East; commencing at the intersection of the centerline of the North and South town highway with the South line of said 40 acres, thence North along the centerline of said Highway 275 feet, thence West along the pasture fence line 327 feet, thence South along the pasture fence line to the center of U.S. Highway 12 and 16, thence Southeasterly along the centerline of said highway to the intersection with the South line of said forty, thence East along the South line of said Section 4 to the point of beginning; containing about two (2) acres.

Recording Area

Name and Return Address
Peter J. Curran
Curran, Hollenbeck & Orwin, SC
PO Box 140
Menomonie, WI 53948-0140

291
0224-01009

291 0224-01009

Parcel Identification Number (PIN)

This is _____ interested property.
(is) (is not)

Dated 11.3.16

Anna Nykaza (SEAL) _____ (SEAL)
*Anna Nykaza

_____ (SEAL) _____ (SEAL)

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) _____

STATE OF WISCONSIN)

authenticated on _____

JUNEAU COUNTY)

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not _____
authorized by Wis. Stat. § 706.06)

Personally came before me on 11.3.16
the above signed Anna Nykaza
to me known to be the person(s) who executed the foregoing
instrument and acknowledged the same.

THIS INSTRUMENT DRAFTED BY:
Attorney Peter J. Curran
Menomonie, Wisconsin 53948

*Peter J. Curran
Notary Public, State of Wisconsin
My Commission Expires _____



NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.
FORM NO. 3-2003
© 2003 STATE BAR OF WISCONSIN
* Type name below signature.

- Exhibit A -

**ANNA NYKAZA REVOCABLE LIVING TRUST, DATED NOVEMBER 3, 2016
LEGAL DESCRIPTION**

Fee title for the owner's interest in land contained within the following described tract being part of:

The Southeast 1/4 of the Northwest 1/4 (SE-NW) Section 4, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, more fully described as follows:

Commencing at a found 1" iron pipe marking the Center of said Section 4, thence, North 89°57'26" West, 530.03 feet along the south line of the Southeast 1/4 of the Northwest 1/4 of said Section 4 to the existing centerline of CTH A, to a Point known as RP4 as shown on the Plat of Right-of-Way for City of Wisconsin Dells, CTH A being filed with the Sauk County Clerk on February 25, 2020 and the **Point of Beginning**;

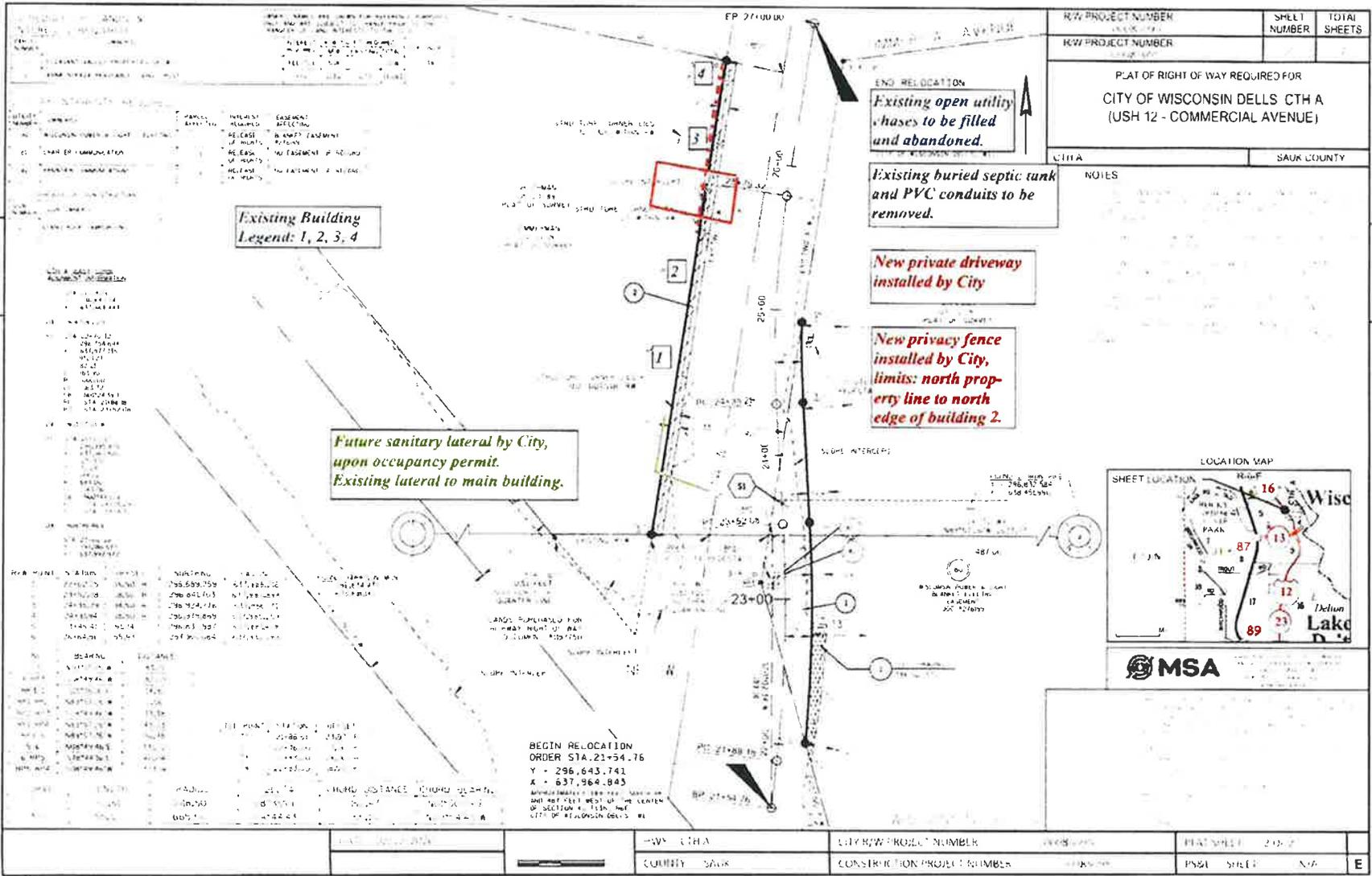
Thence, North 89°57'26" West, 40.48 feet (RW Point 5);

Thence, North 08°49'46" East, 331.02 feet (RW Point 6);

Thence, South 78°44'16" East, 40.04 feet to the existing centerline of CTH A (RP5);

Thence, South 08°49'46" West along the existing centerline of CTH A, 323.14 feet the **Point of Beginning**.

Said tract contains **10,771 square feet** more or less of land already in use for highway purposes and **2,312 square feet** more or less of additional land for highway purposes totaling **13,083 square feet** more or less of City of Wisconsin Dells highway right-of-way.



| | | |
|--|--------------|--------------|
| R/W PROJECT NUMBER | SHEET NUMBER | TOTAL SHEETS |
| 100000000 | 1 | 1 |
| PLAT OF RIGHT OF WAY REQUIRED FOR CITY OF WISCONSIN DELLS CTH A (USH 12 - COMMERCIAL AVENUE) | | |
| CITY | SAUK COUNTY | |

NOTES

LOCATION MAP

MSA

- Exhibit C -

TEMPORARY CONSTRUCTION PERMIT
PROJECT 00085106
June 11, 2020

Tax Parcel 291-0026-0100

Adam Nykaza and Ashli Hizli, Owners of the property described above, in consideration of mutual benefit, grant permission to the City of Wisconsin Dells and Contractor to enter upon the property with the necessary contractors' equipment and material to perform landscaping and other work as described below in conjunction with the USH 12/STH 16 and CTH A Intersection Project and Wisconsin Dells High School Utility Extension Project.

