

# CITY OF WISCONSIN DELLS MEETING AGENDA

**MEETING DESCRIPTION:** LEGISLATIVE COMMITTEE

**DATE:** MONDAY, JUNE 11, 2018      **TIME:** 6:00PM      **LOCATION:** MUNICIPAL BUILDING 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 MAY 14, 2018 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSE FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019 SUBMITTED BY: <ul style="list-style-type: none"> <li>a. Pleasant Valley Properties of WI, LLC for 610 Commercial Avenue</li> <li>b. Stonecliff, LLC for 300 Pioneer Drive</li> <li>c. TVE MHP, LLC FOR Towerview Estates Mobile Home Park, Plum Street</li> </ul>		
4	DISCUSSION/DECISION ON APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019 SUBMITTED BY KEVIN GRUBER FOR 1 DONKEY AND 10 GOATS AT TIMBERFALLS ADVENTURE PARK		
5	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR CLASS B BEER LICENSE SUBMITTED BY GSR, LLC, AARON TROXEL AGENT, FOR THE "DELLS GAME SHOW", 411 BROADWAY, FOR THE LICENSING PERIOD THROUGH JUNE 30, 2018 (Tabled at May 14, 2018 meeting)		
6	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR CLASS B BEER AND CLASS C WINE LICENSE SUBMITTED BY RIVERFRONT GREEN, LLC, JADE ROYSTON AGENT, FOR RIVERFRONT GREEN, 17-29 BROADWAY, FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019		
7	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF CIGARETTE & TOBACCO PRODUCTS RETAIL LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019		
8	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019: <ul style="list-style-type: none"> <li>a. CLASS A BEER LICENSE</li> <li>b. CLASS A BEER &amp; CLASS A LIQUOR LICENSES</li> <li>c. CLASS B BEER LICENSES</li> <li>d. CLASS B BEER &amp; CLASS C WINE LICENSES</li> <li>e. CLASS B BEER &amp; CLASS B LIQUOR LICENSES</li> </ul>		
9	ITEMS FOR NEXT AGENDA/MEETING DATE & TIME		
10	ADJOURN		
	ALD. MIKE FREEL	POSTED & DISTRIBUTED: 06/08/2018	
<p><b>Open Meetings Notice:</b> If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. 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  
MAY 14, 2018**

Chairperson Freel called the meeting to order at 6:40P.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: City Clerk/Coordinator Nancy Holzem, Police Chief Jody Ward, Public Works Director David Holzem, City Planner Chris Tollaksen, City Attorney Joseph Hasler, Brad Preissel, and Belin Markovich from the *Dells Events*.
2. Motion by Ald. Anderson seconded by Mayor Wojnicz to approve the April 9, 2018 meeting minutes. Motion carried unanimously.
3. Motion by Ald. Holzem seconded Ald. Anderson to table the application for a Class B Beer License submitted by GSR, LLC, Aaron Troxel agent, for the Dells Game Show, 411 Broadway, for the licensing period thru June 30, 2018. The applicant was not at the meeting to answer questions. Motion to table carried unanimously.
4. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, contingent upon passing facility inspections, the applications for renewal of Seasonal Workforce Housing Facility Licenses received from:
  - a. American World BP Housing for 2020 Wis. Dells Parkway (23 units)
  - b. MNEG Concession LLC for 725 Vine Street (15 units)
  - c. Brad Preissel for 1113 Broadway (6 units)
  - d. Riverview Boat Line for 2150 Wis. Dells Parkway (12 units)
  - e. Smart Staff LLC for 612 Vine Street (35 units)
  - f. Smart Staff LLC for 519 Bowman Road (14 units)
  - g. Woodside for 1114 Broadway (6 units)
  - h. World Traveler Housing Rentals LLC for 726 Vine Street (14 units)Motion carried unanimously.
5. The committee reviewed a proposed ordinance to repeal the River Arts District Committee and to expand the Business Improvement District (BID) Board. Motion by Ald. Holzem seconded by Ald. Anderson to recommend the proposed ordinance to the Common Council for approval. Motion carried unanimously.
6. The committee reviewed a proposed ordinance that would allow the Assistant Fire Chief to act in the absence of the Fire Chief on the City Plan Commission. This would insure fire department representation on matters going before the commission. Motion by Ald. Anderson seconded by Mayor Wojnicz to recommend the proposed ordinance to the Common Council for approval. Motion carried unanimously.

7. The committee reviewed a draft ordinance that would regulate what types of businesses would be eligible for a Class A Beer or Class A Liquor License. Class A licenses are for off-premise consumption. The proposed ordinance would allow them to be issued to liquor stores, drug stores, department stores, convenience stores, grocery stores, and specialty retail stores where the sale of select beer, wine or liquor products enhance or compliment a specific product line begin sold (for example cheese and wine). Motion by Ald. Holzem seconded by Ald. Anderson to recommend the proposed ordinance to the Common Council for approval. Motion carried unanimously.
8. Next meeting was scheduled for Monday, June 11<sup>th</sup> Agenda items to include liquor license renewals.
9. Motion by Ald. Anderson seconded by Ald. Holzem to adjourn. Motion carried unanimously.

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Nancy R. Holzem  
City Clerk/Coordinator

# City of Wisconsin Dells

## Application for: Mobile Home Park License

ITEM 3a

Date Submitted: 3/28/2018 Fee: \$350.00 First 25 Sites or less \$ 725<sup>00</sup> Receipt No. 63626  
\$ 25.00 Each Additional Site HS

Name of Applicant: Pleasant Valley Properties of WI LLC

Address of Applicant: N7240 810th St. Elk Mound, WI 54739

Daytime Telephone Number: (715) 879-5179

Evening Telephone Number: ( )

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

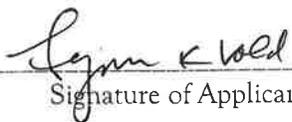
Legal Description/Address of the Park: 610 Commercial Ave.

On-Site Manager's Name: Office - Jordan Bennett

On-Site Manager's Address & Lot Number: \_\_\_\_\_

On-Site Manager's Telephone Number: 715-879-5179

**\*A complete site plan must be attached to the application.**

  
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_ through June 30, 2019

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.

[Type text]

Fairway Mobile Home Park

[Type text]

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Road

Road

# City of Wisconsin Dells

## Application for: Mobile Home Park License

ITEM 36

Date Submitted: 3/23/2018 Fee: \$350.00 First 25 Sites or less \$350.00 Receipt No. 63593  
\$ 25.00 Each Additional Site

Name of Applicant: Stonediff, LLC

Address of Applicant: PO Box 410 Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-7500

Evening Telephone Number: (608) 254-7500

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Legal Description/Address of the Park: 300 Pioneer Drive; 04-13N-06E, S04-13-06 PRT  
FR Lot 4 in SWSE being N 386.64' of E 337.99'S of Pioneer Drive, 3.00A.

On-Site Manager's Name: Al Rice c/o Stonediff, LLC

On-Site Manager's Address & Lot Number: Trailer North of Greenhouse

On-Site Manager's Telephone Number: 608-254-8336

\*A complete site plan must be attached to the application.

A/C 8768000509 - \$175.00

A/C 0821010501 - \$175.00

\$ 350.00

Dominic J. H. Manager  
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

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

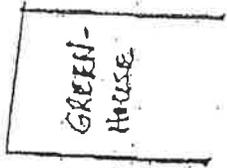
TO HIGHWAY 12  
←

PIONEER DRIVE

TO STAND ROCK  
ROAD  
→

ENTRANCE

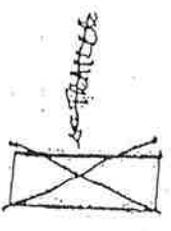
TRAILER  
↓



SHOP

BARN

ENTRANCE  
DRIVE



# City of Wisconsin Dells

## Application for: Mobile Home Park License

ITEM 3c

Date Submitted: 6-5-18 Fee: \$350.00 First 25 Sites or less \$700 Receipt No. \_\_\_\_\_  
\$ 25.00 Each Additional Site  
XD

Name of Applicant: 70E mhp LLC

Address of Applicant: PO Box 74

Daytime Telephone Number: (609) 772-0234

Evening Telephone Number: ( )

Driver's License Number: 6430-1726-0173-07 State: WI

Legal Description/Address of the Park: Plum + Illinois

On-Site Manager's Name: Same

On-Site Manager's Address & Lot Number: \_\_\_\_\_

On-Site Manager's Telephone Number: ↓

\*A complete site plan must be attached to the application.

- on file -



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

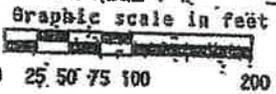
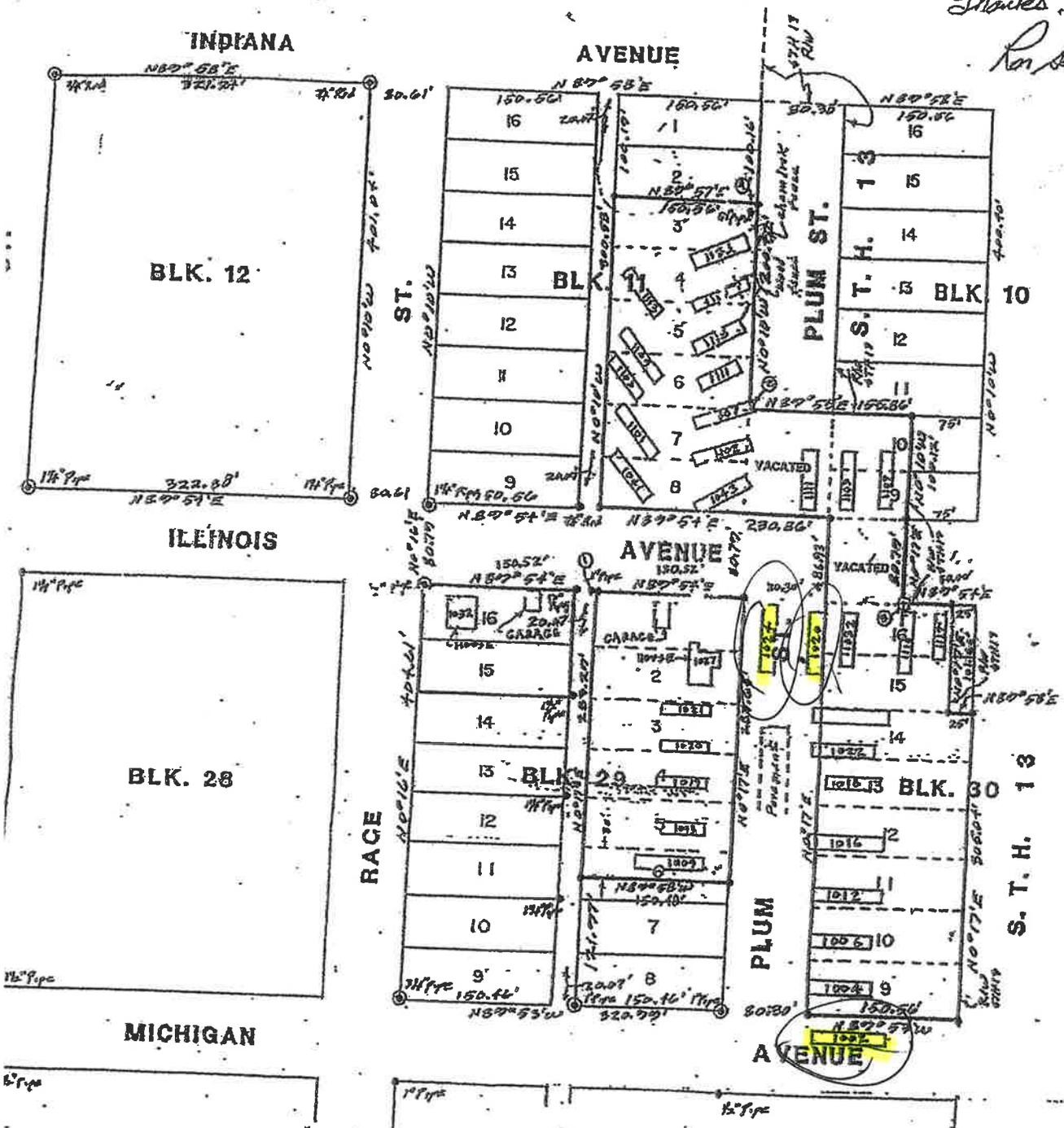
Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

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

PLEASE RETURN TO ME  
 Thanks.  
 Ron Schuyler



• trailer home & address

• Found pipe or rod as shown. ⊙ = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found were not used for various dimensional differences with those shown. ○ = Set 3/4"x24" round iron rod weighing 1.5#/lineal foot.

• referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear 80°10'W. Nearest minute.

• to east of found and used pipes and rods are made to fit the commonly used multiplier of 1.0037 times the platted distance.

• pipe is N79°44'W 1.06' from new rod. ② = Rod not set because house trailer sits over corner. Southeast corner of trailer is 5.3' east of where rod should be. ③ = Chisled cross in concrete in front of trailer #1110. ④ = Found pipe is S38°31'W.

• Pioneer Mobile Homes, 4454 S. 13th St., Milwaukee, WI, 53221

# City of Wisconsin Dells

## Application for: LIVESTOCK/POULTRY LICENSE

ITEM 4

Date: April 25, 2018

FEE \$3.00 per animal

Receipt No. 64115

Name of Applicant: Kevin Gruber

Address of Applicant: PO Box 298, Wisconsin Dells, WI 53965

Name of Business: Timber Falls Adventure Park

Address of Business: 1000 Stand Rock Road, Wisconsin Dells, WI 53965

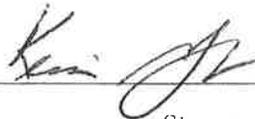
Daytime Telephone Number: ( 608 ) 254-8414 Cell Phone: 608-963-0941

Number and type of livestock or poultry to be kept: 1 Donkey and 10 goats (\$33 Fee)

Information on where livestock/poultry will be kept and maintained: On the mini golf property in the fenced in area

Kevin Gruber

Printed Name of Applicant



Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

Licensing period runs July 1<sup>st</sup> through June 30<sup>th</sup> of each year.

