

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE
DATE: TUESDAY, JULY 21, 2020 **TIME:** 5:30pm **LOCATION:** Municipal Building
Common Council Chambers - 300 La Crosse Street, Wisconsin Dells, WI 53965

COMMITTEE MEMBERS	
Ald. Mike Freel, Chair	Ald. Brian Holzem
Mayor Ed Wojnicz	Ald. Ben Anderson
AGENDA ITEMS	
1	Call to Order and Attendance Noted
2	Approval of the June 8, 2020 Meeting Minutes
3	Discussion/Decision on 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 1, 2020 thru June 30, 2021 (Tabled at the June 8, 2020 meeting)
4	Discussion/Decision on 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
5	Discussion/Decision on Application for a Taxicab Service License submitted by Stephen McCarty for Twin Town Pedicabs, for the Licensing Period thru March 31, 2021
6	Applications for Seasonal Workforce Housing Facility Licenses for the Licensing Period thru April 30, 2021 Received from: <ul style="list-style-type: none"> a. A & J Entertainment for 510 Vine Street (renewal) b. GTAM LLC, for 2501 River Road (renewal) c. Riverview Boat Line for 2150 Wisconsin Dells Parkway (renewal) d. Workforce Housing Solutions, LLC for 511 Vine Street (renewal) e. Dells Resorts for 400 County Road A (new)
7	Discussion/Decision on Proposed Ordinance Which Would Require the Entirety of a Workforce Housing Premises be Habitable (tabled at June 8, 2020 meeting)
8	Discussion on Creating an Ordinance to Allow Utility Terrain Vehicles (UTV) in the City Limits
9	Next Meeting Date and Time/Agenda Items
10	Adjourn
Chairperson Ald. Mike Freel Posted: July 16, 2020	
<p>Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>	

LEGISLATIVE COMMITTEE MEETING
CITY OF WISCONSIN DELLS
JUNE 8, 2020

ITEM 2

Chairperson Mike Freel called the meeting to order at 6:00P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

1. Present: Ald. Mike Freel, Mayor Ed Wojnicz, Ald. Brian Holzem and Ald. Ben Anderson.

Others: Ald. Terry Marshall, Ald. Jesse DeFosse, City Clerk/Coordinator Nancy Holzem, City Treasurer Karen Terry, Police Chief Jody Ward, Public Works & Utilities Director David Holzem, City Planner/Zoning Administrator Chris Tollaksen, Fire Chief Pat Gavinski, and Gayelynn Plaster.
2. Motion by Ald. Anderson seconded by Ald. Holzem to approve the March 9, 2020 meeting minutes. Motion carried unanimously.
3. The committee reviewed the application for an Original Class A Liquor License submitted by Made with Love, LLC, Gayelynn Plaster, agent, for Made with Love Gift Shop, 316 Broadway, for the licensing period of July 1, 2020 through June 30, 2021. The applicant provided examples of wine related products and accessories that are sold in her gift store. She stated that she would like to sell a small selection of Wisconsin wines to go with the accessories and with gift baskets. She stated that the wine would be located behind the glass counter and that her staff would get the required bartender license for alcohol sales. Municipal Code sec. 16.12(13)(a) limits the issuance of Class A Licenses to liquor stores, drug stores, department stores such as Walmart, convenience stores, and grocery stores. However, section 16.12(13)(b) provides an exception for "specialty retail establishments" where the sale of select Class A products would complement and enhance the sale of specific products. Ald. Holzem expressed his concern stating that this establishment is not a traditional place to sell alcohol and that by allowing it the city would be setting a precedence and opening the door for everyone else downtown to get a license. Ald. Anderson expressed the same concerns. Ald. DeFosse stated that if approved, this would be opening a can of worms and that there would need to be more discussion on how to manage it. The committee asked for more time to consider this application and to determine if a gift store that carries a variety of items would meet the definition of a "specialty retail establishment". Mayor Wojnicz made the motion to table the application so feedback can be obtained from the retail community. Ald. Holzem seconded the motion. Motion carried unanimously.
4. Motion by Mayor Wojnicz seconded by Ald. Holzem to recommend to the Common Council for approval, the following applications for **renewal** of:

Class "A" Fermented Malt Beverage License for the licensing period of July 1, 2020 through June 30, 2021 received from:
 - Randy Martin for Loon Lake Cigar, 721 Superior Street

“Class A” Fermented Malt Beverage & Intoxicating Liquor Licenses for the licensing period of July 1, 2020 through June 30, 2021 received from:

- Kristie’s Foods Dells, LLC for Maurer’s Market, 216 Washington Avenue
- Travel Mart Inc. for Broadway Travel Mart, 802 Broadway
- Travel Mart Inc. for Lower Dells Travel Mart, 710 Trout Road
- Travel Mart Inc. for R & G Travel Mart, 611 N Frontage Road, Suite 2
- Travel Mart Inc. for Travel Mart Shell, 2415 Wis Dells Parkway
- Walgreen Co. for Walgreens, 300 Hwy. 13

Class “B” Fermented Malt Beverage Licenses for the licensing period of July 1, 2020 through June 30, 2021 received from:

- Bridgeview Corporation for Timber Falls Adventure Park, 1000 Stand Rock Road
- Edytka’s Polish Restaurant, Inc for 221 Broadway
- Lucy Hai LLC for Wei’s Chinese Restaurant, 630 S. Frontage Rd
- Harold B Larkin Post 187 (American Legion 187) 609 Wisconsin Avenue
- Juan Medrano for Colotlan Mexican Restaurant, 324 Broadway
- Sherwood Forest Dells LLC for Sherwood Forest Camping, 2852 Wis Dells Pkwy
- Time Fantasy Productions, LLC for the Hideaway, 2255 Wis. Dells Pkwy
- Wis. Dells Home Talent Baseball for concessions at 510 Veterans Memorial Drive
- Woodside Sports Complex Operations LLC for Woodside Sports, 1770 S Hwy 13

Class “B” Fermented Malt Beverage and Class C Wine Licenses for the licensing period of July 1, 2020 through June 30, 2021 received from:

- Asgard Axe Throwing, LLC for Asgard Axe Throwing, 714 Oak Street
- Familyland Enterprises Inc., for MACS, 208 Broadway
- Hulbert Creek Lodge & Suites LLC for AmericInn by Wyndham, 550 Hwy 13
- Mama Z’s Grill, LLC for Mama Z’s Country Grill, 1101 Broadway
- MZ Food LLC for Pizza Villa, 737 Superior Street
- Pizza Lab LLC, for the Pizza Lab, 332 State Hwy. 13
- Rib Kings of America Inc. for Famous Dave’s Barbecue, 435 Broadway
- Riverfront Green LLC for Riverfront Terrace, 27 Broadway
- Taco Loco LLC for El Taco Loco, 808 River Road

“Class B” Fermented Malt Beverage & Intoxicating Liquor Licenses for the licensing period of July 1, 2020 through June 30, 2021 received from:

- Chula Vista Inc. for Chula Vista Resort & Golf Course at 2501 River Rd
- DeFosse Properties LLC. for Showboat Saloon/Tug’s Kitchen/Mama’s Garage 24, 26, & 30 Broadway and 731 Eddy Street
- Dells Resorts Inc for American World, Hot Rocks, BP (Quota Plus)
- Fisher’s Bar Est 1933 LLC for Fischer’s Bar, 719 Superior Street
- Helland Food Group LLC for Mexicali Rose and Bella Goose Coffee 2370-2390 Wis Dells Pkwy
- Heller’s Ltd for Monk’s Bar & Grill, 220 Broadway
- High Rock Inc. for High Rock Café, 232 Broadway, 737, 739 & 741 Oak St.
- JAM Food & Fun, Inc. for Dells Distillery, 206 Broadway
- JillyBeaners LLC for Riverwalk Pub, 911 River Road (Reserve License)

- Jose’s Authentic Mexican Restaurant LLC for Jose’s, 951 Stand Rock Road
- Logging Camp Inc. for Paul Bunyan Restaurant/Show, 411 Hwy 13 (Quota Plus)
- Myrt & Lucy’s Chat & Chew LLC, for Myrt & Lucy’s, 701 Broadway
- Nig’s Inc. for Nig’s Bar, 201 Broadway
- Polynesian Acquisition Partners, LLC for the Polynesian Resort, 857 N Frontage
- RRAD Development LLC for Vue Resort & Restaurant, 1015 River Road
- San Antonio Mexican Restaurant LLC, for 742 Eddy Street (Quota Plus)
- Silver Spruce Resort, LLC. for Rubb’s Steakhouse, 4124 River Road
- Six K’s Inc. for The Keg Bar & Grill and Kilbourn Cork, 716, 720 & 732 Oak Street
- Stage III, LLC for Chalet Lanes & Lounge, 740 Elm Street
- T.R Nelson Inc. for Trappers Turn Golf Club, 2955 Wis Dells Parkway
- Uptown Sand Bar Corp. for Sand Bar, 130 Washington Avenue
- Woodside Sports Complex Operations LLC for Woodside Complex, 2100 River Rd

Contingency placed on Riverfront Green LLC Class C Wine License that food sales must be greater than wine sales (per State Statute) by the end of the summer in order for the license to continue. Motion carried unanimously.

5. Motion by Ald. Anderson seconded by Ald. Holzem to recommend to the Common Council for approval, the applications for renewal of **Cigarette and Tobacco Product Licenses** for the licensing period of July 1, 2020 through June 30, 2021 received from:

- Chula Vista Inc for Chula Vista Resort 2501 River Road
- Dells Resorts, Inc for American World BP, 2040 Wis Dells Parkway
- Joseph Danon for Purple Planet, 207 Broadway
- Kristie’s Foods Dells, LLC for Maurer’s Market, 216 Washington
- Randy Martin for Loon Lake Cigar Company, 721 Superior Street
- Stage III, LLC for Chalet Lanes, 740 Elm Street
- T.R. Nelson Inc for Trappers Turn Golf Club, 2955 Wis Dells Parkway
- Travel Mart Inc for Broadway Travel Mart, 802 Broadway
- Travel Mart Inc for Lower Dells Travel Mart, 710 Trout Road
- Travel Mart Inc for R & G Travel Mart, 611 N Frontage Rd #2
- Travel Mart Inc for Travel Mart Shell, 2415 Wis Dells Parkway
- Uptown Sandbar for Sand Bar, 130 Washington Avenue
- Walgreens Co. for Walgreens, 300 Hwy. 13

Motion carried unanimously.

6. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, the applications for renewal of **Mobile Home Park Licenses** submitted by:

- Pleasant Valley Properties of WI, LLC for 610 Commercial Avenue
- Michelle Gillette for Towerview Estates, Plum Street

Motion carried unanimously.

7. Motion by Ald. Anderson seconded by Ald. Holzem to approve the applications for renewal of Seasonal Workforce Housing Facility Licenses submitted by:

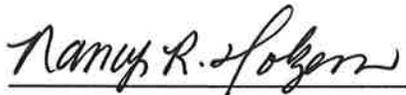
- Jay Nash for 410 Wisconsin Avenue
- Woodside Dells Hotel & Suites for 1114 Broadway

Motion carried unanimously.

8. Motion by Mayor Wojnicz seconded by Ald. Anderson to table a proposed ordinance that would require the entirety of a building licensed as a workforce housing premises be habitable and code compliant. More discussion is needed as to the timeframe for compliance. Motion to table carried unanimously.

9. Next meeting was scheduled for Monday, July 13th. Agenda items to include an update on the foundations left on Michigan Avenue that were to be removed.

10. Motion by Ald. Freel seconded by Ald. Anderson to adjourn. Motion carried unanimously and the meeting adjourned at 7:00pm.



Nancy R. Holzem
City Clerk/Coordinator

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2020 / ending: 6/30/2021
(mm aa 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, W.S Dells, WI 53765 Columbia City</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, Gayelyna</u>	Title/Member <u>President/owner</u>	Date <u>11-3-2019</u>
Signature <u>Gayelyna Plaster</u>	Phone Number <u>608-220-8931</u>	Email Address <u>gay201@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>NA</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
(Signature of Agent) (Date) Agent's age 61

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	Employer's Address	Employed From	To
Kwik Trip	American Pkwy, Sun Prairie	5-15-2016	Current
DeJope (Hotchunk)	4002 Evan Acres Road MADISON, WI, 53716	2012-2015	2015

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

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) K	
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 Rumrock 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.