The work will be limited to the area shown on the attached sketch

- Trees and stumps will need to be removed according to the project plan and the owners' previous requests.
- Retaining wall excavation and construction with drain tile and granular backfill along buildings 1 and 2 as shown on the attached sheet.
- Fencing will be removed according to the project plan sheets and where in conflict with construction.
- The septic tank in conflict with the driveway construction on the NE quadrant of the property will be removed and piping draining to it sealed outside of the driveway limits.
- Any piping or conduit in conflict with the driveway section will be cut and abandoned outside of the driveway limits.
- Construction of driveway entrance as located on the plan sheet included excavation, base aggregate, concrete and asphalt placement.
- Open crawl spaces along buildings within the proposed ROW will have temporary shoring constructed and filled in for sidewalk construction.
- Lawn areas disturbed due to grading, sidewalk, driveway, and utility construction will be restored with topsoil and seed.
- Disturbed sidewalks and driveways on private property will be replaced with a material similar to the existing.

This permission on private property shall terminate upon completion of the project

Dated this 11th day of June, 2020

IN PRESENCE OF

Adam Nykaza
PRINT NAME

David W. Holzem
PRINT NAME

[Signature]
SIGNATURE

6-16-2020
DATE

[Signature]
SIGNATURE

6-16-20
DATE

- Exhibit D -

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

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Finance Committee from their July 21, 2020 meeting;

It APPROVES the Right-of-Way Dedication & Public Improvements Agreement with the Peter & Ann Tollaksen Living Trust, and Allen & Nanya Pentell.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs

Date Introduced: July 21, 2020

Date Passed:

Date Published:

Right-of-Way Dedication & Public Improvements Agreement

This Right-of-Way Dedication & Public Improvements Agreement is by and between the City of Wisconsin Dells (the "City") and the following parties which own the following lands in the City (the "Property Owners"):

| <u>Property Owners:</u> | <u>Parcel Number: 291-</u> |
|-------------------------|----------------------------|
| Tollaksen Trust | 0130 |
| Pentell | 0089-5 |

1. Attached as Exhibit A is a Sauk County Tax Parcel Map which shows the location of the Property Owners lands in the City affected by and subject to this Agreement.
2. Property Owners lands are located in the City Tax Increment District (TID) #2.
3. In 2020/21 City will engage in development activities in TID #2 including, without limitation, mobilization, construction and installation of public improvements and utilities including, without limitation, roads, recreational trails, sidewalk, curbs, gutter, water, sanitary sewer, storm water and electric.
4. Property Owners will dedicate public right-of-way in which the City will construct and install public improvements.
5. In consideration for the dedication of lands for public right-of-way City agrees that it will not charge or assess Property Owners or their lands for the costs of constructing public improvements, streets and roads associated with the 2020/21 project within the lands dedicated by the Property Owners.
6. The City, in its sole discretion, shall determine the time at which the public improvements will be installed and completed and the schedule therefore.

15 July 20

7. The Property Owners shall grant the City such temporary construction easements as are reasonably necessary to effectuate this Agreement.
8. At no cost or expense to the City, and for no compensation other than the installation of the public improvements which will benefit and serve their land, the property owners dedicate and convey to the City the lands depicted in Plat of Survey attached as Exhibit B and legally described in Exhibit C.
9. City accepts the dedication and conveyance.
10. The laws of the State of Wisconsin shall govern this Agreement. Venue for any disputes shall be the Sauk County Circuit Court.
11. This writing, including all exhibits, constitutes the entire agreement between the parties with respect to this matter and all prior letters of intent or offers, if any, are hereby terminated.
12. This agreement may be amended only by a written agreement by and between the affected parties.

CITY OF WISCONSIN DELLS

Dated: _____, 2020.

Edward Wojnicz, Mayor

Dated: _____, 2020.

Nancy R. Holzem, Clerk/ Administrative
Coordinator

PROPERTY OWNERS

**PETER R. & ANN M. TOLLAISEN
LIVING TRUST**

Dated: _____, 2020.

By: _____
Its: _____

Dated: _____, 2020.

Allen M. Pentell

Dated: _____, 2020.

Nanya Pentell

Exhibit C

Legals of Pentel & Tollaksen Dedications

PARCEL A
LEGAL DESCRIPTION
TOALLAKSEN LIVING TRUST

A parcel of land located in the southwest one-quarter of the northwest one-quarter of Section 9, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows:

Commencing at the west one-quarter corner of Section 9; thence $N00^{\circ}08'05''W$, along the east line of Lot 1 of Certified Survey map No. 4982, 620.42 feet to the point of beginning; thence continuing $N00^{\circ}08'05''W$, 26.00 feet to a point on the south right-of-way line of Jones Road; thence $S89^{\circ}33'39''E$ along the south right-of-way line of Jones Road 1065.92 feet to its intersection with the westerly right-of-way line of Trout Road; thence $S17^{\circ}52'16''W$ along the westerly right-of-way line of Trout Road, 37.59 feet; thence $N89^{\circ}44'39''W$, 130.24 feet; thence $N00^{\circ}26'21''E$, 10.28 feet; thence $N89^{\circ}33'39''W$, 924.15 feet to the point of beginning.

Said parcel contains 28,930 square feet or 0.664 acres, more or less and is subject to all easements and rights-of-way of record.

PARCEL B
LEGAL DESCRIPTION
ALLEN & NANYA PENTEL

A parcel of land located in the southwest one-quarter of the northwest one-quarter of Section 9, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows:

Commencing at the west one-quarter corner of Section 9; thence $N00^{\circ}08'05''W$, along the east line of Lot 1 of Certified Survey map No. 4982 and the northerly extension thereof 646.42 feet; thence $N00^{\circ}02'52''W$, 40.00 feet to a point on the north right-of-way line of Jones Road and the point of beginning; thence $N00^{\circ}06'41''W$, 14.00 feet; thence $S89^{\circ}33'39''E$, 779.21 feet; thence $N72^{\circ}16'22''E$, 156.26 feet; thence $S89^{\circ}33'39''E$, 150.65 feet; thence $N54^{\circ}34'51''E$, 32.42 feet to a point on the westerly right-of-way line of Trout Road; thence $S17^{\circ}52'16''W$ along the westerly line of Trout Road, 85.65 feet to its intersection with the north right-of-way line of Jones Road; thence $N89^{\circ}33'39''W$ along the north right-of-way line of Jones Road, 1078.82 feet to the point of beginning.

Said parcel contains 26,904 square feet or 0.618 acres, more or less and is subject to all easements and rights-of-way of record.

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

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Plan Commission from their July 13, 2020 meeting;

It APPROVES the Dedication and Acceptance of Right-of-Way Agreement with Fela Sign N Store LLC.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs

Date Introduced: July 21, 2020

Date Passed:

Date Published:

City of Wisconsin Dells
Dedication and Acceptance
of
Public Right-of-Way

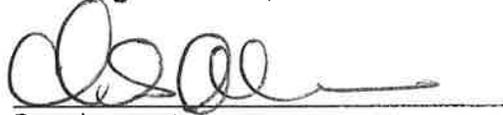
Fela Sign N Store, LLC ("Fela") owns the following described real estate lands in the City of Wisconsin Dells, Sauk County Wisconsin:

See Exhibit A attached. Tax Parcel Number 291-0049-00000.

Fela dedicates to the public the following described land being part of Tax Parcel Number 291-0049-00000, see Exhibit B attached. The dedicated lands are shaded yellow in the attached Plat of Survey/Site Plan, see Exhibit C attached.

Fela Sign N Store, LLC

Date: 7-10-2020



By: Chris Alexander
Its: Agent

ACKNOWLEDGMENT

State of Wisconsin
County of

Personally came before me on July 10, 2020 the above named Chris Alexander to me known to be the person who executed the foregoing instrument and acknowledged the same.

Subscribed and sworn to before me
this 10 day of July, 2020.