Date Approved: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 06/13

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning May 20 18 ending June 30, 20 18

TO THE GOVERNING BODY of the:  Town of  Village of  City of Wisconsin Dells

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

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

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

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

ITEM 5

Applicant's WI Seller's Permit No. <u>82-4773583</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>33.32</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>47.32</u></b>

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Matthew King</u>	<u>1365 Kings Crown Rd, Woodland Park, CO 80863</u>	
Vice President/Member	<u>Mark King</u>	<u>PO Box 1144, Cripple Creek, CO 80813</u>	
Secretary/Member	<u>QSM Holdings, LLC</u>	<u>433 Linn St, Baraboo WI 53913</u>	
Treasurer/Member			
Agent	<u>Aaron J Troxel</u>	<u>1035 W Haseltine St</u>	<u>Richland Ctr, WI 53581</u>
Directors/Managers			

3. Trade Name Dells Game Show Business Phone Number 608-678-2250  
 4. Address of Premises 411 Broadway Post Office & Zip Code 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 3/18 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

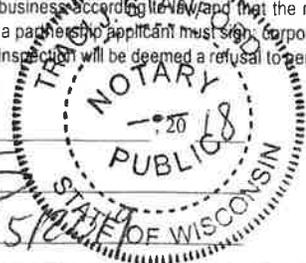
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concessions area
10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? \_\_\_\_\_
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864].  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 3rd day of May  
 My commission expires 10/25/2018



[Signature] Member  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 3, 18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

**COPY**

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of GSR 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 Dells Game Show  
(trade name)

located at 411 Broadway, Wisconsin Dells, WI 53965

appoints Aaron J. Troxel dob 6/30/87  
(name of appointed agent)  
1035 W Haseltine St, Richland Center, WI 53581  
(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? 30 years

Place of residence last year 1035 W Haseltine St, Richland Center, WI 53581

For: GSR, LLC  
(name of corporation/organization/limited liability company)

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

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Aaron Troxel, 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.

[Signature] Member 5/3/18  
(signature of agent) (date)

Agent's age 30

1035 W Haseltine St, Richland Center, WI 53581  
(home address of agent)

Date of birth 6/30/87

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

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

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

To Police Dept 5/3/18

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Troxel		Aaron		J	
Home Address (street/route)		Post Office	City	State	Zip Code
1035 W Haseltine St			Richland Ctr	WI	53581
Home Phone Number		Age	Date of Birth	Place of Birth	
608-604-3191		30	6/30/87	LaCrosse, WI	

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

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

Aaron Troxel of GSR 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:

- How long have you continuously resided in Wisconsin prior to this date? 30 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

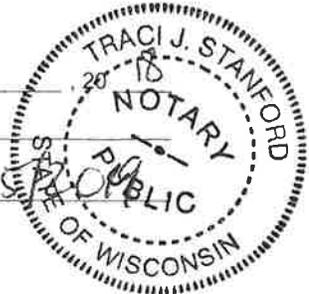
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Elusive Escape Rooms, LLC	1425 Wisconsin Deils Pkwy, #3 Wis Deils, WI 53965	1/16	Current
AT, LLC	1035 W Haseltine St Richland Ctr, WI 53581	4/15	Current

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

Subscribed and sworn to before me

this 3rd day of May



(Clerk/Notary Public)

My commission expires 7/25/2018

[Signature] Member  
(Signature of Named Individual)



## Nancy Holzem

---

**From:** Jody Ward [jward@wdpd.com]  
**Sent:** Wednesday, June 06, 2018 12:15 PM  
**To:** Nancy Holzem  
**Subject:** Game Show

Nancy,

I toured the game show biz at 411 Broadway. Good people, great concept. Nod from me for alcohol if they meet all other licensing requirements.

J



**Jody J. Ward, Chief of Police**  
**Wisconsin Dells Police Department**  
**jward@wdpd.com 608.253.1611**

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 7-1 2018 ending 6-30 2019

TO THE GOVERNING BODY of the:  Town of  Village of  City of Wisconsin Dells

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

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

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

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Riverfront Green 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 name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Royston, Kyle, D.</u>	<u>1103 River Rd #108</u>	<u>Wis. Dells 53965</u>
Vice President/Member	<u>Royston, Jade, M.</u>	<u>731 1/2 Superior St</u>	" "
Secretary/Member			
Treasurer/Member			
Agent	<u>Jade Royston</u>		
Directors/Managers			

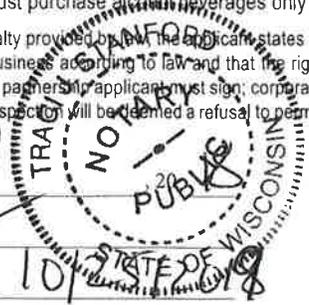
- 3. Trade Name Riverfront Green Business Phone Number (608) 432-2082
- 4. Address of Premises 17-29 Broadway Post Office & Zip Code Wis. Dells 53965

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
  - 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
  - 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
  - 8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
  - (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No
  - (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
- 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar on outside patio. Cooler behind. Upstairs indoor space.
  - 10. Legal description (omit if street address is given above): \_\_\_\_\_
  - 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No
  - (b) If yes, under what name was license issued? Cheesy Tomato
  - 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No
  - 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No
  - 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214.00</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME this 1 day of June 2018



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

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

\_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires \_\_\_\_\_

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>6-1-2018</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Riverfront Green 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 Riverfront Green  
(trade name)

located at 17-29 Broadway Wisconsin Dells, WI 53965

appoints Jade Royston  
(name of appointed agent)

731 1/2 Superior St. 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? 28 Years

Place of residence last year 731 1/2 Superior St. Wisconsin Dells, WI 53965

For: Riverfront Green LLC.  
(name of corporation/organization/limited liability company)

By: Jade Royston  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Jade Royston  
(print/type agent's name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Jade Royston 5/31/18 Agent's age 28  
(signature of agent) (date)  
731 1/2 Superior St. Wisconsin Dells, WI 53965 Date of birth 04/27/1990  
(home address of agent)

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

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

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Royston		Jade		Marcus	
Home Address (street/road)		Post Office	City	State	Zip Code
731 1/2 Superior St.			Wisconsin Dells	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
608-432-2083		28	04/27/1990	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.

Member of Riverfront Green 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:

- How long have you continuously resided in Wisconsin prior to this date? 28 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

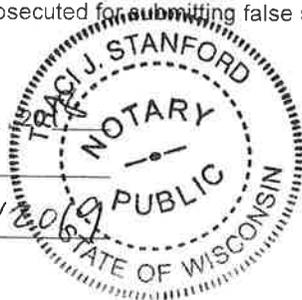
Employer's Name	Employer's Address	Employed From	To
Justagame Fieldhouse	200 La Crosse St Wisconsin Dells WI	2006	Current

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

Subscribed and sworn to before me

this 1st day of June

[Signature]  
(Clerk/Notary Public)



My commission expires 10/25/2009

[Signature]  
(Signature of Named Individual)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Royston</u>		(first name) <u>Kyler</u>	(middle name) <u>David</u>	
Home Address (street/route) <u>1103 River Rd #108</u>		Post Office	City <u>Wis Dells</u>	State <u>WI</u> Zip Code <u>53965</u>
Home Phone Number <u>(608) 432-2082</u>		Age <u>29</u>	Date of Birth <u>7/7/88</u>	Place of Birth <u>Madison</u>

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.

Member of Riverfront Green, 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? 29 years

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

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

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

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

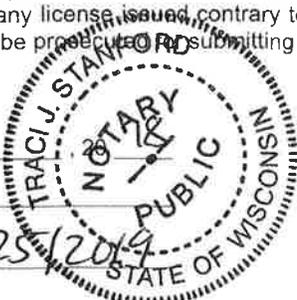
6. Named individual must list in chronological order last two employers.

Employer's Name <u>Sust Agame Fieldhouse</u>	Employer's Address <u>200 LaCrosse St.</u>	Employed From <u>2006</u>	To <u>Current</u>
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 1st day of July  
[Signature]  
(Clerk/Notary Public)



My commission expires 10/25/2019

[Signature]  
(Signature of Named Individual)



Printed on Recycled Paper

# Wisconsin Department of Financial Institutions

## Strengthening Wisconsin's Financial Future

Search for:

riverfront green

Search Records

[Search](#)  
[Advanced Search](#)  
[Name Availability](#)

### Corporate Records

Result of lookup for R070417 (at 6/5/2018 11:56 AM )

## RIVERFRONT GREEN LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

### Vital Statistics

Entity ID R070417

Registered Effective Date 06/01/2018

Period of Existence PER

Status Organized [Request a Certificate of Status](#)

Status Date 06/01/2018

Entity Type Domestic Limited Liability Company

Annual Report Requirements Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

### Addresses

Registered Agent Office JADE ROYSTON  
731 1/2 SUPERIOR ST  
WISCONSIN DELLS , WI 53965

[File a Registered Agent/Office Update Form](#)

### Principal Office

### Historical Information

Annual Reports None

Certificates of Newly-elected Officers/Directors None

Old Names None

### Chronology

Effective Date	Transaction	Filed Date	Description
06/01/2018	Organized	06/01/2018	E-Form

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

ITEM 7  
MUNICIPAL USE ONLY \$100

License Number	908-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000446A86-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) AMERICAN WORLD, INC.			Federal Employer Identification No. (FEIN) 39-1162123	
Trade or Business Name (if different than Legal Name) AMERICAN WORLD BP			Telephone Number (608) 432-7246	
Business Address (License Location) 2040 WIS. DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS		Business Telephone (608) 253-3700
City WISCONSIN DELLS	State WI	ZIP Code 53965	County SAUK	
Mailing Address (if different than Business Address) 400 COUNTY RD A.			City WISCONSIN DELLS	State WI
			ZIP Code 53965	

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 1972
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

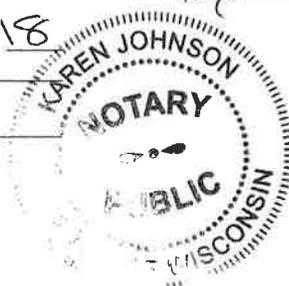
SUBSCRIBED AND SWORN TO BEFORE ME

this 27 day of April, 2018

Karen Johnson  
(Clerk / Notary Public)

My commission expires 6/29/18

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



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number 901-18
Period Covered 7/1/2018 - 6/30/2019
Date of Issuance 6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000568508-04
------------------------------------------------------------------------------

← This must be issued in the same Legal Name of the licensee below.

R# 64254  
\$100

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC.			Federal Employer Identification No. (FEIN) 39-0842365	
Trade or Business Name (if different than Legal Name) CHULA VISTA RESORT			Telephone Number (608) 254-8366	
Business Address (License Location) 2501 RIVER ROAD		Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-8366
City WISCONSIN DELLS	State WI	ZIP Code 53965	County ADAMS	
Mailing Address (if different than Business Address) P.O. BOX 30		City WISCONSIN DELLS	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 01/01/1951
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

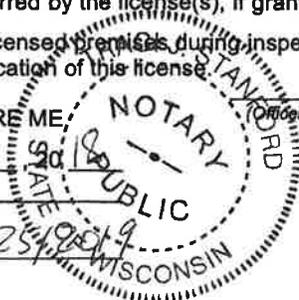
Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME, \_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 3rd day of May  
\_\_\_\_\_  
(Clerk / Notary Public)



My commission expires 10/25/2019

# Application for Cigarette and Tobacco Products Retail License

R# 64382  
MUNICIPAL USE ONLY 8100

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1027171619-03

← This must be issued in the same Legal Name of the licensee below.

License Number	902-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) JOSEPH DANON			Federal Employer Identification No. (FEIN) 31-1795105		
Trade or Business Name (if different than Legal Name) PURPLE PLANET			Telephone Number (608) 253 3200		
Business Address (License Location) 207 BROADWAY			Business Telephone (608) 253 3200		
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS			Country Columbia		
City WISCONSIN DELLS	State WI	ZIP Code 53965			
Mailing Address (if different than Business Address) 18041 BISCAYNE BL APT 302 4-5			City AVENTURA	State FL	ZIP Code 33160

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

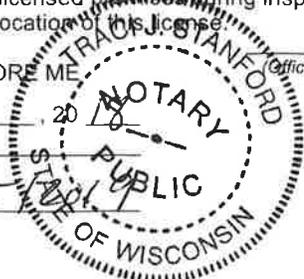
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME \_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 16 day of MAY 2018

My commission expires 10/25/2019  
(Clerk / Notary Public)



# Application for Cigarette and Tobacco Products Retail License

R# 64007

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number	907-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>Kristie's Foods Dells, LLC</i>			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) <i>Maurer's market</i>			Telephone Number <i>(608) 254-8313</i>	
Business Address (License Location) <i>216 Washington Ave.</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
City <i>WISCONSIN DELLS</i>	State <i>WI</i>	ZIP Code <i>53965</i>	County <i>Columbia</i>	
Mailing Address (if different than Business Address)			City	State ZIP Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 6/2016
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  YES  NO
- Other (describe)

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

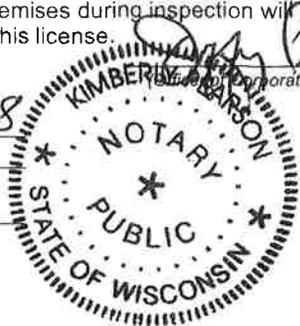
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

*Kimberly Pearson*  
(Clerk / Notary Public)

My commission expires 11-09-18



# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

R# 64083

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000511851-04

← This must be issued in the same Legal Name of the licensee below.