D Bloom
(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 }
 X 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	
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
<input type="checkbox"/> Class B liquor	\$
Reserve Class B liquor	\$
<input type="checkbox"/> 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>Bharth</u>	<u>G</u>	<u>810 Winchester St West Salem, WI</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>Punraj</u>	<u>D</u>	<u>3457 Blue Star Hwy, Sauganick, MI</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>Yatin</u>		<u>800 County H, Wisconsin Dells, WI</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>Hitesh</u>	<u>J</u>	<u>810 Winchester St, West Salem, WI</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Patel</u>	<u>Mitesh</u>	<u>K</u>	<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 Co 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? 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 _____ 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, M.I.) PATEL BHARATKUMAR G	Title/Member Member	Date 7-2-20
Signature Bhena Patel	Phone Number 715-383-0231	Email Address Dansinn12552@hotmarl.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk / Date reported to council / board 7-6-2020	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 City of WISCONSIN DELLS County of Sauk

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 Mini 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) Putel		(first name) Hitesh		(middle name) I	
Home Address (street/route) 810 Winchester St		Post Office	City West Salem	State WI	Zip Code 54669
Home Phone Number 608 844 8116		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.

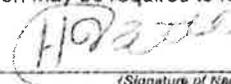
The above named individual provides the following information to the licensing authority:

- 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)

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 of Named Individual)

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 **Swamigi Inc**
(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 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)
- 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.

Pankaj 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		BHARATHKUMAR		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 employee 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 Licenses or Permits) (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.

Bharath 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 SNEELING 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 PEDICABS 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.

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, 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: F316096261710 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 Tickers _____ 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: INSURER F:	

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 EXCLUSION 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CP3264082	2/17/2020	2/17/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		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)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE	OTHER
						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

CANCELLATION

City of Wisconsin Dells
 300 La Crosse Street
 Wisconsin Dells, WI 53965

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
Alisa Lamb



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.

ITEM 60a

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 Sey 7-20
Applicant's Signature Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

City of Wisconsin Dells ITEM 6b

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

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: _____

ITEM 6c

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 5/1/2020 (6/1/2020 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: 608-254-8336

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 : 608-432-2125
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.

Haren Fleming, Accountant 6/19/2020
Applicant's Signature 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

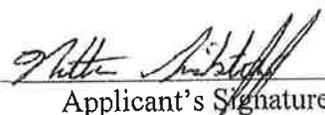
Number of Sleeping Units: Four (4) Units

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

ITEM 6e

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 06/01/2020 to April 30, 2021 Fee \$ 5000 Receipt No. 73350
(\$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

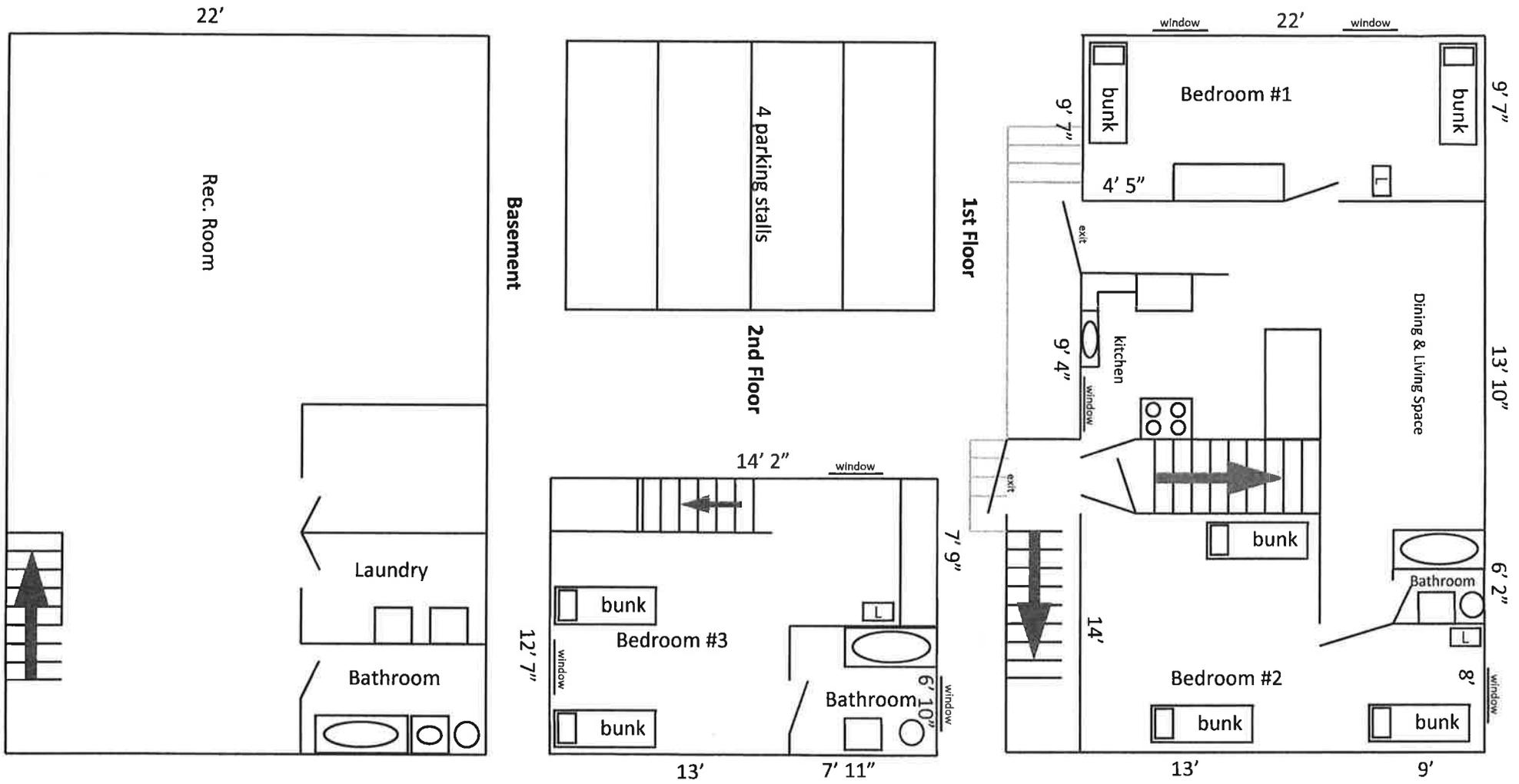
Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____



175 Sweet Briar Ln. Employee House

DRAFTCity 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.