 Melissa A. Ryan
Notary Public, State of Wisconsin
My Commission is permanent/ expires: 11/25/2023



Acceptance

The City of Wisconsin Dells Common Council by resolution, adopted _____, 2020 by a vote of _____ "Yes" and _____ "No", pursuant to Wis. Stat. sec. 66.1024, accepts the dedication of public right-of-way as delineated in the foregoing dedication.

City of Wisconsin Dells

Dated: _____, 2020.

Edward Wojnicz, Mayor

Dated: _____, 2020.

Nancy R. Holzem, Clerk/Coordinator

ACKNOWLEDGMENT

State of Wisconsin
County of _____

Personally came before me on _____, 2020 the above named Edward Wojnicz and Nancy R. Holzem to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Subscribed and sworn to before me
this _____ day of _____, 2020.

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

Document drafted by:
Joseph J. Hasler
LaRowe Gerlach Taggart LLP
110 E. Main Street
Reedsburg, Wisconsin 53959

EXHIBIT A

A part of the Southeast 1/4 of the Southwest 1/4 of Section 5, Township 13 North, Range 6 East, in the City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing 10 rods North of the Southeast corner of the Southeast 1/4 of the Southwest 1/4; thence West 39 feet; thence North to center of highway; thence Southeast along center of highway to where said highway crosses the East line of the Southeast 1/4 of the Southwest 1/4 aforesaid; thence South to place of beginning.

Also a triangular parcel of land in the Southwest corner of the Southeast 1/4 of Section 5, Township 13 North, Range 6 East, lying South and West of the blacktop road known as Old Highway 12, and North of the North line of C.T.H. "H", Sauk County, Wisconsin.

LEGAL DESCRIPTION

**Fela Sign N Store, LLC Property
City of WI Dells, Sauk County, WI**

Land to be Dedicated to the Public by Fela Sign N. Storage, LLC:

Being a part of the Southeast Quarter of the Southwest Quarter and the Southwest Quarter of the Southeast Quarter of Section 5, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows:

Commencing at the South Quarter corner of Section 5;
thence North 00°31'33" West along the East line of Lot 1, Certified Survey Map, No. 5186, 165.00 feet to the Northeast corner thereof;
thence South 89°28'27" West along the North line of said Lot 1, 39.00 feet;
thence North 00°31'33" West, 236.02 feet to a point in the Westerly right-of-way line of Old Highway 12 and being the point of beginning;
thence continuing North 00°31'33" West, 47.86 feet to a point in the centerline of Old Highway 12;
thence South 44°07'17" East along said centerline, 304.06 feet;
thence South 44°30'49" East along said centerline, 151.27 feet;
thence Southeasterly along a 435.00 foot radius curve to the left in the centerline of Old Highway 12 having a central angle of 19°07'28" and whose long chord bears South 53°22'00" East, 144.52 feet to a point in the North right-of-way line of County Trunk Highway H;
thence North 89°24'27" West along the North right-of-way line of County Trunk Highway H, 199.52 feet to a point in the Westerly right-of-way line of Old Highway 12;
thence North 42°02'41" East along the Westerly right-of-way line of Old Highway 12, 85.74 feet;
thence North 44°30'49" West along the Westerly right-of-way line of Old Highway 12, 147.80 feet;
thence North 44°07'19" West along the Westerly right-of-way line of Old Highway 12, 269.40 feet to the point of beginning.
Containing 22,540 square feet, (0.52 acres) more or less.

- Exhibit B -

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Works Committee from their July 13, 2020 meeting;

It APPROVES the Amendment 1 to the Small Cell Master License Agreement with Cellco Partnership, d/b/a Verizon Wireless.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs
Date Introduced: July 21, 2020
Date Passed:
Date Published:

**AMENDMENT 1 TO THE "SMALL CELL"
MASTER LICENSE AGREEMENT**

THIS FIRST AMENDMENT TO THE "SMALL CELL" MASTER LICENSE AGREEMENT ("Amendment") is entered into this ____ day of _____, 20____ (the "First Amendment Effective Date") by and between the City of Wisconsin Dells ("Licensor"), and Cellco Partnership d/b/a Verizon Wireless (successor in interest to Verizon Wireless Personal Communications LP) ("Licensee"). Licensor and Licensee are at times collectively referred to hereinafter as the "Parties" or individually as the "Party."

Whereas, Licensor and Licensee had previously entered into the "Small Cell" Master License Agreement (the "Agreement");

Whereas, Cellco Partnership d/b/a Verizon Wireless, an affiliated entity of Verizon Wireless Personal Communications LP, was assigned all rights, interests, and obligations of the Agreement by Verizon Wireless Personal Communications LP in accordance with Section 15 of the Agreement; and

Whereas, the parties hereby wish to amend those terms as follows:

1. Small Wireless Facility shall have the meaning as set forth in Wisconsin Statute 66.0414(1)(u). Except as otherwise set forth in this Amendment, defined terms shall have the same meaning as set forth in the Agreement.
2. As of August 1, 2021, the parties wish to delete the first paragraph of Section 3 in its entirety and replace it with the following:
 - a. This Agreement shall be for an initial term of ten (10) years commencing upon the execution hereof by both Parties, and shall be automatically renewed for three additional successive five (5) year terms unless either party provides written notice to the other party of its intent not to renew not less than three (3) months in advance of the end of each term. Each Supplement shall be effective as of the date of execution by both Parties ("Supplement Effective Date") provided, however, the initial term of each Supplement shall be for five (5) years and shall commence on the first day of the month following the day that LICENSEE commences installation of the equipment on the Premises (the "Commencement Date") at which time rental payments shall commence and be due in the amounts set forth in Section 3(b) below.
 - b. Licensee shall pay the following fees under this Agreement:
 - i. One-Time Application Fee: Licensor may charge one of the following fees for an application under this Agreement: (i) \$500 for an application that

- includes five or fewer Small Wireless Facilities, (ii) \$500 plus \$100 for each additional Small Wireless Facility after the fifth for an application that includes more than 5 Small Wireless Facilities, or (ii) \$1,000 for an application that includes the installation of a Small Wireless Facility and a new or replacement Pole to which it will be attached.
- ii. Licensor Pole Recurring Fee: Licensor may charge \$250 per Licensor owned or controlled Pole per year.
 - iii. ROW Administration Recurring Fee: Licensor may charge \$20 per year for each Small Wireless Facility installed by Licensee under this Agreement.
 - iv. For purposes of determining the total annual fee applicable to a Licensor owned or controlled pole for a partial calendar year in which the Commencement Date occurs in a month other than January, the total fee will be a pro-rated amount equal to the product obtained by multiplying 1/12th of the annual fee by the number of months remaining in such year.
 - v. Licensor may adjust the rates described in this Section by 10 percent as of July 10, 2024 and every fifth anniversary thereafter, rounded to the nearest multiple of \$5.
 - vi. Except as provided in this Agreement, the Licensor shall not require any other or additional recurring fees, costs, or charges of any kind.
- c. Upon agreement of the Parties, LICENSEE may pay rent by electronic funds transfer and in such event, LICENSOR agrees to provide to LICENSEE bank routing information for such purpose upon request of LICENSEE.
 - d. LICENSOR hereby warrants to LICENSEE that LICENSOR holds good and sufficient title to and/or interest in the Property and right to receive rental payments and other benefits under each Supplement; LICENSOR shall provide upon request a completed Internal Revenue Service Form W-9, or equivalent for any party to whom rental payments are to be made pursuant to this Agreement or a Supplement; and (iii) will provide other documentation requested by LICENSEE as appropriate. In the event that LICENSOR transfers any interest in or title to the Property, or any Supplement or this Agreement, any assignee(s), transferee(s) or other successor(s) in interest of LICENSOR shall provide to LICENSEE appropriate Rental Documentation as described above within thirty (30) days of obtaining an interest in said Property, Supplement or this Agreement. All documentation shall be acceptable to LICENSEE in LICENSEE's reasonable discretion. Delivery of Rental Documentation to LICENSEE shall be a prerequisite for LICENSEE to send rental payments and notwithstanding anything to the contrary herein or in any Supplement, LICENSEE shall have no obligation to send any rental payments until Rental Documentation has been supplied to LICENSEE as provided herein, provided however, that rent will continue to accrue until such