License Number 904-18
Period Covered 7/1/2018 - 6/30/2019
Date of Issuance 6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RANDY L MARTIN		Federal Employer Identification No. (FEIN) 39-1882088	
Trade or Business Name (if different than Legal Name) LOON LAKE CIGAR CO		Telephone Number (608) 254-8591	
Business Address (License Location) 721 SUPERIOR ST		Business Telephone (608) 254-8591	
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: WISCONSIN DELLS		County COLUMBIA	
City WISCONSIN DELLS	State WI	ZIP Code 53965	
Mailing Address (if different than Business Address) W5064 HWY B		City RIO	State WI
		ZIP Code 53960	

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?       YES       NO
- Other (describe) \_\_\_\_\_

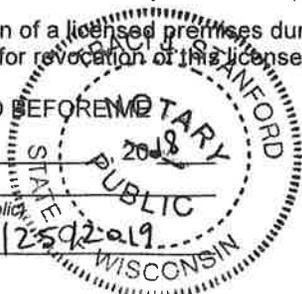
- YES       NO      1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES       NO      2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES       NO      3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES       NO      4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES       NO      5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES       NO      6. Does the applicant understand that they may not sell single cigarettes?
- YES       NO      7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES       NO      8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold       over counter       through vending machine       both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME this 26th day of April 2018  
*[Signature]*  
(Clerk / Notary Public)



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

My commission expires 10/25/2019

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number	910-18
Period Covered	7/01/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000455693-04

R# 63984

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) T.R. NELSON, INC.			Federal Employer Identification No. (FEIN) 39-1475071	
Trade or Business Name (if different than Legal Name) TRAPPERS TURN GOLF CLUB			Telephone Number (608 ) 253-7000	
Business Address (License Location) 2955 WISCONSIN DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608 ) 253-7000
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS	
Mailing Address (if different than Business Address) P.O. BOX 590			City WISCONSIN DELLS	State WI
			ZIP Code 53965	County SAUK

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 1984
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  YES  NO
- Other (describe) \_\_\_\_\_

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18<sup>th</sup> day of April

(Clerk / Notary Public)

My commission expires 9/4/20



*Todd K. K...*  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1028115549-02

← This must be issued in the same Legal Name of the licensee below.

R# 64136

License Number	909-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>SHERWOOD FOREST DELLS, LLC</u>		Federal Employer Identification No. (FEIN) <u>46-2435629</u>
Trade or Business Name (if different than Legal Name) <u>SHERWOOD FOREST CAMPING &amp; RV PARK</u>		Telephone Number ( )
Business Address (License Location) <u>2852 WISCONSIN DELLS PKWY</u>		Business Telephone <u>(608) 254-7080</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>
Mailing Address (if different than Business Address)		County <u>SAUK</u>
City		State
ZIP Code		ZIP Code

Organization (check one)

- Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 4/3/2013  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?   
  YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?  
 YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)  
 YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)  
 YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 YES     NO    6. Does the applicant understand that they may not sell single cigarettes?  
 YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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 the license.

SUBSCRIBED AND SWORN TO BEFORE ME this 30<sup>th</sup> day of April, 2018

[Signature]  
 (Clerk / Notary Public)



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

My commission expires 10/25/2019

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number <b>903-18</b>
Period Covered <b>7/1/2018-6/30/2019</b>
Date of Issuance <b>6-19-2018</b>

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**454 1029236449902**

← This must be issued in the same Legal Name of the licensee below. **R# 64013**

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>STAVE III LLC</b>		Federal Employer Identification No. (FEIN) <b>81 305 6634</b>
Trade or Business Name (if different than Legal Name) <b>CHALET LANES</b>		Telephone Number <b>(608) 408 4322</b>
Business Address (License Location) <b>740 ELM ST</b>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <b>WISCONSIN DELLS</b>	Business Telephone <b>(608) 254 8727</b>
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>
Mailing Address (if different than Business Address)		County <b>Columbia</b>
City		State ZIP Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME \_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 29<sup>th</sup> day of April  
\_\_\_\_\_  
(Clerk / Notary Public)



My commission expires 10/25/19

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

R# 64005

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000578156-04

← This must be issued in the same Legal Name of the licensee below.

License Number	911-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) LOWER DELLS TRAVEL MART			Telephone Number ( )	
Business Address (License Location) 710 TROUT RD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-7091
City WISCONSIN DELLS	State WI	ZIP Code 53965	County SAUK	
Mailing Address (if different than Business Address) PO BOX 120		City WISCONSIN DELLS	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

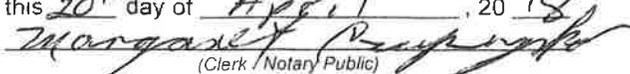
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

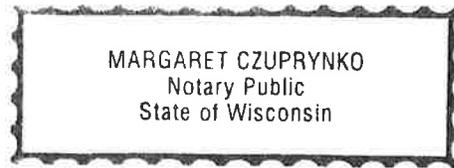


(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 20 18  
  
(Clerk / Notary Public)

My commission expires 9-7-18



# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

R# 64003

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000578156-04

← This must be issued in the same Legal Name of the licensee below.

License Number	912-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) R & G TRAVEL MART			Telephone Number ( )	
Business Address (License Location) 611 N FRONTAGE RD #2		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5077
City WISCONSIN DELLS	State WI	ZIP Code 53965	County SAUK	
Mailing Address (if different than Business Address) PO BOX 120		City WISCONSIN DELLS	State WI	ZIP Code 53965

Organization (check one)

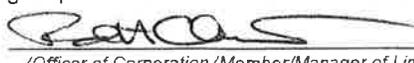
- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

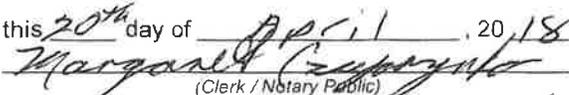
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

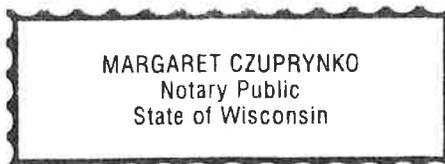


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 2018  
  
(Clerk / Notary Public)

My commission expires 9-7-18



# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000578156-04

← This must be issued in the same Legal Name of the licensee below.

R# 64004

License Number	913-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC		Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) TRAVEL MART SHELL		Telephone Number ( )	
Business Address (License Location) 2415 WISCONSIN DELLS PARKWAY		Business Telephone (608) 254-4448	
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	City of: WISCONSIN DELLS		County SAUK
City WISCONSIN DELLS	State WI	ZIP Code 53965	
Mailing Address (if different than Business Address) PO BOX 120		City WISCONSIN DELLS	State WI
		ZIP Code 53965	

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 2018  
Margaret Czuprynko  
(Clerk / Notary Public)

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

My commission expires 9-7-18



# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000578156-04

← This must be issued in the same Legal Name of the licensee below.

R# 64002

License Number 905-18
Period Covered 7/1/2018-6/30/2019
Date of Issuance 6-19-2018

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC		Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) BROADWAY TRAVEL MART		Telephone Number ( )	
Business Address (License Location) 802 BROADWAY		Business Telephone (608) 253-2091	
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	of: WISCONSIN DELLS		County COLUMBIA
City WISCONSIN DELLS	State WI	ZIP Code 53965	
Mailing Address (if different than Business Address) PO BOX 120		City WISCONSIN DELLS	State WI
		ZIP Code 53965	

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

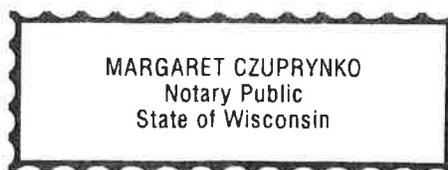
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 2018  
Margaret Czuprynko  
(Clerk / Notary Public)

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

My commission expires 9-7-18



# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number <b>906-18</b>
Period Covered <b>7/1/2018-6/30/2019</b>
Date of Issuance <b>6-19-2019</b>

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-00031941655-03**

← This must be issued in the same Legal Name of the licensee below.

R# 64081

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Uptown Sand Bar</b>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) <b>Sand Bar</b>			Telephone Number <b>(608) 253-3073</b>		
Business Address (License Location) <b>130 Washington Ave</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <b>(608) 253-3073</b>	
City <b>WISCONSIN DELLS</b>	State <b>WI</b>	ZIP Code <b>53965</b>	of: <b>WISCONSIN DELLS</b>		County <b>Columbia</b>
Mailing Address (if different than Business Address) <b>P.O. Box 598</b>			City <b>Wisconsin Dells</b>	State <b>WI</b>	ZIP Code <b>53965</b>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: **4/07**
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO
- Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

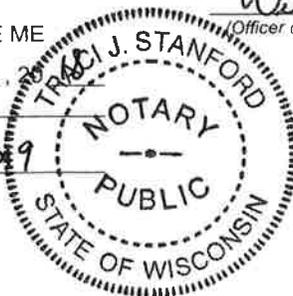
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this **26th** day of **April**

**[Signature]**  
(Notary Public)

My commission expires **10/25/2019**



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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	914-18
Period Covered	07/01/18-06/30/19
Date of Issuance	6-19-2018

R# 63979

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.			Federal Employer Identification No. (FEIN) 36-1924025	
Trade or Business Name (if different than Legal Name) Walgreens #06885			Telephone Number (847) 527-4897	
Business Address (License Location) 300 Hwy 13		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5760
City Wisconsin Dells	State WI	ZIP Code 53965	County Sauk	
Mailing Address (if different than Business Address) PO Box 901		City Deerfield	State IL	ZIP Code 60015

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?  
 YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)  
 YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)  
 YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 YES     NO    6. Does the applicant understand that they may not sell single cigarettes?  
 YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

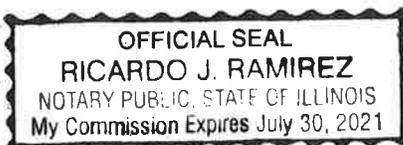
SUBSCRIBED AND SWORN TO BEFORE ME

(Officer of Corporation/Member/Manager of Limited Liability Company/Member/Secretary)

this 18 day of APRIL, 2018

*Ricardo J. Ramirez*  
Clerk / Notary Public

My commission expires \_\_\_\_\_



Amelia Legutki

Assistant Secretary

NOTICE OF APPLICATION FOR RENEWAL OF **CLASS "A" FERMENTED MALT BEVERAGE**  
LICENSE HAS BEEN FILED WITH THE CITY CLERK OF THE CITY OF WISCONSIN DELLS AS  
FOLLOWS:

Name of Applicant: Randy L. Martin  
Address of Applicant: W5064 Highway B, Rio, WI 53960  
Location of Premises: Loon Lake Cigar Co  
721 Superior Street

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2018 ending: 06-30-2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
**▶ RANDY L MARTIN W5064 HWY B RIO WI 53960**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ \_\_\_\_\_

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ LOON LAKE CIGAR CO Business Phone Number 608-254-8598

2. Address of Premises ▶ 721 SUPERIOR STREET Post Office & Zip Code ▶ WI DELLS WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) 721 SUPERIOR STREET

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 26th day of April  
  
 My commission expires 10/25/2018

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 26, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>101-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME RANDY MARTIN LOON LAKE CIGAR STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE SALE TOBACCO TO MINOR WHERE CONVICTED WI DELLS  
DATE 07/17/2018 PENALTY \$61.00  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

NOTICE OF APPLICATION FOR RENEWAL OF "CLASS A" FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR LICENSES HAVE BEEN FILED WITH THE CITY CLERK OF THE CITY OF WISCONSIN DELLS AS FOLLOWS:

Name of Applicant: Kristie's Foods Dells LLC  
Kristina M. Maurer, Agent  
Address of Applicant: 9 Oxford Place, Maple Bluff, WI 53704  
Location of Premises: Maurer's Market  
216 Washington Avenue

Name of Applicant: Travel Mart Inc  
Tina Peters, Agent  
Address of Applicant: PO Box 120, Wisconsin Dells, WI 53965  
Location of Premises: Broadway Travel Mart  
802 Broadway

Name of Applicant: Travel Mart Inc  
Darcy Cooper, Agent  
Address of Applicant: PO Box 120, Wisconsin Dells, WI 53965  
Location of Premises: Lower Dells Travel Mart  
710 Trout Road

Name of Applicant: Travel Mart Inc  
Joshua Stevens, Agent  
Address of Applicant: PO Box 120, Wisconsin Dells, WI 53965  
Location of Premises: R&G Travel Mart  
611 N Frontage Road #2

Name of Applicant: Travel Mart Inc  
Darcy Cooper, Agent  
Address of Applicant: PO Box 120, Wisconsin Dells, WI 53965  
Location of Premises: Travel Mart Shell  
2415 Wisconsin Dells Parkway

Name of Applicant: Walgreen Co  
Dana Weiland, Agent  
Address of Applicant: PO Box 901, Deerfield, IL 60015  
Location of Premises: Walgreens #06885  
300 Hwy 13

R# 64008

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Kristies Foods Delles, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶ Kristina Marie Maurer 9 Oxford Pl. Maple Bluff 53704

Directors/Managers Jeffrey Patrick Maurer 53370 Fox Hill Rd Baraboo 53913

C. 1. Trade Name ▶ maurer's market Business Phone Number 608254-8313

2. Address of Premises ▶ 216 Washington Ave Wis Delles Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) 20,000 SF Supermarket

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

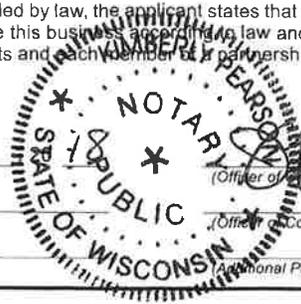
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April

Kimberly Pearson (Clerk/Notary Public)

My commission expires 11-09-18



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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
201-18		