Sample Ordinance

ITEM 8

ORDINANCE NO. 2020-04

AN ORDINANCE TO AMEND CHAPTER 7 ENTITLED "TRAFFIC CODE", SECTION 7.165 ENTITLED "ALL-TERRAIN VEHICLE / UTILITY-TERRAIN VEHICLE (ATV/UTV)" TO AMEND SUBSECTION 7.165(4) "AREAS DESIGNATED" TO THE CITY OF BOSCOBEL MUNICIPAL CODE.

NOW, THEREFORE, the Common Council of the City of Boscobel, Grant County, Wisconsin, does ordain as follows:

Section I: Chapter 7 entitled "Traffic Code", to amend subsection 7.165(4) Areas Designated, to the City of Boscobel Municipal Code shall be and hereby is amended as follows:

- (4) **AREAS AUTHORIZED TO OPERATE:** The areas authorized to operate and designated with signage as all-terrain vehicle/utility-terrain vehicle routes shall be as follows:
- (a) All state highways, county roads and city streets within the City of Boscobel.
1. The Boscobel City Council shall have the authority to suspend operation in any of the above areas for up to ninety (90) days due to hazard, construction, or emergency conditions in any designated area or route segment listed above.
 2. Every area authorized for operation as an all-terrain vehicle/utility-terrain vehicle route shall be designated by an all-terrain vehicle/utility-terrain vehicle route sign having a reflectorized white all-terrain vehicle symbol, bordered and messaged on a reflectorized green background with a minimum size of 24 inches by 18 inches.

Any directional route signs will follow state statute, where appropriate, placed at the beginning of an ATV/UTV route and at such locations and intervals as necessary to enable the ATV/UTV operators to follow the route.

Section II: This Ordinance shall take effect upon its passage and publication or posting as required by law. All other sections of Chapter 7 of the City of Boscobel not specifically amended under this ordinance shall remain in full force and effect as drafted.

Adopted and approved this 16th date of March, 2020, by the Common Council of the City of Boscobel, Grant County, Wisconsin.



Sample Ordinance

City of Reedsburg
134 South Locust Street, P.O. Box 490
Reedsburg, WI 53959
Ph. 608-524-6404 Fax. 608-524-8458
www.reedsburgwi.gov

STAFF REPORT

AGENDA ITEM: _____

To: City Council & Ordinance Committee
By: Brian Duvalle, Planning/Building
Date of Meeting: November 11, 2019

Subject: Ordinance 1889-19 – Amend ATV Ordinance; 2nd Reading
***Updated following City Attorney's review**

BACKGROUND AND REQUEST

The current ATV ordinance was adopted in 2016. The vast majority of ATV users have been law-abiding and have helped to increase local business. Therefore in order to expand ATV use, lessen route confusion and allow residents to access routes from their properties without trailering, a local ATV group asked the Plan Commission to expand the current map and ordinance.

After discussion, the Plan Commission recommends allowing all city streets be authorized for ATV use. Along with the reasons listed above, it would also eliminate the need for ATV signage. Such authorization would be similar to the City's regulation of NEVs.

To help alleviate concerns of ATV use on all streets, the ordinance would increase the ATV driving age to 16, require driver's license & insurance and prohibit open intoxicants. This would be similar to Sauk County's ordinance.

FINANCIAL IMPACT

NA

STAFF RECOMMENDATION

The Plan Commission recommends approval.

ACTION:

If the Mayor and City Council are ready, the following action may be made:

Motion to approve/deny – 2nd Reading of Ordinance 1889-19.

Attachment(s): Ord 1889-19

ORDINANCE NO. 1889-19
(ATV/UTV Ordinance)

The City of Reedsburg, Sauk County, does hereby ordain as follows:

SECTION I: PURPOSE:

The purpose of this ordinance is to amend the sections regulating ATV/UTV use in the City by allowing them on any city street.

SECTION II: PROVISIONS AMENDED:

City of Reedsburg Code Section 608 is amended to read as follows:

CHAPTER 608 VEHICLES, ALL-TERRAIN

§ 608-1 Intent; applicability.

The City Council has considered the recreational and economic value of all-terrain vehicle and utility-terrain vehicle (ATV/UTV) routes and trail opportunities weighed against protecting the public safety, liability aspects, terrain involved, traffic density, and history of automobile traffic. After due consideration, this ordinance is created to establish all-terrain vehicle and utility terrain vehicle routes on public roadways and trails on the City property and to regulate the operation of such vehicles on such routes and trails to provide safe and healthful conditions for the enjoyment of ATV/UTV recreation consistent with public rights and interest pursuant to City authority under Wis. Stat. §§ 62.11(5), 23.33(8) and 23.33(11).

§ 608-2 Adoption of standards.

Except as otherwise provided in this chapter, the statutory provisions in Wis. Stat. chs. 23, 340 to 348, and 350 establishing definitions and regulations with respect to ATVs and UTVs, and Wis. Adm. Code. ch. NR 64, All-Terrain Vehicles, exclusive of any provisions therein relating to penalties to be imposed and exclusive of any regulations for which the statutory penalty is a fine or term of imprisonment, are hereby adopted and by reference made a part of this chapter as if fully set forth herein. Unless otherwise provided in this chapter, any act required to be performed or prohibited by any statute incorporated herein by reference is required or prohibited by this ordinance. Any future amendments, revisions or modifications of the statutes or administrative codes incorporated herein are made a part of this chapter in order to secure uniform statewide regulation of ATVs and UTVs, except to the extent that the provisions of this chapter are more restrictive.

§ 608-3 Designating ATV/UTV routes and trails.