- time as LICENSEE receives the Rental documentation. Within thirty (30) days of a written request from LICENSEE, LICENSOR or any assignee(s) or transferee(s) of LICENSOR agrees to provide updated Rental Documentation of the types described above.
- e. If, at any time during the term of this Agreement or any Supplement, LICENSOR determines that the location of the Pole and the communication facility mounted thereon interferes with the ongoing municipal operations of the LICENSOR, LICENSOR shall have the right to terminate the Supplement applicable to that location, with not less than six (6) months' advance notice, provided that LICENSOR allows LICENSEE to execute a new Supplement allowing relocation of the communications facility to another location providing comparable service for LICENSEE's purposes.
3. As of the First Amendment Effective Date, the following Section 24 is added to the Agreement:
 - a. If any applicable state or federal laws change due to a final, non-appealable order or court decision during the term of this License and such change makes any term of this Agreement inconsistent with the effective Laws, then the parties agree to promptly amend this Agreement as reasonably required to accommodate and/or ensure compliance with any such legal change.
 - b. This Agreement is not intended to in any way limit or waive either Party's present or future rights under applicable state and federal law.
 4. Miscellaneous. This Amendment may be executed in counterparts. A scanned or electronic copy shall have the same legal effect as an original signed version. The Parties represent and warrant that the individuals executing this Amendment are duly authorized.

[Remainder of page intentionally left blank; signature page to follow.]

IN WITNESS WHEREOF, the Parties have executed, or caused their respective duly authorized representatives to execute, this Agreement as of the day and year listed below.

CITY OF Wisconsin Dells

CELLCO PARTNERSHIP

(Signature)

(Signature)

Printed Name:

Printed Name:

Title:

Title:

Date:

Date:

APPROVED AS TO FORM:

City Attorney

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Public Works Committee from their July 13, 2020 meeting;

IT APPROVES the \$10,377.81 Cost Estimate submitted by the Adams County Highway Department for ditch work along Hwy 13 near Woodside Sports.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes; _____ nays

Date Introduced: July 21, 2020

Date Passed:

Date Published:



ADAMS COUNTY HIGHWAY DEPARTMENT

COST ESTIMATE

1342 County Road F
Adams, WI 53910
Phone (608) 339-3355
Fax (608) 339-4983

Proposal Submitted To:
City of Wis Dells - C/O David Holzem

Street:
1680 Broadway Rd
City, State, & Zip
Wis Dells, WI 53965

Phone: 608-253-2542 Date: June 2nd 2020

We hereby submit specifications and estimate for: **City of Wis Dells / Woodside Ranch Ditching Project**

- **Install RipRap ditch checks and establish new ditch profile per plan set provided**
- **Final cost based on total time & materials**

We hereby Propose to furnish material, equipment, and labor – complete in accordance with above specifications, for the sum of:

\$10,377.81

Authorized Signature: *Patrol Kellum*
All material is guaranteed to be as specified. All work is to be completed in a workman like manner according to standard practices. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

NOTE: We may withdraw this proposal if not accepted within 60 days.

ACCEPTANCE OF PROPOSAL – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

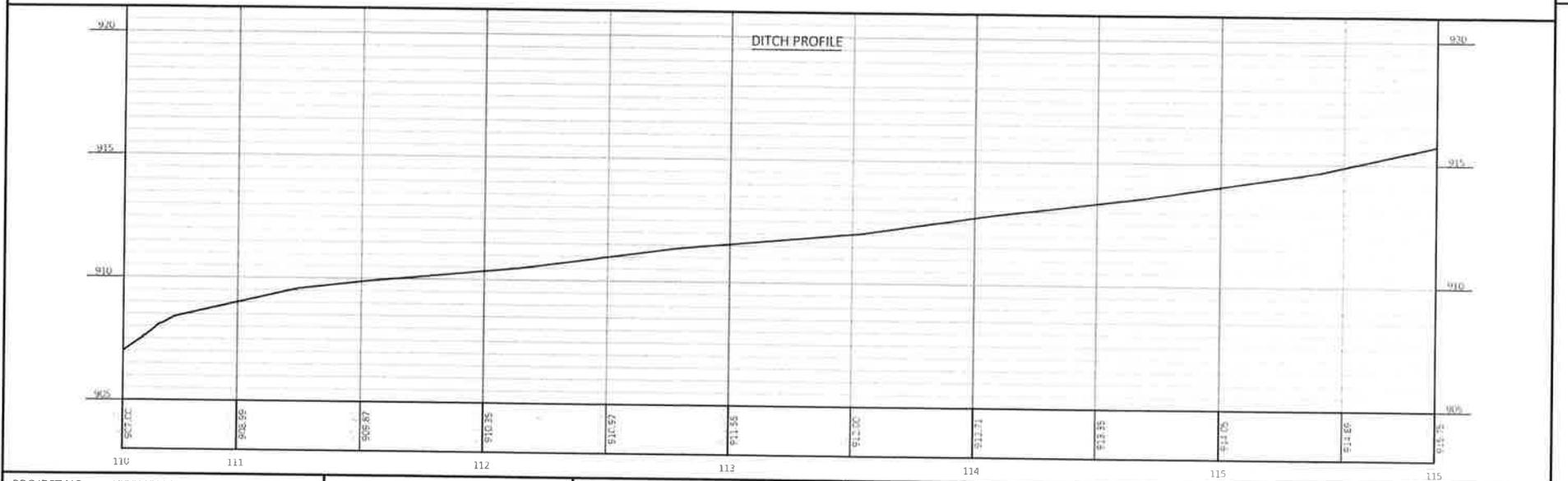
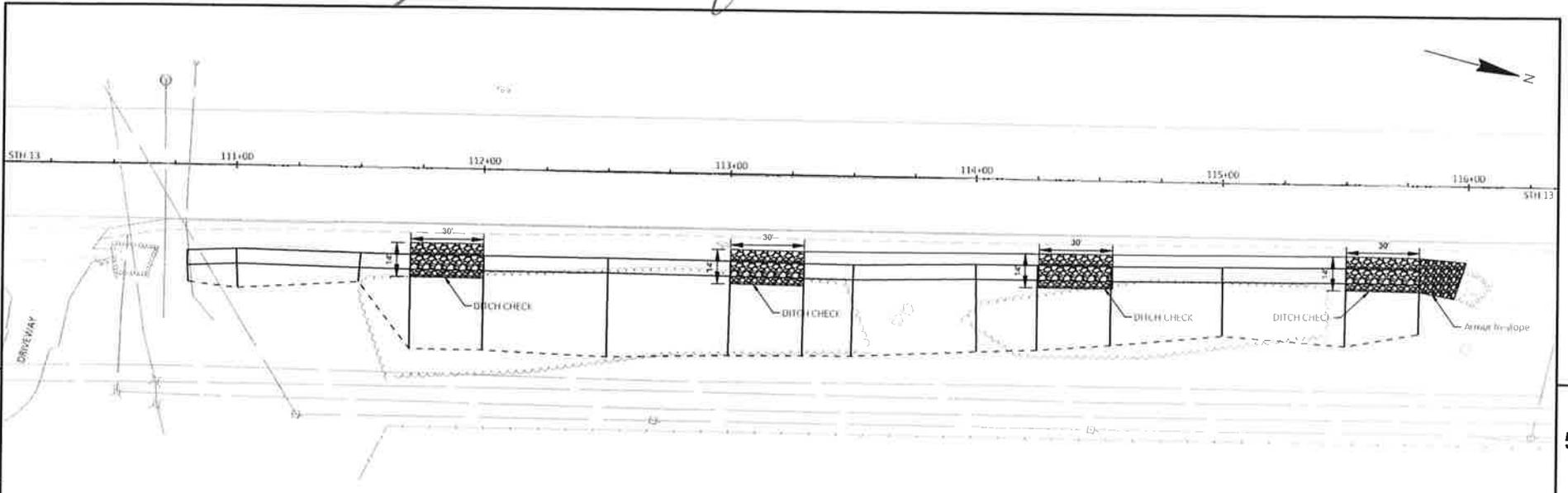
Date of Acceptance _____ Signature _____