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk, Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIT CR MADISON 53719	
Vice President/Member	DAVID GUSSEL	N897 1ST RD BRIGGSVILLE 53920	
Secretary/Member	JOSEPH GUSSEL	421 CEDAR ST WIS DELLS 53965	
Treasurer/Member	RICHARD CHRISTENSEN	646 GILLETTE DR WIS DELLS 53965	
Agent	TINA PETERS	710 EAGLE CT GRAND MARSH 53936	

C. 1. Trade Name BROADWAY TRAVEL MART Business Phone Number 608-253-2091  
 2. Address of Premises 802 BROADWAY Post Office & Zip Code WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) CONVENIENCE STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW AGENT & NEW TREASURER  Yes  No

Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No

Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 2018

Margaret Czuprynski  
(Clerk/Notary Public)

My commission expires 9-7-18

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

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

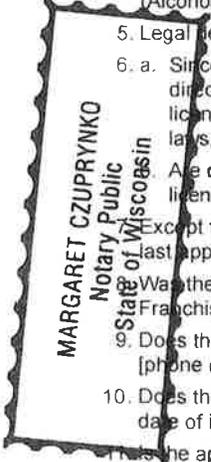
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>202-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 64000

Applicant's WI Seller's Permit No.: 456000057815604	FEIN Number: 391546227
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<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
<b>TOTAL FEE</b>	<b>\$ 614</b>



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIT CR	MADISON 53719
Vice President/Member	DAVID GUSSEL	N897 1ST RD	BRIGGSVILLE 53920
Secretary/Member	JOSEPH GUSSEL	421 CEDAR ST	WIS DELLS 53965
Treasurer/Member	RICHARD CHRISTENSEN	646 GILLETTE DR	WIS DELLS 53965
Agent	DARCY COOPER	W1526 TROUT RD	WISCONSIN DELLS WI 53965

C.1. Trade Name ▶ LOWER DELLS TRAVEL MART Business Phone Number 608-254-7097  
 2. Address of Premises ▶ 710 TROUT RD Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) CONVENIENCE STORE  
 5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW TREASURER  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. \_\_\_\_\_  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? \_\_\_\_\_  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? \_\_\_\_\_  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \_\_\_\_\_  Yes  No

MARGARET CZUPRYNKO  
Notary Public  
State of Wisconsin

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 20th day of April, 2018  
Margaret Czuprynko  
(Clerk/Notary Public)  
 My commission expires 9-7-18

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>203-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 63997

Applicant's WI Seller's Permit No. <u>456000057815604</u>	FEIN Number <u>391546227</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<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
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIT CR MADISON 53719	
Vice President/Member	DAVID GUSSEL	N897 1ST RD BRIGGSVILLE 53920	
Secretary/Member	JOSEPH GUSSEL	421 CEDAR ST WIS DELLS 53965	
Treasurer/Member	RICHARD CHRISTENSEN	646 GILLETTE DR WIS DELLS 53965	
Agent	JOSH STEVENS	W10445 STH 16 #33 PORTAGE 53901	

C. 1. Trade Name R&G TRAVEL MART Business Phone Number 608-254-5077

2. Address of Premises 611 N FRONTAGE RD #2 Post Office & Zip Code WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) CONVENIENCE STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW TREASURER  Yes  No

7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

8. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No

9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 20 18

Margaret Czuprynski  
(Clerk/Notary Public)

My commission expires 9-8-18

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

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

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>204-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 63999

Applicant's WI Seller's Permit No. 456000057815604	FEIN Number 391546227
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ 100
<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
<b>TOTAL FEE</b>	<b>\$ 614</b>

MARGARET CZUPRYNSKI  
Notary Public  
State of Wisconsin

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAVEL MART INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GARY GUSSEL</u>	<u>25 SISKIWIT CR</u>	<u>MADISON 53719</u>
Vice President/Member	<u>DAVID GUSSEL</u>	<u>N897 1ST RD</u>	<u>BRIGGSVILLE 53920</u>
Secretary/Member	<u>JOSEPH GUSSEL</u>	<u>421 CEDAR ST</u>	<u>WIS DELLS 53965</u>
Treasurer/Member	<u>RICHARD CHRISTENSEN</u>	<u>646 GILLETTE DR</u>	<u>WIS DELLS 53965</u>
Agent	<u>DARCY COOPER</u>	<u>W1526 TROUT RD</u>	<u>WISCONSIN DELLS WI 53965</u>

Directors/Managers

C. 1. Trade Name ▶ TRAVEL MART SHELL Business Phone Number 608-254-4488

2. Address of Premises ▶ 2415 WIS DELLS PARKWAY Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) CONVENIENCE STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are there **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW TREASURER  Yes  No

7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

8. Does the applicant understand they must hold a Wisconsin Seller's Permit? (Phone (608) 266-2776)  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 20<sup>th</sup> day of April, 2018

Margaret Czuprynski  
(Clerk/Notary Public)

My commission expires 7-7-18

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

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

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>205-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 63998

Applicant's WI Seller's Permit No. 456000057815604	FEIN Number 391546227
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<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
<b>TOTAL FEE</b>	<b>\$ 614</b>

MARGARET CZUPRYNSKI  
Notary Public  
State of Wisconsin

R# 63980

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of   
 Village of   
 City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company   
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 456-0000455404-05	FEIN Number: 36-1924025
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<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	\$ 14.00
<b>TOTAL FEE</b>	<b>\$ 614.00</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Walgreen Co.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901, Deerfield, IL 60015  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	<u>Amelia Legutki</u>	<u>130 Homewood Ave.</u>	<u>Libertyville, IL 60048</u>
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Dana Weiland, Store Manager</u>	_____	_____
Directors/Managers	_____	_____	_____

- C. 1. Trade Name ▶ Walgreens #06885 Business Phone Number 608-254-5760  
 2. Address of Premises ▶ 300 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells, WI 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) drug store with sundries in a one-story building of  
 5. Legal description (omit if street address is given above): 15,120 sq ft  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of APRIL 20 18  
Ricardo J. Ramirez  
(Clerk/Notary Public)

Amelia Legutki  
Assistant Secretary

(Member/Officer/Partner/Manager of Limited Liability Company/Partner/Individual)  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

OFFICIAL SEAL

**RICARDO J. RAMIREZ**

NOTARY PUBLIC, STATE OF ILLINOIS

My Commission Expires July 30, 2021

My commission expires \_\_\_\_\_

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 19, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>206-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

NOTICE OF APPLICATION FOR RENEWAL OF CLASS "B" FERMENTED MALT BEVERAGE LICENSES  
HAVE BEEN FILED WITH THE CITY CLERK OF THE CITY OF WISCONSIN DELLS AS FOLLOWS:

Name of Applicant: Bridgeview Corporation  
Andrew Waterman, Agent  
Address of Applicant: PO Box 513, Wisconsin Dells, WI 53965  
Location of Premises: Timber Falls Adventure Park  
1000 Stand Rock Road

Name of Applicant: Edytka's Polish Restaurant Inc  
Edyta Kapusta, Agent  
Address of Applicant: 3901 River Road, Wisconsin Dells, WI 53965  
Location of Premises: Edytka's Polish Restaurant  
221 Broadway

Name of Applicant: GSR LLC  
Aaron J Troxel, Agent  
Address of Applicant: 1035 W Haseltine Street, Richland Center WI 53581  
Location of Premises: Dells Game Show  
411 Broadway

Name of Applicant: Harold B Larkin Post 187  
Gary Thompson, Agent  
Address of Applicant: 609 Wisconsin Avenue, Wisconsin Dells, WI 53965  
Location of Premises: American Legion Post 187  
609 Wisconsin Avenue

Name of Applicant: Juan C. Medrano  
Address of Applicant: 324 ½ Broadway, Wisconsin Dells, WI 53965  
Location of Premises: Colotlan Mexican Restaurant  
324 Broadway

Name of Applicant: Sherwood Forest Dells, LLC  
Bradley Gussel, Agent  
Address of Applicant: 1211 Stand Rock Road, Wisconsin Dells, WI 53965  
Location of Premises: Sherwood Forest Camping & RV Park  
2852 Wisconsin Dells Parkway

Name of Applicant: Stromberg Wei LLC  
Michael Stromberg, Agent  
Address of Applicant: W1838 Co Road J, Wisconsin Dells WI 53965  
Location of Premises: Weis Chinese Restaurant  
630 S Frontage Road

Name of Applicant: Time Fantasy Productions LLC  
William Nehring, Agent  
Address of Applicant: 819 Elm Street, Wisconsin Dells, WI 53965  
Location of Premises: Hideaway  
2255 Wisconsin Dells Parkway

Name of Applicant: Wisconsin Dells Home Talent Baseball – Rivermen  
Kevin Donnelly, Agent  
Address of Applicant: 3629 State Rd 13, Wisconsin Dells, WI 53965  
Location of Premises: Wisconsin Dells Rivermen-Home Talent Baseball  
510 Veterans Memorial Drive

Name of Applicant: Woodside Sports Complex Operations LLC  
Lance Massey, Agent  
Address of Applicant: 510 Elmberta Street, Mauston WI 53948  
Location of Premises: Woodside Sports Complex  
1770 S Hwy 13

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BRIDGEVIEW CORPORATION  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 513 WISCONSIN DELLS, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MR. ANDREW W WATERMAN	441 ALCAN DR.	BARABOO, WI 53913
Vice President/Member	MRS. JUDITH A WATERMAN	411 ALCAN DR.	BARABOO, WI 53913
Secretary/Member	MR. JOHN D WATERMAN	1011 WEBER AVE.	WI DELLS, WI 53965
Treasurer/Member			
Agent	MR. ANDREW W WATERMAN	441 ALCAN DR.	BARABOO, WI 53913
Directors/Managers			

C. 1. Trade Name TIMBER FALLS ADVENTURE PARK Business Phone Number 608-254-8414  
 2. Address of Premises 1000 STAND ROCK ROAD Post Office & Zip Code WI DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) SKYSCRAPER BOOTH, GOLF BUILDING,

5. Legal description (omit if street address is given above): (CONT'D) COASTER BUILDING, GOLF COURSE

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

7. **Except** for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  Yes  No  
 [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

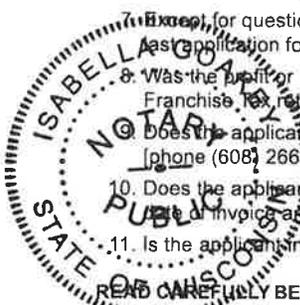
SUBSCRIBED AND SWORN TO BEFORE ME

this 13<sup>th</sup> day of April, 2018  
Isabella  
(Clerk/Notary Public)  
 My commission expires 09-27-2020

Andrew Waterman  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Judith A Waterman  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

R#63910

Applicant's WI Seller's Permit No. 456000016314604	FEIN Number: 391646468
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-13-2018</u>	Date reported to council/board	Date license granted
License number issued <u>301-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
▶ EDYTA KAPUSTA 9 653 OAK HILL LN WISCONSIN WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ EDYTKA'S POLISH RESTAURANT INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 221 BROADWAY WISCONSIN WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member EDYTA KAPUSTA 9 653 OAK HILL LN 53965

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶ Edyta Kapusta

Directors/Managers

C. 1. Trade Name ▶ Edytka's Polish Restaurant Business Phone Number 1608-253-4558

2. Address of Premises ▶ 221 Broadway Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Walk in cooler, front counter, Restaurant

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty perjury law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May

*[Signature]*

(Notary/Notary Public)

My commission expires 10/25/2019



*[Signature]*

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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
May 1 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
302-18		

R# 64158

Applicant's WI Seller's Permit No. / FEIN Number: 4561029195787-02 81-3091166	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-18 ending: 6-30-19  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ GSR LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Matthew King 1305 Kings Crown Rd, Woodland Park, CO 80806  
 Vice President/Member Mark King PO Box 1144, Cripple Creek, CO 80813  
 Secretary/Member QSM Holdings, LLC 433 Linn St, Baraboo, WI 53913  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Aaron J Traxel 1035 W Haseltine St, Richland Ctr WI 53581

C. 1. Trade Name ▶ Dells Game Show Business Phone Number 608-678-2250

2. Address of Premises ▶ 411 Broadway Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Concessions area

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee **been convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Business started 3/18  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

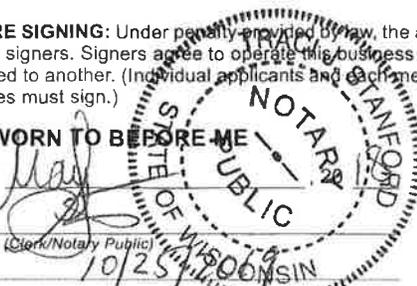
R# 64251

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>82-4773583</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>114.00</u>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May



My commission expires 10/25/19

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

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

\_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 3, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>410-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk, Read instructions on reverse side.