~~The ATV/UTV routes in the City of Reedsburg are designated ATV/UTV Routes Map entitled "Reedsburg ATV Route Map, Reedsburg, Wisconsin" dated June 27, 2016.~~ Designated ATV/UTV routes include all public streets and alleys except connecting highways within the City of Reedsburg city limits except as posted. In addition, under Wis Stat. 23.33(11)(am)4, ATVs/UTVs are authorized to operate on STH 33 (East and West Main Street) and STH 23 (South Albert Avenue) where the speed limit is 35 MPH or less. The Reedsburg Police Department may temporarily close any ATV/UTV route whenever conditions require closure.

§ 608-4 Trail and route signs. Designated ATV/UTV route and trail signs shall be installed and maintained in accordance with Wisconsin Administrative Code NR 64.12 (7).

- A. The City of Reedsburg is solely responsible for ATV/UTV route signage installation and no person may install any sign on a designated ATV/UTV route without written authorization of the City.
- B. All required signs shall be in accordance with state statutes and administrative codes applicable to ATV/UTV routes on public streets and bridge crossings.
- C. No person may erect, remove, obscure, or deface any authorized ATV/UTV route sign without written authorization of the City of Reedsburg.

§ 608-5 Operation of ATVs and UTVs. Operation of ATVs and UTVs on designated ATV/UTV routes shall be subject to all provisions of s. 23.33, Wis. stats., which is adopted as a part of this ordinance by reference. The following restrictions apply to operation of ATVs and UTVs on all city streets designated as ATV/UTV routes:

- A. ATVs and UTVs may only be operated on approved ATV/UTV routes from 6am – 10pm.
- B. ATVs and UTVs shall operate at a safe speed not to exceed the posted speed limits.
- C. No person under the age of 16 may operate an ATV or UTV on any segment of a street or highway in the City of Reedsburg.
- D. Every person who operates an ATV or UTV on any street or highway in the City of Reedsburg shall have in his or her immediate possession a valid motor vehicle operator's license. The ATV/UTV operator shall display the operator's license upon demand from any law enforcement officer, state patrol officer, inspector under Wisconsin State Stats 110.07(1), conservation warden, or municipal peace officer.
- E. No operator or passenger of an ATV or UTV may possess in or on an ATV or UTV on any street or highway in the City of Reedsburg, any bottle or receptacle containing alcohol beverages if the bottle or receptacle has been opened, the seal has been broken, or the contents of the bottle or receptacle have been partially removed or released.
- F. All ATV and UTV equipment is required to have applicable liability insurance and have proof of insurance.

§ 608-6 Notifications. A copy of this ordinance shall be sent to the Wisconsin State Patrol, Sauk County Sheriff's Department and to the Wisconsin Department of Natural Resources.

§ 608-7 Violations and penalties.

- A. Except as provided in Sec. 23.33(13)(am) to (e), Wis. Stat, any person who violates any section of this ordinance or statutes adopted by reference shall pay a forfeiture of not less than \$50.00 nor more than \$250.00 for each offense. Said forfeiture is exclusive of mandatory assessments and costs.
- B. The penalty for operating an ATV/UTV off the roadway of a designated ATV/UTV route to include the grassy in-slope, ditches, or other highway right-of-way; other than for direct access from a trail to a roadway on a designated trail, or operating outside of permitted times for route use, or operating in excess of permitted speed; shall result in a forfeiture of not less than \$100.00

nor more than \$250.00, as established in Wis. Stat. chs. 23. Said forfeiture is exclusive of mandatory assessments and costs.

- C. In addition to any forfeiture, a court may order restitution to repair any damage caused by violation of this chapter.

SECTION III: 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 IV: CONFLICTING PROVISIONS REPEALED:

All ordinances in conflict with any provision of this Ordinance are hereby repealed.

SECTION V: EFFECTIVE DATE:

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

SECTION VI: PART OF CODE:

This Ordinance becomes part of the City of Reedsburg Code, Chapter 608.

Dated this 11th day of November, 2019.

David G. Estes, Mayor

Jacob Crosetto, Clerk/Treasurer

1 st Reading at Council:	October 14, 2019
Public Hearing Noticed:	October 24, 2019
2 nd Reading at Council/Public Hearing:	November 11, 2019
Published, Enactment Date:	November 21, 2019

CHAPTER 15

ALL-TERRAIN VEHICLE (ATV) AND UTILITY-TERRAIN VEHICLE (UTV) TRAIL CROSSINGS AND ROUTES ON HIGHWAYS IN SAUK COUNTY

15.001	Authority and purpose.	15.008	Construction and maintenance of ATV/UTV routes, approaches or crossings.
15.002	State laws and definitions adopted.	15.009	Operation on ATV/UTV routes and crossings.
15.003	Delegation to highway and parks committee.	15.010	Enforcement.
15.004	Designation, modification, suspension and termination of ATV/UTV routes.	15.011	Penalties and remedies.
15.005	Application process for ATV/UTV routes.	15.012	Severability.
15.006	Criteria.		
15.007	Signage of ATV/UTV routes.		

15.001 Authority and purpose. The Sauk County Board has considered the recreational and economic value of all-terrain vehicle (ATV) and utility-terrain vehicle (UTV) trail opportunities while also considering protecting the safety of all motorists and users of the roadway by maintaining the road edge, surface and integrity of the right-of-way, public safety, liability aspects, terrain involved, traffic density, and history of automobile traffic. The establishment of this ordinance is for the recreational and economic value to the ATV/UTV public and Sauk County makes no warranty expressed or implied that the routes, crossings, or trails are safe for the operation of these motorized vehicles. After due consideration, this ordinance is created pursuant to county board authority under Wis. Stat. §§ 59.02, 23.33(8)(b) and 23.33(11).

15.002 State laws and definitions adopted. (1) Except as otherwise provided in this chapter, the statutory provisions in Wis. Stat. chs. 23, 340 to 348, and 350 establishing definitions and regulations with respect to ATVs and UTVs, and Wis. Adm. Code. ch. NR 64, All-Terrain Vehicles, exclusive of any provisions therein relating to penalties to be imposed and exclusive of any regulations for which the statutory penalty is a fine or term of imprisonment, are hereby adopted and by reference made a part of this chapter as if fully set forth herein. Unless otherwise provided in this chapter, any act required to be performed or prohibited by any statute incorporated herein by reference is required or prohibited by this

ordinance. Any future amendments, revisions or modifications of the statutes or administrative codes incorporated herein are made a part of this chapter in order to secure uniform statewide regulation of ATVs and UTVs, except to the extent that the provisions of this chapter are more restrictive.