Printed Name

Date of Acceptance _____ Signature _____

Printed Name

(R) Increased # of ditch checks from 2 to 4



PROJECT NO: XXXX-XX-XX HWY: STH 13 COUNTY: ADAMS PLAN AND PROFILE: WOODSIDE RANCH DITCH WORK SHEET: E

FILE NAME: C:\MSD\KSD\CH\19\PROFILES\DWG\196120\1100-1150\WOODSIDE RANCH\196120\PROFILES\WOODSIDE RANCH DITCH PLAN.DWG PLOT DATE: 8/22/2007 11:11 PM PLOT BY: DOREEN, EMMETT PLOT NAME: PLOT SCALE: 1"=40' WINDO/A/AR/S/ME/1/4

(R) Widened ditch checks from 12' to 14'

2

2

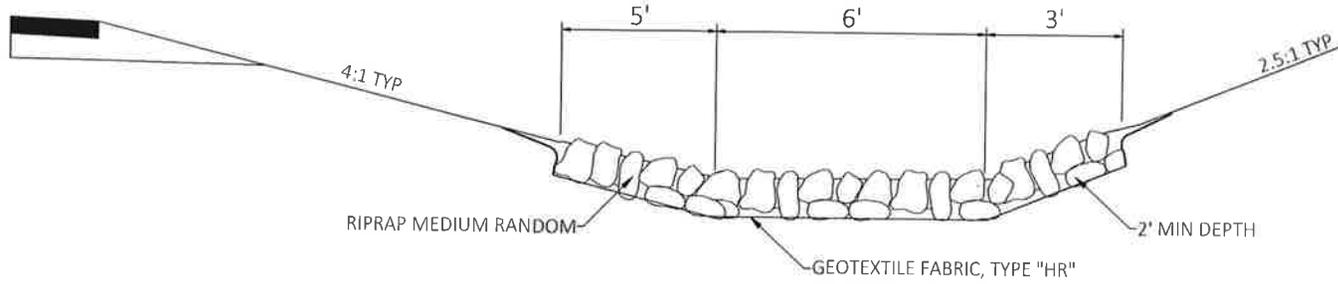
RIPRAP DITCH CHECK DETAIL

STA 111+70 - 112+00

STA 113+00 - 113+30

STA 114+25 - 114+55

STA 115+50 - 115+80



PROJECT NO: XXXX-XX-XX

HWY: STH 13

COUNTY: ADAMS

RIPRAP DITCH CHECK DETAIL

SHEET

E

FILE NAME: C:\WORK\PROJECTS\CD\CD-DITCH CHECK\CD-DITCH CHECK.DWG

PLOT DATE: 8/26/2010 11:11 PM

PLOT BY: DOREEN KYLE PATRICK

PLOT NAME

PLOT SCALE: 1"=4'-0"

WORKING AREA SHEET

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

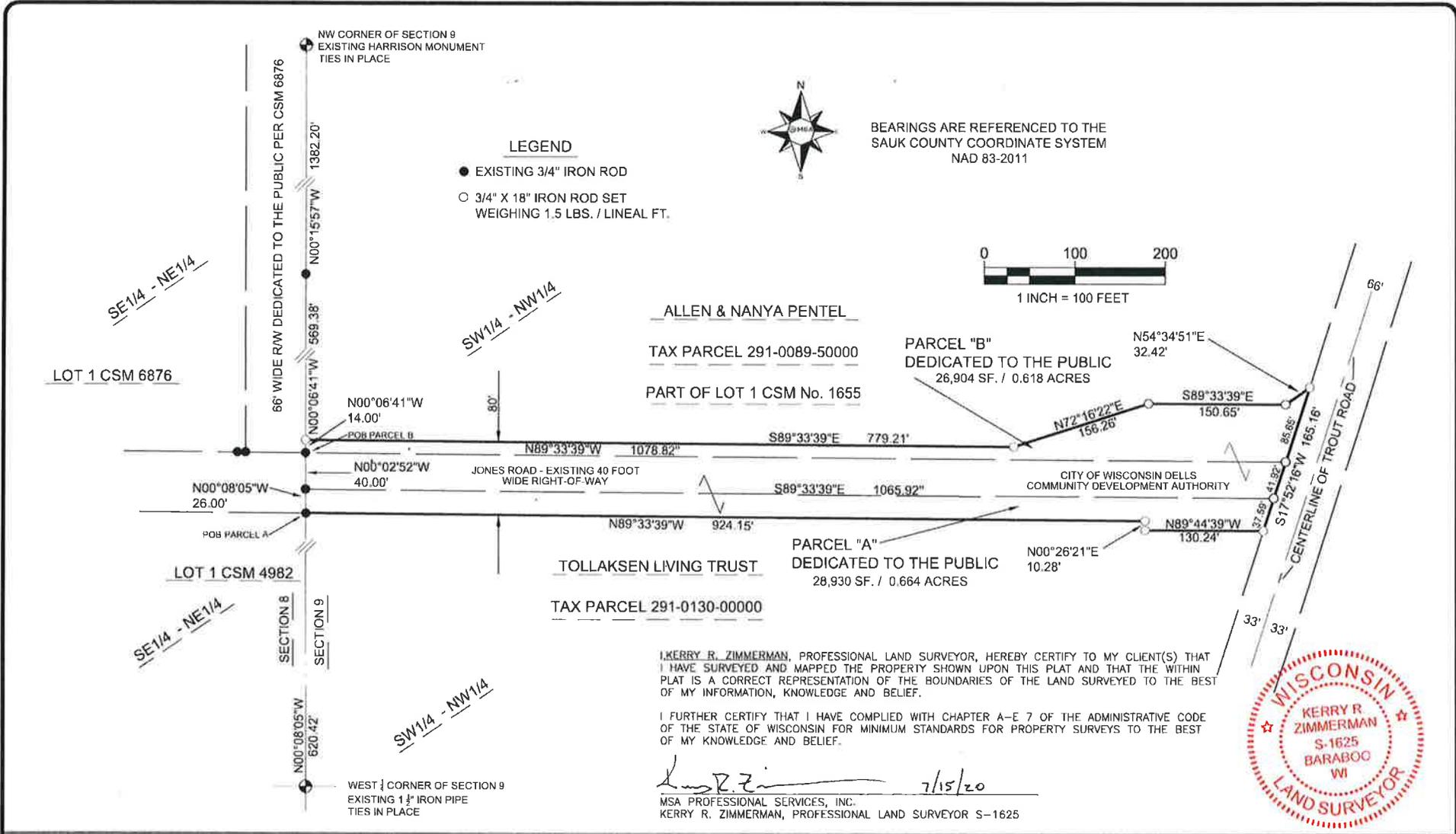
BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Plan Commission from their July 13, 2020 meeting;

It APPROVES the Jones Road right-of-way plat of survey.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs
Date Introduced: July 21, 2020
Date Passed:
Date Published:



| | | | | | |
|---|---|----------------|--|---|------------------|
| <p>MSA ENGINEERING ARCHITECTURE SURVEYING FUNDING PLANNING ENVIRONMENTAL 1230 South Boulevard, Baraboo, WI, 53913 (608) 356-2771 www.msa-ps.com <small>© MSA Professional Services, Inc.</small></p> | Cadd File: G:\PROJECTS\COO\0008509\1\CADD\SURVEY\DRAWINGS\PLATS\POS | | <p>PLAT OF SURVEY</p> <p>PREPARED FOR: CITY OF WISCONSIN DELLS SECTION 9, TOWN 13 NORTH RANGE 6 EAST WISCONSIN DELLS, WISCONSIN</p> | <p>Project No: 00085097 Sheet: 1 of 1</p> | |
| | Field Book: N/A | Drawn by: KRZ | | | Date: JULY 2020 |
| | Fieldwork Completed: 07/09/2020 | Checked by: TM | | | Scale: 1" = 100' |

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Plan Commission from their July 13, 2020 meeting;

It APPROVES the Certified Survey Map requested by Concept Holdings in order to combine Columbia County Tax Parcels 11291-47.1, 11291-45.03 and 11291-45.05 located in the 400 Block of Broadway (former Chalet complex).