For the license period beginning: 07/01/18 ending: 06/30/19  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company HAROLD B. LARKIN POK + 187  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 600 WISC. AVE. WISC DELLS  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	COMMANDER ED FOX	1002 WASHINGTON AVE	53965
Vice President/Member	VICE COMMANDER GARY THOMPSON	5108 OLD HWY 12	53965
Secretary/Member	ADJUTANT HENRY LUKASAVAGE	370 WISC DELLS PKY	53965
Treasurer/Member	EP LUKASZEWICZ	B 8445 FOX RUN RD	53965
Agent	GARY THOMPSON		

Directors/Managers

- C. 1. Trade Name AMERICAN LEGION POST 187 Business Phone Number 608-253-5302  
 2. Address of Premises 600 WISC AVE Post Office & Zip Code DELLS 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) 2 STORY CONCRETE BUILDING  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Commander, Vice Commander  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of May  
[Signature]  
(City/Municipality/Public)  
 My commission expires 10/25/2019

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 1 2018</u>	Date reported to council/board	Date license granted
License number issued <u>303-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 64168 \$50 Late fee R# 64169

Applicant's WI Seller's Permit No. / FEIN Number: <u>456 0000 390116-02 39-0148750</u>
LICENSE REQUESTED ▶
TYPE FEE
<input type="checkbox"/> Class A beer \$
<input checked="" type="checkbox"/> Class B beer \$ <u>100.00</u>
<input type="checkbox"/> Class C wine \$
<input type="checkbox"/> Class A liquor \$
<input type="checkbox"/> Class A liquor (cider only) \$ N/A
<input type="checkbox"/> Class B liquor \$
<input type="checkbox"/> Reserve Class B liquor \$
<input type="checkbox"/> Class B (wine only) winery \$
Publication fee \$ <u>14.00</u>
<b>TOTAL FEE \$ <u>114.00</u></b>

RH 64058

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

Medrano Juan C 324 1/2 Broadway Wis Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member Juan C Medrano 324 1/2 Broadway St Wis Dells WI 53966  
Vice President/Member  
Secretary/Member  
Treasurer/Member  
Agent  
Directors/Managers

C. 1. Trade Name Colatlan mexican Restaurant Business Phone Number 608-254-8208

2. Address of Premises 324 Broadway Post Office & Zip Code Wisconsin Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Cement Block Building 28' x 120'

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

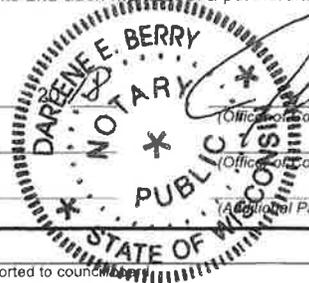
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April  
Darlene E Berry  
(Clerk/Notary Public)

My commission expires 06/02/2021



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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 25, 2018	Date reported to council	Date license granted
License number issued 304-18	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. FEIN Number: 456-102702319303 27-0157405	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ NEHRING WILLIAM ALBERT 819 ELM ST, WI DELLS, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIME FANTASY PRODUCTIONS LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	WILLIAM A NEHRING	819 ELM ST,	WI DELLS, WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	WILLIAM NEHRING		
Directors/Managers			

C. 1. Trade Name ▶ HIDEAWAY Business Phone Number 608-254-4548  
 2. Address of Premises ▶ 2255 WI DELLS PARKWAY Post Office & Zip Code ▶ WI DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) CONCESSION STAND WITH BACK ROOM FOR STORAGE

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

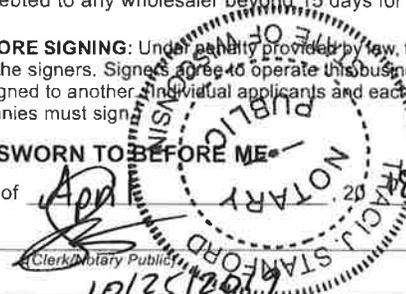
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. CONCESSION STAND WAS NOT OPENED LAST YEAR  Yes  No

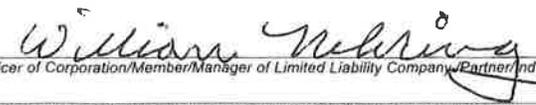
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 27th day of April 2018  
  
 My commission expires 10/25/2019

  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2018	Date reported to council/board	Date license granted
License number issued 305-18	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: FEIN Number: 456-1087875266-02 30-0701949	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

R# 64150 \$550 Late Fee R# 64141

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1028115549-02A6		FEIN Number: 2A35629	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	\$	114	

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SHERWOOD FOREST DELLS, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	BRADLEY LEONARD GUSSEL	1211 STAUD ROCK RD	WISCONSIN DELLS, 53965
Directors/Managers			

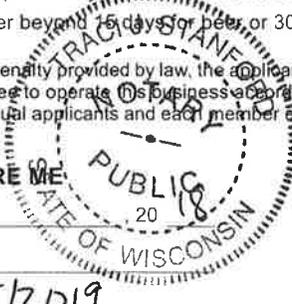
C. 1. Trade Name SHERWOOD FOREST CAMPING & RV PARK Business Phone Number 608-254-7080  
 2. Address of Premises 2852 WISCONSIN DELLS PKWY Post Office & Zip Code WISCONSIN DELLS 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) CAMP STORE/OFFICE/POOL/CONCESSION BLDGS
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 30th day of April  
 My commission expires 10/25/2019



*[Signature]*  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk April 30, 2018	Date reported to council/board	Date license granted
License number issued 306-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 63982

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number:	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Stronberg Wei LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W1838 County Rd J Wisconsin Dells, WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Stronberg, Lisa Stronberg Wei	W1838 County Rd J Wisconsin Dells, WI 53965	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael Stronberg		
Directors/Managers			

C. 1. Trade Name ▶ Wei's Chinese Restaurant Business Phone Number 608-844-3534  
2. Address of Premises ▶ 630 S. Frontage Rd Post Office & Zip Code ▶ Wisconsin Dells, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) Dining area + patio
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Owners Address  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 19<sup>th</sup> day of April 2019  
[Signature]  
Clerk/Notary Public  
My commission expires 10/25/2019



[Signature: Lisa Stronberg Wei]  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
[Signature]  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner  
[Signature]  
Additional Partner(s)/Member/Manager of Limited Liability Company if Any

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 19, 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
307-18		

R# 64104

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
▶ Wisconsin Delles Home Talent Baseball - Rivermen

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kevin M Donnelly	3029 State Rd 13	Wis Delles WI 53965
Vice President/Member	Zach Zamzow	527 Race St Apt 7	Wis Delles WI 53965
Secretary/Member	Aaron Van Schoyck	719 Superior St	Wis Delles WI 53965
Treasurer/Member			
Agent ▶	Kevin M Donnelly		
Directors/Managers			

C. 1. Trade Name ▶ Wisconsin Delles Rivermen Business Phone Number  
2. Address of Premises ▶ 510 Veterans Memorial Drive Post Office & Zip Code ▶ Wis Delles WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) Concession stand - Vets Park
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 24<sup>th</sup> day of April, 2018  
[Signature]  
(Clerk/Notary Public)

[Signature: Kevin M Donnelly]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 27 2018</u>	Date reported to council/board	Date license granted
License number issued <u>308-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 64079

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ► WOODSIDE SPORTS COMPLEX OPERATIONS LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ► W4217 50TH ST MAUSTON, WI  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	6061 S FT APACHE DR STE 140 LAS VEGAS, NV	89148
Vice President/Member	LANCE MASSEY	510 ELMBERTA ST MAUSTON, WI	53948
Secretary/Member			
Treasurer/Member			
Agent	LANCE MASSEY		
Directors/Managers			

C. 1. Trade Name ► WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360  
2. Address of Premises ► 4177 S HWY 13 WISC DELLS, WI Post Office & Zip Code ► 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) BLDGS & GROUNDS @ 4177 S HWY 13
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME Christina Krotzman  
this 05 day of April Notary Public Jane Mass  
Christina Krotzman State of Wisconsin  
(Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
My commission expires April 16, 2021  
State of Wisconsin, County of Tewa (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk April 26, 2018	Date reported to council/board	Date license granted
License number issued 309-18	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: 456-1027352045-00		FEIN Number: 00-0640113	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	<b>\$</b>	<b>114</b>	

NOTICE OF APPLICATION FOR RENEWAL OF CLASS "B" FERMENTED MALT BEVERAGE AND "CLASS C" WINE LICENSES HAVE BEEN FILED WITH THE CITY CLERK OF THE CITY OF WISCONSIN DELLS AS FOLLOWS:

Name of Applicant: CheeseCake Heaven Inc  
Nancy Kimps, Agent  
Address of Applicant: 2673 Bay Port Lane, Green Bay, WI 54313  
Location of Premises: CheeseCake Heaven  
231 Broadway Street, Wisconsin Dells WI 53965

Name of Applicant: Familyland Enterprises Inc  
Nicolas Morse, Agent  
Address of Applicant: 924 Capital Street, Wisconsin Dells WI 53965  
Location of Premises: MACS Wisconsin Dells  
208 Broadway

Name of Applicant: Hulbert Creek Lodge & Suites LLC  
Michael Kaminski, Agent  
Address of Applicant: 995 S Grouse Lane, Wisconsin Dells, WI 53965  
Location of Premises: AmericInn Lodge & Suites  
550 State Hwy 13

Name of Applicant: Mama Z's Grill LLC  
Lance Massey, Agent  
Address of Applicant: 1401 Valley Drive, Wisconsin Dells, WI 53965  
Location of Premises: Mama Z's Country Grill  
1101 Broadway

Name of Applicant: MZ Food LLC  
Miroslav Karov, Agent  
Address of Applicant: 1023 Race Street, Wisconsin Dells, WI 53965  
Location of Premises: Pizza Villa  
737 Superior Street

Name of Applicant: The Pizza Lab LLC  
Burak Akbeg, Agent  
Address of Applicant: 33A Grand Canyon Drive #212, Baraboo, WI 53913  
Location of Premises: Dells Pizza Lab  
332 State Hwy 13

Name of Applicant: Rib Kings of America Inc  
Leon Agami, Agent  
Address of Applicant: 429 Broadway, Wisconsin Dells, WI 53965  
Location of Premises: Famous Dave's BBQ  
435 Broadway

Name of Applicant: San Antonio Mexican Restaurant LLC  
Luis Martinez, Agent  
Address of Applicant: 415 6<sup>th</sup> Avenue, Baraboo, WI 53913  
Location of Premises: San Antonio Mexican Restaurant  
740 & 742 Eddy Street

R# 64028  
 456-0000553940-04  
 Applicant's WI Seller's Permit No.: FEIN Number:  
 39-1848772

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
 (MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Cheese Cake Heaven, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2075 S. Opera St. Green Bay, WI 54304  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Nancy Ann Kimps	2673 Bayport LN	Green Bay 54313
Vice President/Member	Taylor Leigh Kimps	2673 Bayport LN	Green Bay 54313
Secretary/Member	N/A		
Treasurer/Member	N/A		
Agent	Nancy Ann Kimps	2673 Bayport LN	Green Bay 54313
Directors/Managers			

C. 1. Trade Name Cheese Cake Heaven Deli Restaurant Business Phone Number 608-253-4394  
 2. Address of Premises 231 Broadway St Post Office & Zip Code Wis Delles 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) 231 Broadway / coolers behind counter and outside seating in front of store
- 5. Legal description (omit if street address is given above): 231 Broadway
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 19<sup>th</sup> day of April, 2018

[Signature]  
 My commission expires 8-27-19

[Signature]  
**JACY J. RYAN**  
 NOTARY PUBLIC  
 STATE OF WISCONSIN

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>April 23, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>501-10</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ FAMILY LAND Enterprises INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 807 VINE ST WISC DELLS 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	NICOLAS J MORSE	924 CAPITAL ST WISC DELLS, WI 53965	
Vice President/Member	JACQUELINE M MORSE	924 CAPITAL ST, WISC DELLS, WI 53965	
Secretary/Member			
Treasurer/Member			
Agent	NICOLAS J MORSE	924 CAPITAL ST, WISC DELLS, WI 53965	

C. 1. Trade Name ▶ MACS WISCONSIN DELLS Business Phone Number (608) 678-2300

2. Address of Premises ▶ 208 BROADWAY Post Office & Zip Code ▶ WISC DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) DINING ROOM PATIO, DRY/COLD STORAGE

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

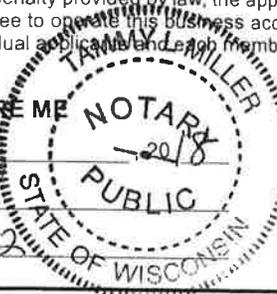
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May  
 Sammy L Miller  
(Clerk/Notary Public)

My commission expires 1-21-22



*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 1, 2018	Date reported to council/board	Date license granted
License number issued 502-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 64256 \$50 Late Fee R# 64257

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: 456-0000833394-03 13-4233514	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HULBERT CREEK LODGE 3 SUITES LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE KAMINSKI	995 South Grouse Lane	WIS DELLS, WI 53965
Vice President/Member	ANN KAMINSKI	99.5 South Grouse Lane	WIS DELLS, WI 53965
Secretary/Member	JEFF KAMINSKI	1003 Hillside Court	WIS DELLS, WI 53965
Treasurer/Member	JEFF KAMINSKI	"	"
Agent ▶	MIKE KAMINSKI	"	"
Directors/Managers			

C. 1. Trade Name ▶ AMERICINN LODGE + SUITES Business Phone Number 608-254-1700  
 2. Address of Premises ▶ 550 HWY 13 Post Office & Zip Code ▶ Box 45 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. 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.) HOTEL, LODGE, POOL, CONFERENCE FACILITIES
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 3rd day of May, 2018  
 (Clerk/Notary Public)  
 My commission expires 10/25/2019

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 3, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>50418</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MAMA Z'S GRILL LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1101 BROADWAY WI DELLS, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	6061 S FT APACHE DR STE 140 LAS VEGAS, NV	89148
Vice President/Member	LANCE MASSEY	510 ELMBERTA ST MAUSTON, WI	53948
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	LANCE MASSEY	_____	_____
Directors/Managers	_____	_____	_____

- C.1. Trade Name ▶ MAMA Z'S COUNTRY GRILL Business Phone Number \_\_\_\_\_
2. Address of Premises ▶ 1101 BROADWAY WISC DELLS, WI Post Office & Zip Code ▶ 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. 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.) BLDGS & GROUNDS @ 1101 BROADWAY
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 1st day of May, 2018  
Christina Krotzman Notary Public  
(Clerk/Notary Public)  
Christina Krotzman State of Wisconsin  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 My commission expires April 16, 2021  
State of Wisconsin County of Juneau  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>May 3, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>505-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

*R# 64237* *PSD* *late fee R# 64238*

Applicant's WI Seller's Permit No. <u>456102934406802</u>	FEIN Number: <u>81-4352794</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