(2) As used in this chapter, the following term shall have the following meaning:

“Sponsor” means an individual, organization, ATV or UTV club, or municipality that submits an application to the Sauk County Highway and Parks Department for the designation of a county trunk highway or state bridge crossing as an ATV/UTV route and agrees to pay for the costs to make, install, and maintain ATV/UTV route signs.

15.003 Delegation to highway and parks committee. The Sauk County Highway and Parks Committee (Committee) is authorized to recommend segments of Sauk County trunk highways and state bridge crossings as ATV/UTV routes, in accordance with the provisions of Wis. Stat. § 23.33, Wis. Admin. Code Ch. NR § 64, and this chapter. Final approval shall require adoption of an ordinance by the Sauk County Board of Supervisors.

15.004 Designation, modification, suspension and termination of ATV/UTV routes. (1) The Sauk County Highway Department and Sheriff's Department shall monitor existing and review proposed ATV/UTV routes for compliance with this ordinance and to prevent unauthorized or

**ALL TERRAIN VEHICLE (ATV) AND
UTILITY-TERRAIN VEHICLE (UTV) TRAIL CROSSINGS
AND ROUTES ON HIGHWAYS IN SAUK COUNTY**

adverse use of county trunk highways or unreasonable interference with other private or public property uses.

(2) Any individual, municipality, ATV or UTV club or organization may apply for an ATV/UTV route designation along, or a trail crossing over, a county trunk highway if they agree to sponsor the ATV/UTV route as required under Sauk Co. Code ss. 15.007 and 15.008.

(3) The highway commissioner shall apply the criteria listed in Sauk Co. Code s. 15.006 when evaluating a proposed ATV/UTV route designation for the Committee.

(4) The Sauk County Board of Supervisors may rescind or modify the designation of an ATV/UTV route by ordinance.

(5) The Committee may temporarily modify or suspend any ATV/UTV route designation upon recommendation of the highway commissioner or Sauk County Sheriff and shall immediately report such modification or suspension to the Sauk County Board of Supervisors for final approval or disapproval.

(6) The highway commissioner may, without prior approval of the Committee, modify or suspend any ATV/UTV route designation for up to 120 days whenever conditions require closure, upon failure of sponsor to pay for repairs and maintenance as provided in Sauk Co. Code ss. 15.007 and 15.008 or upon recommendation of the Sauk County Sheriff.

(7) The Sauk County Sheriff may temporarily close any ATV/UTV route whenever conditions require closure and shall immediately notify the highway commissioner of such closure.

(8) Upon county board adoption of a designated ATV/UTV route ordinance:

(a) The county clerk shall immediately send a copy of the ordinance to the Sauk County Highway Department, Wisconsin Department of Natural Resources, the state traffic patrol, the Sauk County Sheriff, and to the law enforcement agency and clerk of each municipality having jurisdiction over any of the county trunk highways to which the ordinance designating ATV/UTV route applies.

(b) A copy of designated ATV/UTV routes, along with a map showing their location, shall be kept on file at the highway department, provided

to the sheriff's department, and posted on the Sauk County website.

(9) Designation of segments of the Sauk County Highway System as ATV/UTV routes shall not imply and does not impose upon the Sauk County Highway Department a greater duty of care or responsibility for maintenance of those segments than for any other segment of county highway, nor does it guarantee the safety of the routes. Operators of ATVs/UTVs on county highways designated as an ATV/UTV route assume all the usual and normal risks of ATV/UTV operation.

(10) In addition to establishing ATV/UTV routes to connect ATV/UTV routes and trails as defined in Wis. Stat. § 23.33(1)(d), the Committee may establish routes for the purpose of connecting off-road trails established by private entities for the exclusive use of their members, their invitees, or other persons paying a fee for use of the trail. However, the use of the route along the roadway may not be limited to those persons approved by or paying a fee to the private entity.

15.005 Application process for ATV/UTV routes.

(1) Anyone requesting an ATV/UTV route designation shall complete an application on a form prescribed by the highway commissioner in compliance with this ordinance, the Wisconsin Statute and Administrative Code, and file the complete application with the highway department.

(2) A complete application must include the following:

(a) A map showing the proposed ATV/UTV route including all segments on a county trunk highway.

(b) A map showing any ATV/UTV routes and trails which intersect with the proposed ATV/UTV route.

(c) A sworn statement that the sponsor has legally enforceable permission from all affected landowners to use their property for the proposed ATV/UTV trail.

(d) A statement of reasons explaining why the county trunk highway segment or segments should be designated as an ATV/UTV route.

(e) If the sponsor is an organization, the names and addresses of its officers, the date when the organization was established or incorporated,

**ALL TERRAIN VEHICLE (ATV) AND
UTILITY-TERRAIN VEHICLE (UTV) TRAIL CROSSINGS
AND ROUTES ON HIGHWAYS IN SAUK COUNTY**

the number of members, and a copy of the organization bylaws.

(f) A statement that the sponsor will execute a support and maintenance agreement with Sauk County for financial and maintenance support of the proposed route including payments for the procurement, installation, and maintenance of the required ATV/UTV route signs and approaches in right-of-way required by applicable state statutes and administrative codes and the provisions of this ordinance.

(g) A copy of a supporting resolution or ordinance of the municipality in which the ATV or UTV route is located.

(3) Upon receipt by the Highway Department of an application for an ATV/UTV route designation, the highway department shall notify any municipality in which the proposed ATV/UTV route designation is located of the application.

(4) The highway commissioner shall review a complete application for conformance with the criteria set forth in Sauk Co. Code s. 15.006, and with all applicable state, federal and local laws and regulations.

(5) The highway commissioner shall make a report and recommendation to the Committee on each complete application for a designation of a segment of county trunk highway segment or state bridge crossing as an ATV/UTV route.

(6) The Committee will consider the highway commissioner report and the criteria in Sauk Co. Code s. 15.006 in determining whether to approve or deny an application for ATV/UTV route designation.

15.006 Criteria. The following shall be considered in examining an ATV/UTV route designation application:

(1) Is the application sufficiently complete, detailed and documented.