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk/Coordinator

Vote: _____ ayes; _____ nays; _____ abs
Date Introduced: July 21, 2020
Date Passed:
Date Published:



old Chalet bldg

existing Parcel 47.1

old Mryt bldg

existing parcel 45.03

Carr Valley Cheese

CITY OF WISCONSIN DELLS

old Asador bldg

existing parcel 45.05

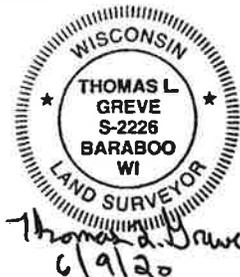
restrooms

— Existing property line to remain
— Existing property line to be removed

As prepared by:

GROTHMAN & ASSOCIATES S.C.
LAND SURVEYORS
625 EAST SUPER STREET, P.O. BOX 373 PORTAGE, WI 53901
PHONE: PORTAGE (800) 742-7788 SAUK (800) 844-8877
FAX: (800) 742-0434 E-MAIL: surveying@grothman.com
(RED LOGO REPRESENTS THE ORIGINAL MAP)

SEAL:



G & A FILE NO. 220-77

DRAFTED BY: T. KASPER

CHECKED BY: IG

PROJ. 619-285

DWG. 220-77 SHEET 1 OF 4

COLUMBIA COUNTY CERTIFIED SURVEY MAP NO. _____

GENERAL LOCATION

Volume _____, Page _____

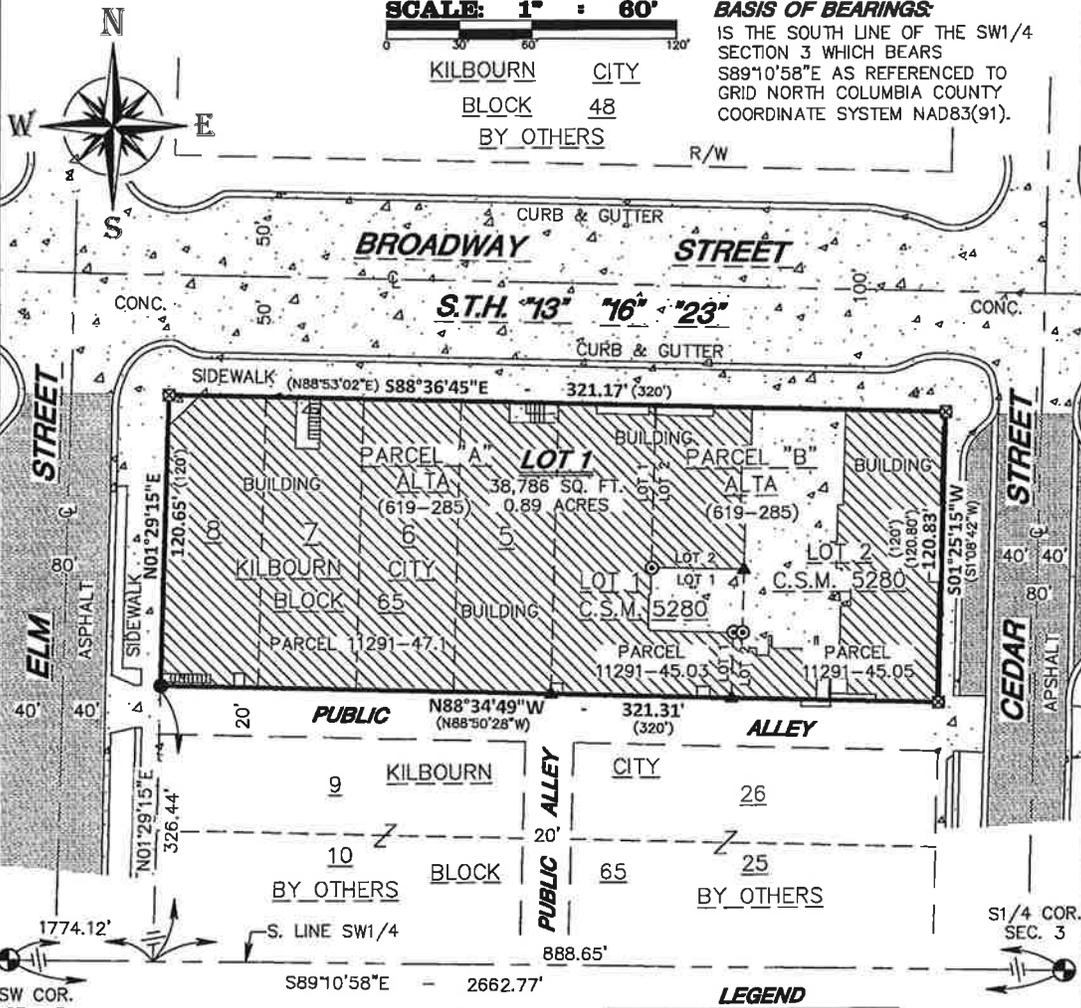
BEING LOTS 5, 6, 7 & 8, BLOCK 65, KILBOURN CITY AND LOTS 1 AND 2, C.S.M. NO. 5280, AS RECORDED IN VOLUME 37 OF C.S.M.S, PAGES 52 AND 52A, AS DOCUMENT NO. 82742, LOCATED IN THE SE1/4 OF THE SW1/4, SECTION 3, T. 13 N, R. 6 E, CITY OF WISCONSIN DELLS, COLUMBIA COUNTY, WISCONSIN.

SCALE: 1" = 80'



BASIS OF BEARINGS:

IS THE SOUTH LINE OF THE SW1/4 SECTION 3 WHICH BEARS S89°10'58"E AS REFERENCED TO GRID NORTH COLUMBIA COUNTY COORDINATE SYSTEM NAD83(91).



- LEGEND**
- 3/4" IRON ROD FND.
 - ▲ PK NAIL FND.
 - PUNCH HOLE FND.
 - ⊗ CHISELED "X" FND.
 - ⊕ 3 1/2" ALUM. MON. FND.
 - () PREVIOUS SURVEY OR RECORD INFO.