R# 63797

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. FEIN Number: 456 1628505 984 02 47-2327647	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MZ Food LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 725 VINE ST  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Miroslav Karov	1023 Race St	53965
Vice President/Member	Zdravko Nizamov	725 VINE ST	53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Miroslav Karov		
Directors/Managers			

C. 1. Trade Name ▶ PIZZA Villa Business Phone Number 608-254-8394  
2. Address of Premises ▶ 737 Superior St Post Office & Zip Code ▶ 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) BASEMENT COOLER - Main Floor Restaurant
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 4th day of April  
*[Signature]*  
Clerk/Notary Public  
My commission expires 10/25/2019

*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
*[Signature]*  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-4-2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
506-18		

4-9-18

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. FEIN Number: 456-1028862909-02 47-4796164	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

### Complete A or B. All must complete C.

#### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

▶ AKBEG, BURAK 33A GRAND CANYON DR 212 BARABOO 53913  
AKBEG, TRISHA 33A GRAND CANYON DR 212 BARABOO 53913

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ THE PIZZA LAB, LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 332 ST HWY 13, WISDELLS 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member ABOVE  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ BURAK AKBEG  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ DELLS PIZZA LAB Business Phone Number 608-253-0305  
2. Address of Premises ▶ 332 ST HWY 13 Post Office & Zip Code ▶ WISDELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) COMMERCIAL STOREFRONT - RESTAURANT

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April  
Jammy L Miller  
(Clerk/Notary Public)



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

My commission expires 1-21-22

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 9, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>509-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 63679

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/18 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>00040000041345</u>	
Federal Employer Identification Number (FEIN): <u>41-1913876</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Rib Kings Of America INC  
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member	Shlomi Fedida	429 Broadway Wisconsin Dells WI	53965
Secretary/Member			
Treasurer/Member			
Agent	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Directors/Managers			

C. 1. Trade Name Famous Dave's BBQ Business Phone Number (608) 253-6683  
2. Address of Premises 435 Broadway Wisconsin Dells Post Office & Zip Code 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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, and/or storage of alcohol beverages, and records. (Alcohol beverages may be sold and stored only on the premises described.) entire building at 435 Broadway
- 5. Legal description (omit if street address is given above): \_\_\_\_\_
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March  
Mariangela Zavala  
(Clerk/Notary Public)  
My commission expires 06/06/21

(Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
My Comm. Expires June 06, 2021  
(Official of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-2-2018</u>	Date reported to council <u>06/06/18</u>	Date license granted
License number issued <u>507-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ San Antonio Mexican Restaurant LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 395 Wisc Delles 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Luis A Martinez	415 6th Ave Barraboo WI 53913	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Luis A Martinez		
Directors/Managers			

C. 1. Trade Name ▶ San Antonio Mexican Restaurant Business Phone Number 608 254-5798  
 2. Address of Premises ▶ 742 Eddy St Wisc Delles WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.)  
 Dining area and the place has a storage room with keys + outdoor patio

5. Legal description (omit if street address is given above):  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 30th day of April 2018  
 (Clerk/Notary Public)  
 My commission expires 10/25/2019

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 30, 2018	Date reported to council/board	Date license granted
License number issued 508-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 64153

Applicant's WI Seller's Permit No.: FEIN Number: 456-1026198331-02 45-3462656	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

NOTICE OF APPLICATION FOR RENEWAL OF "CLASS B" FERMENTED MALT BEVERAGE  
AND INTOXICATING LIQUOR LICENSES HAVE BEEN FILED WITH THE CITY CLERK OF THE  
CITY OF WISCONSIN DELLS AS FOLLOWS:

Name of Applicant: 505 Broadway LLC (*Quota Plus*)  
Leon Agami, Agent  
Address of Applicant: 429 Broadway, Wisconsin Dells, WI 53965  
Location of Premises: Carvelli's Pizza and Pasta House  
505 Broadway

Name of Applicant: American World Inc (*Quota Plus*)  
David Makowski, Agent  
Address of Applicant: 111 Sweet Briar Drive, Wisconsin Dells, WI 53965  
Location of Premises: American World Complex  
399 Hwy A & 2040 Wisconsin Dells Parkway

Name of Applicant: Apple Hospitality Group LLC  
Aaron J. Myott, Agent  
Address of Applicant: 2120 Pewaukee Road #200, Waukesha, WI 53188  
Location of Premises: Applebee's Neighborhood Grill & Bar  
340 Hwy 13

Name of Applicant: Chula Vista Inc  
Michael Kaminski, Agent  
Address of Applicant: 995 S Grouse Lane, Wisconsin Dells, WI 53965  
Location of Premises: Chula Vista Resort & Conference Center  
2501 River Road

Name of Applicant: DeFosse Properties LLC  
Jesse DeFosse, Agent  
Address of Applicant: PO Box 92, Wisconsin Dells, WI 53965  
Location of Premises: Showboat, Tug's Kitchen, MaMa's Garage  
24, 26 & 30 Broadway/731 Eddy Street

Name of Applicant: Douglas E. Fisher  
Address of Applicant: 4191 9<sup>th</sup> Avenue, Wisconsin Dells, WI 53965  
Location of Premises: Fisher's Tavern  
719 Superior Street

Name of Applicant: Helland Food Group LLC  
Eric Helland, Agent  
Address of Applicant: PO Box 626, Wisconsin Dells, WI 53965  
Location of Premises: Mexicali Rose/Dockside Grill  
2370-2390 Wisconsin Dells Parkway

Name of Applicant: Hellers Ltd  
Thomas E. Heller, Agent  
Address of Applicant: PO Box 660, Wisconsin Dells, WI 53965  
Location of Premises: Monks Bar & Grill  
220 Broadway

Name of Applicant: High Rock Inc  
Wade Bernander, Agent  
Address of Applicant: 696 Gulch Avenue, Wisconsin Dells, WI 53965  
Location of Premises: High Rock Cafe  
232 Broadway

PAGE 2 – “CLASS B” FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

Name of Applicant: JAM Food & Fun Inc  
Jeffrey Morris, Agent  
Address of Applicant: PO Box 68, Lake Delton, WI 53940  
Location of Premises: Dells Distillery  
206 Broadway

Name of Applicant: Stage III LLC  
Mark Brown, Agent  
Address of Applicant: N540 County N, Wisconsin Dells, WI 53965  
Location of Premises: Chalet Lanes & Lounge  
740 Elm Street

Name of Applicant: Logging Camp Inc (*Quota Plus*)  
Trevor Hickey, Agent  
Address of Applicant: N9946 River Road, Wisconsin Dells, WI 53965  
Location of Premises: Paul Bunyan Restaurant  
411 Hwy 13

Name of Applicant: Skybox, LLC  
Antonio Angelini, Agent  
Address of Applicant: 1608 Cliffview Avenue, Onalaska, WI 54650  
Location of Premises: Gino's Pizzeria & Bar  
701 Broadway, Wisconsin Dells, WI 53965

Name of Applicant: Myrt and Lucy's Chat & Chew LLC (*Quota Plus*)  
Marijo Zietlow, Agent  
Address of Applicant: 1017 Race, Wisconsin Dells, WI 53965  
Location of Premises: Myrt and Lucy's Chat & Chew  
414 Broadway

Name of Applicant: Nigs Inc  
Pennelope Connors, Agent  
Address of Applicant: 858 S Grouse, Wisconsin Dells, WI 53965  
Location of Premises: Nigs Bar  
201 Broadway

Name of Applicant: Polynesian Acquisition Partners LLC  
Robert Rognrud, Agent  
Address of Applicant: E13681 Cty Rd U, Baraboo WI 53913  
Location of Premises: Polynesian Water Park Resort  
857 N Frontage Road

Name of Applicant: RRAD Development LLC  
Rich Makowski, Agent  
Address of Applicant: 1124 Clara Avenue, Wisconsin Dells, WI 53965  
Location of Premises: River Inn Resort  
1015 River Road

Name of Applicant: Silver Spruce Resort LLC  
Gary Lee Hanson, Agent  
Address of Applicant: 4124 River Road, Wisconsin Dells, WI 53965  
Location of Premises: Rubbs Steakhouse  
4124 River Road

Name of Applicant: Six Ks Keg Inc  
Keith Koehler, Agent  
Address of Applicant: 237 Capital Street, Wisconsin Dells, WI 53965  
Location of Premises: The Keg  
732 Oak Street

Name of Applicant: Travel Mart Inc (*Quota Plus*)  
Richard Christensen, Agent  
Address of Applicant: PO Box 120, Wisconsin Dells, WI 53965  
Location of Premises: El Asador  
452 Broadway

Name of Applicant: Timber Falls Food LLC  
Andrew W. Waterman, Agent  
Address of Applicant: 441 Alcan, Baraboo, WI 53913  
Location of Premises: Kickers  
951 Stand Rock Road

Name of Applicant: T R Nelson Inc  
Patrick Steffes, Agent  
Address of Applicant: PO Box 590, Wisconsin Dells, WI 53965  
Location of Premises: Trappers Turn Golf Club  
2955 Wisconsin Dells Parkway

Name of Applicant: Uptown Sand Bar Corp  
William Farmer, Agent  
Address of Applicant: N8457 Fox Run Road, Wisconsin Dells, WI 53965  
Location of Premises: Uptown Sand Bar  
130 Washington Avenue

Name of Applicant: Woodside Sports Complex Operations LLC (*Quota Plus*)  
Lance Massey, Agent  
Address of Applicant: 510 Elmberta Street, Mauston, WI 53948  
Location of Premises: Woodside Sports Complex  
2100 River Road

Name of Applicant: Y Knot 2 LLC (*Population Reserve*)  
Dennis Leonhardt Jr, Agent  
Address of Applicant: 20 Rivers Edge Road, Wisconsin Dells, WI 53965  
Location of Premises: River Walk Pub & Restaurant  
911 River Road

Quota Plus

RH 63681

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/18 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1027369809</u>	
Federal Employer Identification Number (FEIN): <u>32-0340770</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 505 Broadway LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member Leon Agami 429 Broadway Wisconsin Dells WI 53965

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Leon Agami 429 Broadway Wisconsin Dells WI 53965

Directors/Managers \_\_\_\_\_

C.1. Trade Name Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156

2. Address of Premises 505 Broadway Wisconsin Dells Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire building at 505 Broadway

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March

Mariangela Zavala  
(Clerk/Notary Public)



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

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

My commission expires 06/08/2021  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-2-2018</u>	Date reported to council/board	Date license granted
License number issued <u>401-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

"Quota Plus"

4-27-18

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company > AMERICAN WORLD, INC.  
Address of Corporation/Limited Liability Company (if different from licensed premises) > 400 COUNTY RD A., WIS. DELLS, WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53965

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member RICHARD MAKOWSKI, 400 CTY RD. A., WIS. DELLS, WI 53965  
Vice President/Member ADAM MAKOWSKI, 106 SWEET BRIAR DR., WIS. DELLS, WI 53965  
Secretary/Member ADAM MAKOWSKI, " " " "  
Treasurer/Member DAVID MAKOWSKI, 111 SWEET BRIAR DR., WIS. DELLS, WI 53965  
Agent > DAVID MAKOWSKI, " " " "  
Directors/Managers RICHARD MAKOWSKI, 400 COUNTY RD A., WIS. DELLS, WI 53965

C. 1. Trade Name > AMERICAN WORLD COMPLEX Business Phone Number 608-253-3700  
2. Address of Premises > 399 HWY A. & 2040 WIS. DELLS PKWY Post Office & Zip Code > WIS. DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) AMERICAN WORLD RESORT, BARS
- 5. Legal description (omit if street address is given above): BPLIORS & HOT ROCKS RESTAURANT
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. HOT ROCKS RESTAURANT  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27 day of April

Karen Johnson (Clerk/Notary Public)



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

My commission expires 6/29/18

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2018	Date reported to council/board	Date license granted
License number issued 402-18	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: FEIN Number:  
450-0000AALA 26-0A 39-1102 123

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ **Apple Hospitality Group, LLC**  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 Pewaukee Rd, #200, Waukesha 53188  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mark Louis Dillon	34737 Elm Street, Oconomowoc	53066
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Aaron Joseph Myott	1877 11th Avenue, Friendship, WI	53934

- C. 1. Trade Name ▶ **Applebee's Neighborhood Grill & Bar** Business Phone Number 608-254-6900  
 2. Address of Premises ▶ 340 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) See attached Exhibit A  
 5. Legal description (omit if street address is given above):  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain.**  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 9th day of April 2018  
 My commission expires 4/24/20 PUBLIC  
 Apple Hospitality Group, LLC  
 By: Mark Dillon, President  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk April 16, 2018	Date license granted
License number issued 403-18	Signature of Clerk/Deputy Clerk

R4 63930

Applicant's WI Seller's Permit No. FEIN Number		
456-102042096002	39-1928009	
LICENSE REQUESTED ▶		
TYPE	FEE	
Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$	100
Class C wine	\$	
Class A liquor	\$	
Class A liquor (cider only)	\$	N/A
<input checked="" type="checkbox"/> Class B liquor	\$	500
Reserve Class B liquor	\$	
Class B (wine only) winery	\$	
Publication fee	\$	14
<b>TOTAL FEE</b>	<b>\$</b>	<b>614</b>

Exhibit A to Renewal Alcohol Beverage License Application

Applebee's, 340 Hwy 13, Wisconsin Dells, WI

5,127 SF of mall space, outdoor patio and the sidewalk path to, and including, the dedicated "Carside ToGo" parking stalls for fulfillment of carry-out orders of food and beverage, including packaged alcoholic beverages delivered by restaurant employees to customers in their parked cars; liquor stored in locked cabinet within the Premises interior.