(2) Does the proposed route conform with all applicable state, federal, and local laws and regulations.

(3) Does each affected municipality support the proposed ATV/UTV routes within their jurisdiction, and was each affected municipality notified of the application.

(4) Is there a need for the ATV/UTV route designation of the county trunk highway.

(5) Does the requested segment connect segments of ATV/UTV trail or route networks.

(6) Length of segment requested.

(7) The safety of all users, including ATV/UTV riders, pedestrians, bicyclists, motorcyclists, motor vehicle operators, and other transportation users.

(8) Posted speed limit of the roadway.

(9) Traffic volume on requested segment.

(10) Pavement condition (PASER Rating).

(11) Pavement width.

(12) Vertical or horizontal alignment safety concerns.

(13) Crossings free from obstructions.

(14) Report and recommendation of the Sauk County Highway Commissioner.

(15) Sauk County Sheriff review and recommendation.

(16) Hours of operation on connected local routes.

(17) Public input.

15.007 Signage of ATV/UTV routes. (1) The sponsor for an ATV/UTV route designation shall pay for the projected cost of procurement and installation of signs relating to the ATV/UTV route, as determined by the highway commissioner. The highway commissioner shall prepare an estimate of the cost of procurement and installation of the signage and furnish the estimate to the sponsor.

(2) Upon passage of an ordinance designating an ATV/UTV route on a county trunk highway, the sponsor shall provide the highway department payment of the full cost for procurement and installation of signs for the approved ATV/UTV route. Failure to make payment in full may result in the highway commissioner suspending the designated ATV/UTV route until payment in full is received by the Sauk County Highway Department.

(3) The Sauk County Highway Department is solely responsible for ATV/UTV route signage installation and no person may install any sign on a designated ATV/UTV route without written authorization of the highway commissioner.

**ALL TERRAIN VEHICLE (ATV) AND
UTILITY-TERRAIN VEHICLE (UTV) TRAIL CROSSINGS
AND ROUTES ON HIGHWAYS IN SAUK COUNTY**

(4) All required signs shall be in accordance with state statutes and administrative codes applicable to ATV/UTV routes on county trunk highways and bridge crossings.

(5) No person may erect, remove, obscure, or deface any authorized ATV/UTV route sign without written authorization of the highway commissioner.

(6) A sponsor is solely responsible for all ATV/UTV route sign maintenance and repair costs. Upon determining need for repair or maintenance, the highway commissioner shall provide to the sponsor of an approved ATV/UTV route a statement of the cost for repair and maintenance. Full payment for cost of repair and maintenance must be paid to the highway department within 30 days receipt of statement. Failure to make payment in full may result in temporary suspension of the designated ATV/UTV route until payment is made in full.

15.008 Construction and maintenance of ATV/UTV routes, approaches or crossings.

Required construction and maintenance of crossings and routes shall be performed as follows:

(1) A sponsor shall furnish all materials, do all work, and pay all costs in connection with the construction or maintenance of the approach or crossing and its appurtenances within the right-of-way to the standards required by the county. The county shall not give, sell, or otherwise provide any equipment, labor, or materials for the project.

(2) A sponsor shall construct any roadway approach or crossing utilizing a pre-approved plan and traffic control procedure explained by an authorized highway department employee. The highway department shall inspect the site of each route and each crossing before and during construction to ensure compliance with requirements.

(3) Maintenance of approaches or crossings is the responsibility of the organization or person signing the application. The highway department may monitor approaches and crossings on a periodic basis. The results of these reviews may indicate a need for maintenance. In such case, the highway department will notify the person signing the application of those needs and the person or organization will have 10 days to complete the necessary maintenance or repairs.

Failure to timely complete the necessary maintenance or repairs may result in the suspension or closure of the approved ATV/UTV route.

(4) No revisions or additions shall be made to the route or crossing or its appurtenances on the right-of-way without the written permission of the Committee.

(5) All construction and maintenance shall be done subject to the rules and regulations prescribed by the highway department and be performed and completed to the highway department's satisfaction.

(6) All trails, approaches, and crossings must meet and comply with all local regulations and ordinances.

15.009 Operation on ATV/UTV routes and crossings.

(1) No person shall operate an ATV or UTV on a county trunk highway unless the county trunk highway has been designated as an ATV/UTV route by the Committee and the Sauk County Board of Supervisors, except for operation that is allowed under state statute or administrative code.

(2) No person shall operate an ATV or UTV on a county trunk highway designated as an ATV/UTV route if the county trunk highway is closed for any reason.

(3) The following restrictions apply to operation of ATVs and UTVs on all county trunk highways designated as ATV/UTV routes:

(a) Operators shall abide by all traffic laws, including the rules of operation and equipment requirements contained in Wis. Stat. § 23.33 and Wis. Adm. Code. ch. NR 64, unless further restricted by this chapter.

(b) ATVs and UTVs may only be operated on an approved ATV/UTV route between ½ hour before sunrise and ½ hour after sunset.

(c) ATVs and UTVs shall be operated on a route at a safe speed not to exceed 35 miles per hour unless a reduced speed is otherwise required by law or roadway conditions.

(d) All ATV and UTV operators shall slow to a safe and prudent speed when there are animals on or near the roadway.

(e) All ATVs and UTVs must operate with fully functional headlights, taillights, and brake lights.

**ALL TERRAIN VEHICLE (ATV) AND
UTILITY-TERRAIN VEHICLE (UTV) TRAIL CROSSINGS
AND ROUTES ON HIGHWAYS IN SAUK COUNTY**

(f) All ATV or UTV operators shall ride in single file on the extreme right-hand side of the paved portion of the highway. Operation on the gravel shoulders, grassy in-slope, ditches, or other highway right-of-way is prohibited. Left turns may be made from any part of the highway when it is safe given prevailing conditions.

(g) Crossing should be made only at a place where no obstruction prevents a quick and safe crossing. "Obstruction" includes, but is not limited to, impairment of view and potentially hazardous roadway conditions.

(h) No person under the age of 16 may operate an ATV or UTV on any segment of a county trunk highway that is a designated ATV/UTV route.