CLIENT: GENERAL ENGINEERING COMPANY
916 SILVER LAKE DRIVE
PORTAGE, WI 53901

OWNER: CONCEPT HOLDINGS
S3444 FOX HILL ROAD
BARABOO, WI 53913

As prepared by:

GROTHMAN & ASSOCIATES S.C. LAND SURVEYORS

823 EAST SLIFER STREET, P.O. BOX 373 PORTAGE, WI 53901
PHONE: PORTAGE: (608) 742-7799 SAUK: (608) 844-8877
FAX: (608) 742-0434 E-MAIL: surveying@grothman.com
(RED LOGO REPRESENTS THE ORIGINAL MAP)

SEAL:



Thomas L. Greve
6/9/20

G & A FILE NO. 220-77



DRAFTED BY: I. KASPER

CHECKED BY: IG

PROJ. 619-285

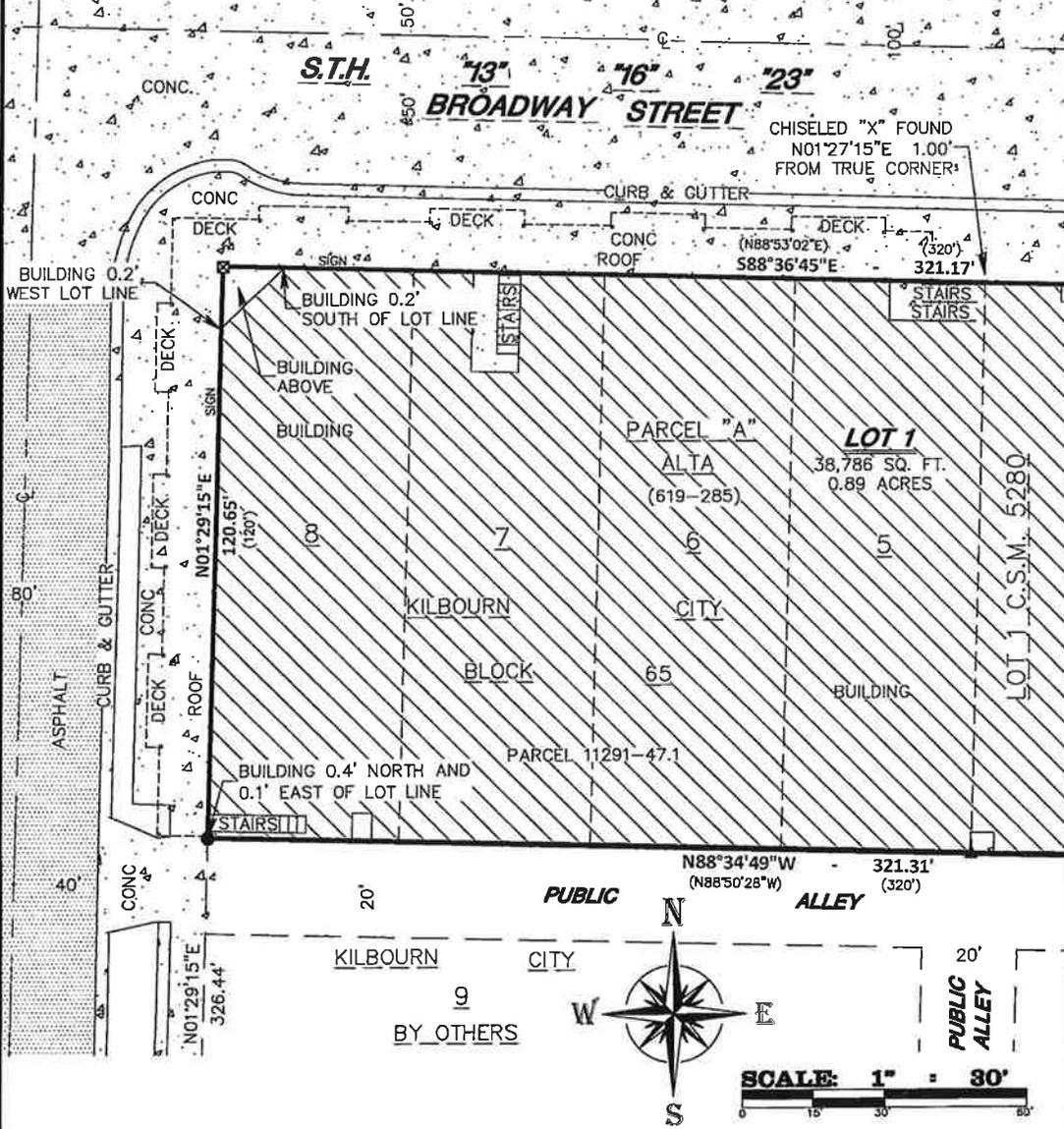
DWG. 220-77 SHEET 2 OF 4

COLUMBIA COUNTY CERTIFIED SURVEY MAP NO. _____

GENERAL LOCATION

Volume _____, Page _____

BEING LOTS 5, 6, 7 & 8, BLOCK 65, KILBOURN CITY AND LOTS 1 AND 2, C.S.M. NO. 5280, AS RECORDED IN VOLUME 37 OF C.S.M.S, PAGES 52 AND 52A, AS DOCUMENT NO. 827142, LOCATED IN THE SE1/4 OF THE SW1/4, SECTION 3, T. 13 N., R. 6 E., CITY OF WISCONSIN DELLS, COLUMBIA COUNTY, WISCONSIN.



CLIENT: GENERAL ENGINEERING COMPANY
916 SILVER LAKE DRIVE
PORTAGE, WI 53901

OWNER: CONCEPT HOLDINGS
S3444 FOX HILL ROAD
BARABOO, WI 53913

As prepared by:

GA GROTHMAN & ASSOCIATES S.C.

LAND SURVEYORS

825 EAST SILVER STREET, P.O. BOX 373 PORTAGE, WI 53901
PHONE: PORTAGE, (608) 742-7788 SAUC: (608) 644-8677
FAX: (608) 742-0434 E-MAIL: surveying@grothman.com
(RED LOGO REPRESENTS THE ORIGINAL MAP)

G & A FILE NO. 220-77



DRAFTED BY: T. KASPER

CHECKED BY: IG

PROJ. 619-285

DWG. 220-77

SHEET 3 OF 4

SEAL:



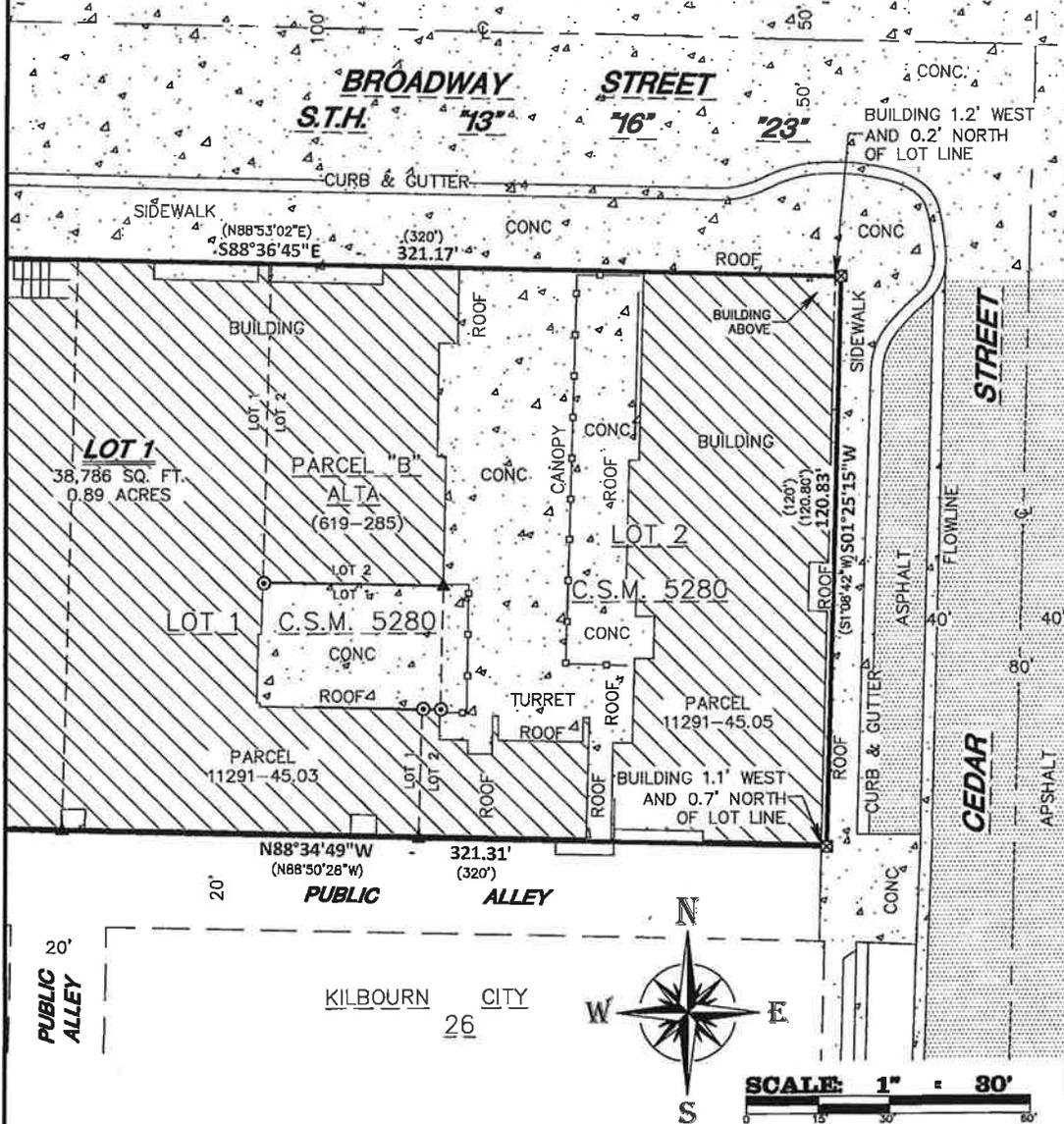
Thomas L. Greve
6/9/20

COLUMBIA COUNTY CERTIFIED SURVEY MAP NO. _____

GENERAL LOCATION

Volume _____, Page _____

BEING LOTS 5, 6, 7 & 8, BLOCK 65, KILBOURN CITY AND LOTS 1 AND 2, C.S.M. NO. 5280, AS RECORDED IN VOLUME 97 OF C.S.M.S, PAGES 52 AND 52A, AS DOCUMENT NO. 827142, LOCATED IN THE SE1/4 OF THE SW1/4, SECTION 3, T. 13 N., R. 6 E., CITY OF WISCONSIN DELLS, COLUMBIA COUNTY, WISCONSIN.



CLIENT: GENERAL ENGINEERING COMPANY
916 SILVER LAKE DRIVE
PORTAGE, WI 53901

OWNER: CONCEPT HOLDINGS
S3444 FOX HILL ROAD
BARABOO, WI 53913

| | | |
|--|--|-------|
| As prepared by: | | SEAL: |
|  | | |
| G & A FILE NO. 220-77 | | |
| DRAFTED BY: T. KASPER CHECKED BY: TG PROJ. 619-285 DWG. 220-77 SHEET 4 OF 4 | | |

COLUMBIA COUNTY CERTIFIED SURVEY MAP NO. _____

GENERAL LOCATION

Volume _____, Page _____

BEING LOTS 5, 6, 7 & 8, BLOCK 65, KILBOURN CITY AND LOTS 1 AND 2, C.S.M NO. 5280, AS RECORDED IN VOLUME 37 OF C.S.M.S, PAGES 52 AND 52A, AS DOCUMENT NO. 827142, LOCATED IN THE SE1/4 OF THE SW1/4, SECTION 3, T. 13 N, R. 6 E, CITY OF WISCONSIN DELLS, COLUMBIA COUNTY, WISCONSIN.

SURVEYOR'S CERTIFICATE

I, **THOMAS L. GREVE**, Professional Land Surveyor, do hereby certify that by the order of the **General Engineering Company**, I have surveyed, monumented, and mapped Lots 5, 6, 7 and 8, Block 65, Kilbourn City and Lots 1 and 2, Certified Survey Map, No. 5280 as recorded in Volume 37 of Certified Survey Maps, pages 52 and 52A as Document No. 827142, located in the Southeast Quarter of the Southwest Quarter of Section 3, Town 13 North, Range 6 East, City of Wisconsin Dells, Columbia County, Wisconsin, described as follows:

Commencing at the Southwest corner of Section 3;
 thence South 89°10'58" East along the South line of the Southwest Quarter of Section 3, 1,774.12 feet;
 thence North 01°29'15" East, 326.44 feet to the Southwest corner of Lot 8, Block 65, Kilbourn City and the point of beginning;
 thence continuing North 01°29'15" East along the West line of Lot 8 and the East right-of-way line of Elm Street, 120.65 feet to the Northwest corner of Lot 8;
 thence South 88°36'45" East along the North line of Lots 5, 6, 7 and 8, Block 65, Kilbourn City, the North line of Lots 1 and 2, Certified Survey Map, No. 5280 and the South right-of-way line of Broadway Street, 321.17 feet to the Northeast corner of Lot 2, Certified Survey Map, No. 5280;
 thence South 01°25'15" West along the East line of Lot 2, Certified Survey Map, No. 5280 and the West right-of-way line of Cedar Street, 120.83 feet to the Southeast corner of Lot 2, Certified Survey Map, No. 5280;
 thence North 88°34'49" West along the South line of Lots 1 and 2, Certified Survey Map, No. 5280, the South line of Lots 5, 6, 7 and 8, Block 65, Kilbourn City and the North right-of-way line of a public alley, 321.31 feet to the point of beginning.
 Containing 38,786 square feet (0.89 acres), more or less. Being subject to servitudes and easements of use or record, if any.

I DO FURTHER CERTIFY that this is a true and correct representation of the boundaries of the land surveyed and that I have fully complied with the Provisions of Section AE 7 of the Wisconsin Administration Code and Chapter 236.34 of the Wisconsin State Statutes and the City of Wisconsin Dells Land Division Ordinances to the best of my knowledge and belief.


THOMAS L. GREVE
 Professional Land Surveyor, No.2226
 Dated: June 9, 2020
 File No. 220-77

PLANNING & ZONING APPROVAL

This Certified Survey Map in the **City of Wisconsin Dells** is hereby approved by the Planning & Zoning Administrator.

Planning & Zoning Administrator

Date

CLIENT: GENERAL ENGINEERING COMPANY
 916 SILVER LAKE DRIVE
 PORTAGE, WI 53901

OWNER: CONCEPT HOLDINGS
 S3444 FOX HILL ROAD
 BARABOO, WI 53913



Parcels 11291-47.1, 11291-45.03, & 11291-45.05
Certified Survey Map (CSM)
Staff report for Plan Commission 7/13/2020

The City has received a Certified Survey map from Concept Holdings to combine the all the properties along the south side of the 400 block of Broadway, including: the Chalet building, the old Myrt & Lucy Building, the Carr Valley Cheese building, the old El Asador building, the plaza area and the bathrooms.

The property is Zoned C-2 Commercial – downtown.

Historically, this area was only two (2) parcels, the one containing the Chalet to the west and the rest of the property to the east. In 2011, the middle parcel (most recently Myrt & Lucy's) was subdivided out to allow that business to be sold separately. Concept Holdings now owns all the property, and is under construction to physically connect the Chalet building to the Myrt & Lucy building, which requires those parcels to be combined.

Concept attractions has chosen to combine all their property into a single parcel.

In general, most of the City standards are designed to regulate the sub-division of property. This office does not see any issues with combining this property.

Chris Tollaksen
City of Wisconsin Dells
7/10/2020

DRAFT

City of Wisconsin Dells

(Workforce Housing)

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

SECTION I: PURPOSE

This ordinance requires that the entirety of a building on a workforce housing premises must be habitable.

SECTION II: PROVISION AMENDED

Wisconsin Dells Code Sec. 16.06(9)(s) is created.

SECTION III: PROVISION AS AMENDED:

16.06(9)

(s) The entirety of a building on a licensed premises must be habitable.

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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