R# 64252 \$50 Late Fee R# 64255

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CHULA VISTA, INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. BOX 30 WIS.DELLS, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE KAMINSKI	995 SOUTH GROUSE LANE WIS.DELLS, WI	53965
Vice President/Member	ANN KAMINSKI	995 SOUTH GROUSE LANE WIS.DELLS, WI	53965
Secretary/Member	JEFF KAMINSKI	1003 HILLSIDE COURT WIS.DELLS, WI	53965
Treasurer/Member	JEFF KAMINSKI	1003 HILLSIDE COURT WIS.DELLS, WI	53965
Agent	<u>MIKE KAMINSKI</u>		
Directors/Managers	<u>AND CONFERENCE CENTER</u>		

C. 1. Trade Name CHULA VISTA RESORT / COLDWATER CANYON CC Business Phone Number 608-254-8366  
 2. Address of Premises 2501 RIVER ROAD WIS.DELLS, WI Post Office & Zip Code 53965

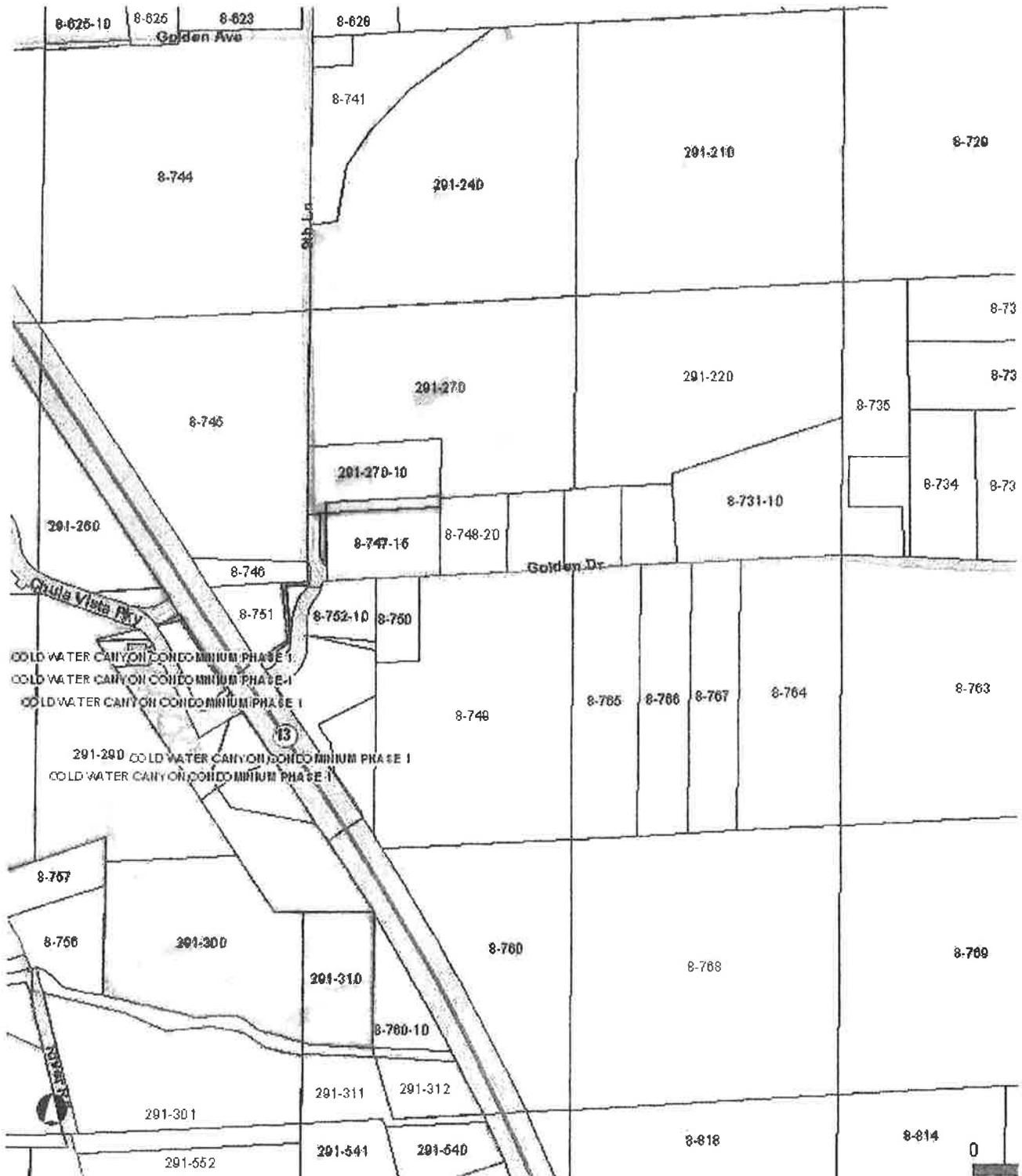
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living 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.) ALL BLDGS/GROUNDS @ 2501 RIVER RD &
5. Legal description (omit if street address is given above): GOLFCOURSE & ALL CONTIGUOUS LAND/FARM (SEE MAP)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

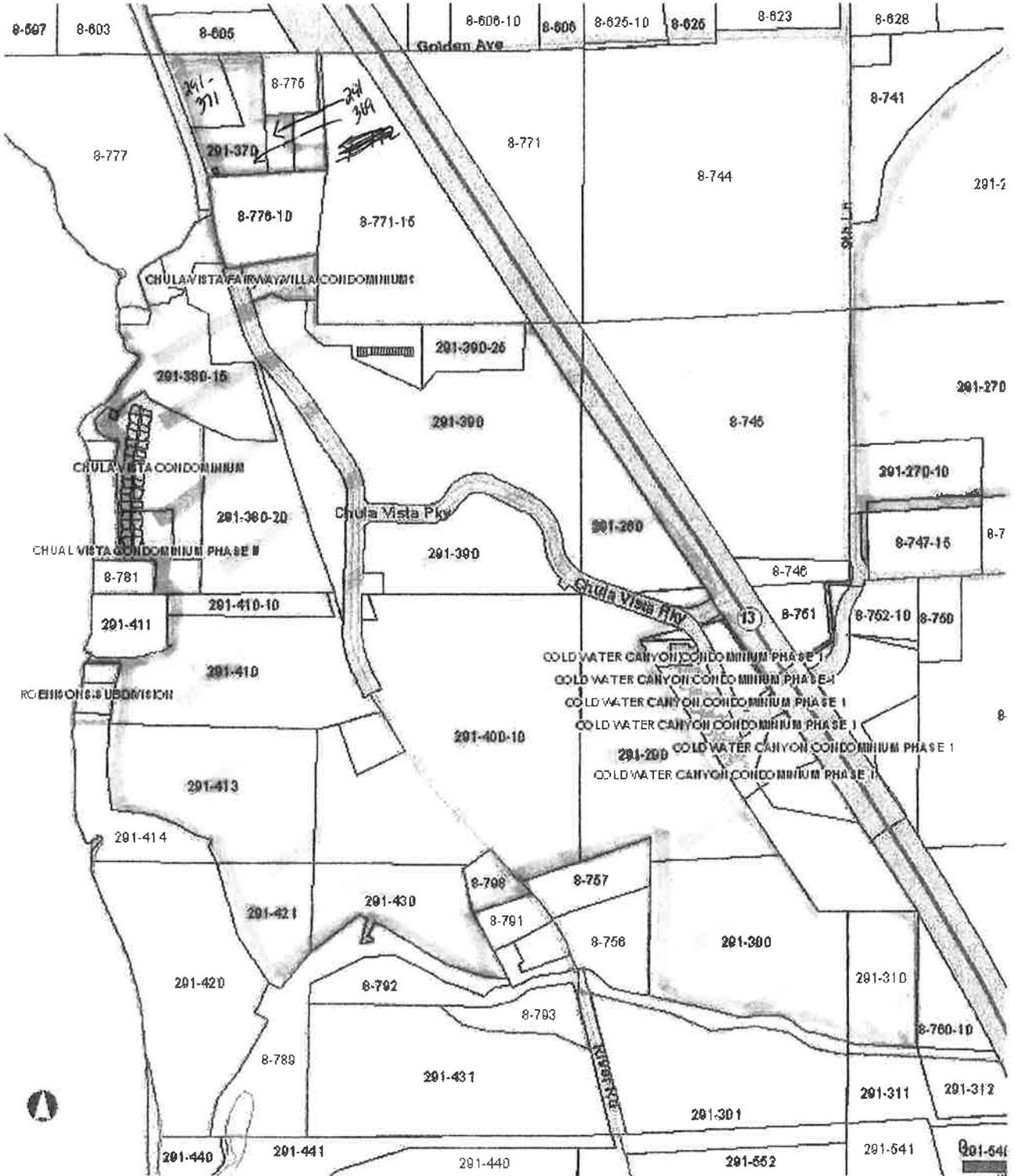
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 18 day of May, 2018  
Nancy Johnson  
(Clerk/Notary Public)  
 My commission expires 10-18-2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-3-18</u>	Date reported to council/board <u>5-21-18</u>	Date license granted
License number issued <u>404-18</u>	Date license issued	Signature of Clerk / Deputy Clerk <u>Nancy Johnson</u>





R# 64027

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: 456-0000545518-04 47-0863736	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
▶ JESSE Raymond DeFOSSE 502 Washington Ave Wisconsin Dells, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DeFosse Properties LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wisconsin Dells, WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JESSE Raymond DeFOSSE	502 Washington Ave	Wis Dells, WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	JESSE DeFOSSE		

C. 1. Trade Name ▶ Shoebout Tugs Kitchen, Mami's Gassy Business Phone Number 608-253-2628

2. Address of Premises ▶ 24, 268 Broadway #130 2nd St. Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Entire Properties of Addresses on C2

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 10 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 23rd day of April 2018  
[Signature]  
TRACI J. STANLEY  
(Clerk/Notary Public)  
My commission expires 10/25/2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk 4-23-2018	Date reported to council/board	Date license granted
License number issued 405-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 64045

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-0000370862-04		FEIN Number: 39-1642804	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	<b>\$</b>	<b>614</b>	

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

FISHER DOUGLAS E.

4191 WINTH AVENUE

WISCONSIN DELLS, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name FISHER'S TAVERN

Business Phone Number 608-253-7049

2. Address of Premises 719 SUPERIOR ST.

Post Office & Zip Code WISCONSIN DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

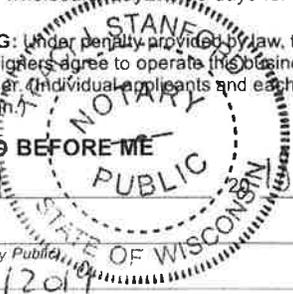
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

### SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2018  
[Signature]  
(Clerk/Notary Public)



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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 24, 2018	Date reported to council/board	Date license granted
License number issued 406-18	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Helland Food Group LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 626 Wis Dells WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Eric Cross Helland	205 Windy Hill Rd	Wisconsin Dells 53965
Vice President/Member	Mary Joan Helland	205 Windy Hill Rd	Wisconsin Dells 53965
Secretary/Member			
Treasurer/Member			
Agent	Eric C. Helland		
Directors/Managers			

C. 1. Trade Name Mexicali Rose/Backside Grill Business Phone Number (608) 254-6036  
2. Address of Premises 2376-2396 Wis. Dells Pkwy Post Office & Zip Code Wis. Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) All buildings & land area of Lower Dells Boat Landing including outside service areas

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 2018

Stacia Holt  
(Clerk/Notary Public)

My commission expires June 6, 2021

Eric Helland  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Eric Helland  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Eric Helland  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 2, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>407-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 64180 Late Fee -850 R# 64181

Applicant's WI Seller's Permit No.: FEIN Number: <u>456 0000 2538 2504 26-3135964</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ N/A

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HELLERS LTD  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS, WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	THOMAS E HELLER	1201 ELM ST, WIS DELLS, WI	53965
Vice President/Member			
Secretary/Member	JANE M HELLER	1201 ELM ST, WIS DELLS, WI	53965
Treasurer/Member			
Agent	THOMAS E HELLER		
Directors/Managers	N/A		

C.1. Trade Name ▶ MONKS BAR & GRILL Business Phone Number 608-254-8386  
 2. Address of Premises ▶ 220 BROADWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. 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.) 2 STORY BRICK BUILDING (WITH
5. Legal description (omit if street address is given above): BASEMENT AND 3 SERVING LEVELS)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME,** Columbia County  
 this 6 day of April, 2018  
 \_\_\_\_\_  
(Clerk/Notary Public)  
 My commission expires 5-4-18

Thomas E Heller  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Jane Heller  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 16, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>408-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R#63955

Applicant's WI Seller's Permit No: 456000000639704	FEIN Number: 39-1407875
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 Broadway

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Wade L Bernander	696 Guich Ave Wis Dells	53965
Vice President/Member	Justin B Deaper	1111 Capital St. Wis Dells	53965
Secretary/Member			
Treasurer/Member			
Agent	Wade L Bernander		
Directors/Managers			

C. 1. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677

2. Address of Premises ▶ 232 Broadway Post Office & Zip Code ▶ Wis. Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) 232 Broadway, 741 oak st, 737 oak st. deck

5. Legal description (omit if street address is given above): Upstairs, street level, and basement in all buildings

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 19th day of April 2018  
 My commission expires 10/25/2019  


  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 19, 2018	Date reported to council/board	Date license granted
License number issued 409-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 63970

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026287384-02	30-0709616
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company JAM FOOD & FUN, INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 68, LAKE DELTON, WI 53940  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Vice President/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Secretary/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Treasurer/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Agent	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS WI	53965
Directors/Managers _____			

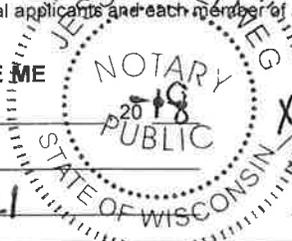
C. 1. Trade Name DELLS DISTILLERY Business Phone Number 608-254-8100  
 2. Address of Premises 206 BROADWAY Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. 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.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of April  
Jessy Ballweg  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 04/09/21

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-6-2018</u>	Date reported to council/board	Date license granted
License number issued <u>410-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R#63817

Applicant's WI Seller's Permit No. 456102791169803	FEIN Number: 46-2087797
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

R# 64014

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 81-3056634 FEIN Number:	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ STABE III LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK BROWN	1540 COUNTY N WIS DELLS	53965
Vice President/Member	SARAH BROWN	" " "	" "
Secretary/Member			
Treasurer/Member			
Agent ▶	MARK BROWN		
Directors/Managers			

C. 1. Trade Name ▶ CHALET LANES Business Phone Number 608 254 8727

2. Address of Premises ▶ 740 ELM ST Post Office & Zip Code ▶ 53965 (PO Box 17)

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Chalet lanes located @ 740 ELM ST

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April 2019  
(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
411-18		

"Quota Plus"

R# 64037

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019

TO THE GOVERNING BODY of the: WISCONSIN DELLS

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Logging Camp, Inc

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Mary Hickey, Trevor A Hickey

C. 1. Trade Name Paul Bunyan's Rest. & Del's Lumberjacks shop Business Phone Number 608 254 8717

2. Address of Premises 411 Hwy 13 Wis Del's WI Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.

5. Legal description (omit if street address is given above): Kottig, lockup drydock Laboratory camera monitoring & concession secure storage & fenced area

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME. Notary Public seal for State of Wisconsin, Public 2018.