(i) Every person who operates an ATV or UTV on any segment of a county trunk highway which is designated as an ATV/UTV route shall have in his or her immediate possession a valid motor vehicle operator's license, and shall display the license document upon demand from any law enforcement officer, state patrol officer, inspector under Wis. Stat. § 110.07(1), conservation warden, or municipal peace officer.

(j) No person may ride in or on any part of an ATV or UTV that is not designated or intended to be used by passengers.

(k) No operator or passenger of an ATV or UTV may possess, in or on an ATV or UTV on any county trunk highway, any bottle or receptacle containing alcohol beverages if the bottle or receptacle has been opened, the seal has been broken or the contents of the bottle or receptacle have been partially removed or released.

(l) All ATV and UTV equipment is required to have applicable liability insurance and have proof of insurance.

15.010 Enforcement. (1) This chapter shall be enforced by any law enforcement official as set forth in Wis. Stat. § 23.33(12).

(2) Adoption of this chapter shall not prohibit any law enforcement officer or DNR warden from proceeding under any other ordinance, regulation, statute, law or order that pertains to the subject matter under this chapter.

15.011 Penalties and remedies. (1) Any person who violates any section of this ordinance or statutes adopted by reference, other than a

violation under s. 15.011(3) of this ordinance, shall pay a forfeiture of not less than \$50.00 nor more than \$500.00 for each offense, as established in Sauk Co. Code ch. 20. Said forfeiture is exclusive of mandatory assessments and costs.

(2) If it cannot be readily determined which individual is directly responsible for damage to or destruction of a route designation requirement, the person having signed the permit application shall be deemed responsible and cited for violations. A statement to that effect shall appear on the application above the signature line. A failure to pay such forfeiture may form a basis for revocation of a permit.

(3) The penalty for operating an ATV/UTV off the roadway of a designated ATV/UTV route to include the grassy in-slope, ditches, or other highway right-of-way; other than for direct access from a trail to a roadway on a designated trail, or operating outside of permitted times for route use, or operating in excess of permitted speed; shall result in a forfeiture of not less than \$100.00 nor more than \$250.00, as established in Sauk Co. Code ch. 20. Said forfeiture is exclusive of mandatory assessments and costs.

(4) In addition to any forfeiture, a court may order restitution to repair any damage caused by violation of this chapter.

15.012 Severability. Should any portion of this chapter be declared by a court of competent jurisdiction to be invalid, the same shall not affect the validity of the chapter as a whole or any part thereof, other than the part declared invalid.

Chapter 15 was created and adopted by the Sauk County Board of Supervisors on April 16, 2013 - Ordinance No. 06-13. Amended by the Sauk County Board of Supervisors on December 16, 2014 - Ordinance No. 13-14. Amended by the Sauk County Board of Supervisors on August 18, 2015 - Ordinance No. 11-15. Amended by the Sauk County Board of Supervisors on May 17, 2016 - Ordinance No. 3-16. Clarifying that all ATV & UTV routes shall be approved by the Sauk County Board of Supervisors - adopted by the Sauk County Board of Supervisors on April 18, 2017 - Ordinance No. 5-17. Amended by the Sauk County Board of Supervisors on April 18, 2017 - Ordinance No. 6-17. Maps amended by the Sauk County Board of Supervisors on September 19, 2017 - Ordinance No. 11-17. Repealed and recreated by the Sauk County Board of Supervisors on October 16, 2018 - Ordinance No. 17-18.



Wisconsin ATV/UTV Law Changes – Effective March 4, 2020

*The ATV/UTV Laws pamphlet still applies, unless otherwise stated in this update

What's New?

UTV Definition Changes

The legal definition of an UTV has changed. No longer are low pressure tires required. Now simply 4 or more tires are required. How the width of an UTV is measure has changed. UTVs are required to be originally manufactured, and must have at all times a width of not more than 65 inches as measured laterally between the outermost wheel rim on each side of the vehicle, exclusive of tires, mirrors, and accessories that are not essential to the vehicle's basic operation.

Secondary UTV Definition Changes

For machines that would otherwise meet the ATV definition except for weight & width, two changes were made. The weight and width requirements are increased to not more than 2000 pounds, and a width of 65 inches or less as measured laterally between the outermost wheel rim on each side of the vehicle, exclusive of tires, mirrors, and accessories that are not essential to the vehicle's basic operation.

ATV Definition Changes

The legal definition of an ATV has changed. No longer are low pressure tires required. Now simply 3 or more tires are required. How the width of an ATV is measure has changed. ATVs are required to be commercially designed and manufactured and must have a width of not more than 50 inches as measured laterally between the outermost wheel rim on each side of the vehicle, exclusive of tires, mirrors, and accessories that are not essential to the vehicle's basic operation.

ATV Passenger Rules

Previously only on the roadway were passengers restricted only to those ATVs that were designed and intended for passengers. Now that requirement has been extended to all other areas. ATV operators cannot have a passenger riding in or on any part of an ATV that is not designed or intended to be used by passengers.

Lighted Headlamp Display Requirements

Previously ATVs and UTVs were required to have a lighted headlamp & tail lamp during hours of darkness or during daylight hours when within a highway. ATVs and UTVs are now required to have a lighted headlamp & tail lamp at all times during operation.

New ATV & UTV Auxiliary Lighting Restrictions

No person (except EMS personal) may operate an ATV or UTV that is equipped with any of the following:

1. A lamp that emits any color of light other than white or amber and that is visible from directly in front

of the ATV or UTV.

2. A lamp that emits any color of light other than red, yellow, amber, or white and that is visible from directly behind the ATV or UTV.

3. A flashing, oscillating, or rotating lamp that emits any color other than yellow or amber.

Any person operating an ATV or UTV must dim his or her high-beam headlamps and any auxiliary lamps when within 500 feet of an approaching ATV/UTV or vehicle, and within 500 feet to the rear of another ATV/UTV or vehicle. In addition, an operator must dim his or her backup lamps unless actively backing.

Operational Requirements and Modification Restrictions

ATVs and UTVs cannot be operated with anything else other than tires. This restriction does not apply to private property or frozen waters.

An ATV or UTV may not be modified so that its maximum width exceeds the width allowed for an ATV—50 inches or the width allowed for UTV—65 inches. This does not apply to the operation of an ATV or UTV on private property.