Signatures of Mary C Hickey and Trevor A Hickey with titles: (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Table with 3 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted; License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

R#636966

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 (MM DD YYYY) ending: 06 30 2019 (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

## Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SKYBOX, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1608 CLIFFVIEW AVE ONAUSK WI 54650  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANTONIO ANGELINI	1608 Cliffview Ave	Onauska, WI 54650
Vice President/Member	JOHN MARSHALL MATOUSEK	N5338 Camden Ct	BRF, WI 54615
Secretary/Member			
Treasurer/Member			
Agent	ANTONIO ANGELINI	as above	
Directors/Managers			

C. 1. Trade Name GINO'S PIZZERIA & BAR Business Phone Number 608-678-2299  
 2. Address of Premises 701 BROADWAY ST Post Office & Zip Code WI DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. 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.) BAR + DINING, KITCHEN, BASEMENT, OUTSIDE PATIO  
 5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No  
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of limited liability companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 12 day of APRIL, 2018  
 Rachel W. [Signature]  
 My commission expires August 14, 2021

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-18-18</u>	Date reported to council/board	Date license granted
License number issued <u>413-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 64012

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019

TO THE GOVERNING BODY of the: WISCONSIN DELLS
Town of
Village of
City of
County of COLUMBIA Aldermanic Dist. No.

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Zietlow, Marijo Jean 414 Broadway Wisconsin Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
Myrt and Lucy's Chat & Chew LLC
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Marijo Jean Zietlow 1017 Race St WI Dells WI 53965
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Marijo Jean Zietlow
Directors/Managers

C. 1. Trade Name Myrt and Lucy's Chat & Chew Family Restaurant Business Phone Number 6082530888
2. Address of Premises 414 Broadway Post Office & Zip Code WI Dells WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. 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.) 414 Broadway, walk-in cooler, office, Bar
5. Legal description (omit if street address is given above): Restaurant, Patio, Plaza
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Table with columns: LICENSE REQUESTED, TYPE, FEE. Rows include Class A beer, Class B beer (100), Class C wine, Class A liquor, Class A liquor (cider only) (N/A), Class B liquor (500), Reserve Class B liquor, Class B (wine only) winery, Publication fee (14), TOTAL FEE (614).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April 2019
My commission expires 10/25/2019

Marijo Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk (April 20, 2018), License number issued (414-18), Date reported to council/board, Date license issued, Date license granted, Signature of Clerk / Deputy Clerk.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

▶ Penelope M Connors 850 S. Grouse Ct. Wis Delles WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Nigs Inc

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Penelope M Connors 850 S. Grouse Ct. Wis Delles WI

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶ Penelope M Connors 850 S Grouse WD

Directors/Managers

C. 1. Trade Name ▶ Nigs Bar Business Phone Number 608-253-6992

2. Address of Premises ▶ 201 Broadway Post Office & Zip Code ▶ P.O. Box 94 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Corner Broadway & River Rd. Brick

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

R# 64154 850 Lake Fee R# 64155

Applicant's WI Seller's Permit No.: FEIN Number:	
456 000042066604	39-1845103
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 12th day of April 2018  
 My commission expires 10/25/2019

Penelope M. Connors  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk April 30, 2018	Date reported to council/board	Date license granted
License number issued 415-18	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

Polynesian Aquisition Partners, LLC

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company  
 Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member MBR:PAP HOLDING, LLC 1331 4th AVE N, #102 MYRTLE BEACH SC 29577

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ROBERT ROGNRUD, 857 N. FRONTAGE RD, WISCONSIN DELLS, WI 53965

Directors/Managers MGR: SHF MANAGER, LLC 1331 4th AVE N, # 102 MYRTLE BEACH, SC 29577

C. 1. Trade Name POLYNESIAN WATER PARK RESORT Business Phone Number 608-254-2883

2. Address of Premises 857 N. FRONTAGE RD, WISCONSIN DELLS Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) RESTAURANT, BARS, WATERPK, HOTEL, POOL

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 2018

*[Signature]*  
 (Clerk/Notary Public)

*[Signature]* 5.3.18  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires 10/25/2019

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 3, 2018	Date reported to council/board	Date license granted
License number issued 416-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 64242 \$50 Late Fee R# 64243

Applicant's WI Seller's Permit No.	FEIN Number
45610286593616	46-5429152
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

R# 69100  
4-27-18

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
County of COLUMBIA Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RRAD DEVELOPMENT LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD MAKOWSKI	400 CTY RD. A., WIS. DELLS, WI	53965
Vice-President/Member	ADAM MAKOWSKI	106 SWEET BRIAR DR., WIS. DELLS, WI	53965
Secretary/Member	RICH V. MAKOWSKI	1124 CLARA AVE., WIS. DELLS, WI	53965
Treasurer/Member	DAVID MAKOWSKI	111 SWEET BRIAR DR., WIS. DELLS, WI	53965
Agent ▶	RICH V. MAKOWSKI	1124 CLARA AVE., WIS. DELLS, WI	53965

C. 1. Trade Name ▶ RIVER INN RESORT D/B/A DRINKERS LANDING Business Phone Number 608-253-1231  
2. Address of Premises ▶ 1015 RIVER ROAD Post Office & Zip Code ▶ WIS. DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) 5 STORY BUILDING & 2 STORY BLD. ALL FLOORS
- 5. Legal description (omit if street address is given above): RIVER INN COMPLEX ON BOTH SIDES OF RIVER ROAD
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. RIVER INN RESORT D/B/A DRINKERS LANDING  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 25th day of April, 2018  
Jacob M. Myers (Clerk/Notary Public)  
My commission expires 1-11-22

  
RICH V. MAKOWSKI  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/individual  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner  
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2018	Date reported to council/board	Date license granted
License number issued 417-18	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
 County of ADAMS Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ Hanson Gary Lee 4124 River Road Wisconsin Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Silver Spruce Resort LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 4124 River Road

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Lee Hanson	4124 River Road Wisconsin Dells WI	53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Gary Lee Hanson		
Directors/Managers			

C. 1. Trade Name ▶ Bubbs Steak House Business Phone Number 608 253 1818

2. Address of Premises ▶ 4124 River Road Post Office & Zip Code ▶ Wisconsin Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) Bar, walk in cooler, liquor storage room, office

5. Legal description (omit if street address is given above): Beer cooler, Back of the Hall, poolside Bar, Records Storage, windows, rooms;

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

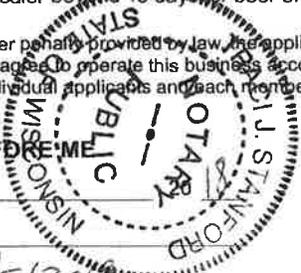
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April 2018  
 (Clerk/Notary Public)



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

My commission expires 10/25/2019

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 26, 2018	Date reported to council/board	Date license granted
License number issued 418-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 64088

Applicant's WI Seller's Permit No.:	FEIN Number:
4561027347065-0239-2015305	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 4SL-0000321833-01		FEIN Number: 139-1808415	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	<b>\$</b>	<b>614</b>	

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SIX K'S KEY INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KEITH GLEN KOEHLER	237 CAPITAL ST	WI DELLS 53965
Vice President/Member			
Secretary/Member	ROBERTA LEE KOEHLER	1144 GALE AVE	WI DELLS 53965
Treasurer/Member			
Agent ▶	KEITH KOEHLER	237 CAPITAL ST	WI DELLS 53965
Directors/Managers			

C. 1. Trade Name ▶ THE KEY Business Phone Number 008-254-7474  
 2. Address of Premises ▶ 732 OAK ST Post Office & Zip Code ▶ WI DELLS 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) 732, 720, 716 OAK ST indoor, outdoor
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ADDS 716 OAK ST  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 20th day of April, 2018  
 [Signature]  
 (Clerk/Notary Public)  
 My commission expires 1.21.22

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk April 25, 2018	Date reported to council/board	Date license granted
License number issued 419-18	Date license issued	Signature of Clerk / Deputy Clerk



"Quota Plus"

R# 64001

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 456000057815604	FEIN Number. 391546227
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
--------------------------------------------	--------------	------------------------

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAVEL MART INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GARY GUSSEL</u>	<u>25 SISKIWIT CR</u>	<u>MADISON 53719</u>
Vice President/Member	<u>DAVID GUSSEL</u>	<u>N897 1ST RD</u>	<u>BRIGGSVILLE 53920</u>
Secretary/Member	<u>JOSEPH GUSSEL</u>	<u>421 CEDAR ST</u>	<u>WIS DELLS 53965</u>
Treasurer/Member	<u>RICHARD CHRISTENSEN</u>	<u>646 GILLETTE DR</u>	<u>WIS DELLS 53965</u>
Agent	<u>RICHARD CHRISTENSEN</u>	<u>646 GILLETTE DR</u>	<u>WISCONSIN DELLS 53965</u>

C. 1. Trade Name ▶ EL ASADOR Business Phone Number 708-228-0073

2. Address of Premises ▶ 452 BROADWAY Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) DINING ROOM, STORAGE AREA, OUTSD PATIO

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW TREASURER  Yes  No

Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No

Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

MARGARET CZUPRYNKO  
Notary Public  
State of Wisconsin

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 20<sup>th</sup> day of April, 2018  
Margaret Czuprynko  
(Clerk/Notary Public)  
My commission expires 9-7-18

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>420-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIMBER FALLS FOOD, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK RD  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C. SCHMITZ	140 WHITLOCK WIS DELLS, 53965	
Vice President/Member	PHILLIP JUDE SCHMITZ	370 ALCAN BARABOO, WI 53913	
Secretary/Member	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI 53913	
Treasurer/Member			
Agent	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI 53913	
Directors/Managers	JOHN D. WATERMAN	1011 WEBER AVE. WIS DELLS, 53965	

C.1. Trade Name ▶ KICKERS Business Phone Number 608-253-0921

2. Address of Premises ▶ 951 Stand Rock Road Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. 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.) STORED IN BEER COOLER & LIQUOR LOCKUP

5. Legal description (omit if street address is given above): SERVED IN RESTAURANT & OUTDOOR PATIO

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 8 day of April, 2018  
KATHLEEN P GRUMAN Karen P Gruman  
(Clerk/Notary Public)  
 My commission expires 2/17/2020  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partners/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 26, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>421-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 64075

Applicant's WI Seller's Permit No. FEIN Number	
<u>456-1028939328-0047-4293643</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ T.R. NELSON, INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 590, WIS DELLS, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	TODD R. NELSON	835 HWY H, LOT 100 WISCONSIN DELLS, WI	53965
Vice President/Member	SHARI L. NELSON	835 HWY H, LOT 100 WISCONSIN DELLS, WI	53935
Secretary/Member	STEVEN M PINE	407 CLARA AVE #104 WISCONSIN DELLS, WI	53965
Treasurer/Member	MARY BONTE SPATH	W8497 NORTH 2ND CT OXFORD WI	53952
Agent	PATRICK STEFFES	833 HWY H UNIT 13, WISCONSIN DELLS, WI	53965

Directors/Managers  
 C. 1. Trade Name ▶ TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000  
 2. Address of Premises ▶ 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. 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.) CLH, MOBILE & STATIONARY BEV CARTS
5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 18 day of April  
Mary Bonte Spath (Clerk/Notary Public)  
 My commission expires 9/4/2020

Mary Bonte Spath  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Mary Bonte Spath  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>April 19 2018</u>	Date reported to council <u>April 19 2018</u>	Date license granted
License number issued <u>422-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

R# 63983

Applicant's WI Seller's Permit No. 45600045569304	FEIN Number: 39-1475071
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>



Mary Bonte Spath  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Mary Bonte Spath  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

RA 64080

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: 456-0003194655-03	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Farmer William B	108457 Fox Run Rd	Wisc Delles 53965
Malina Joseph E	25 Sweetbair	Wisc Delles 53965

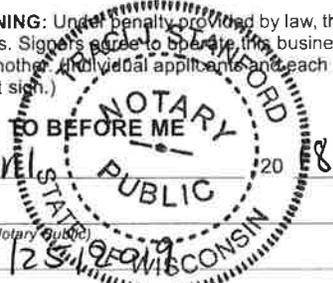
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar Corp  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 130 Washington Ave Wisc Delles 53965

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	William Farmer	108457 Fox Run Rd	Wisc Delles 53965
Vice President/Member	Joseph E Malina	25 Sweetbair	Wisc Delles 53965
Secretary/Member	William B Farmer		
Treasurer/Member	Joseph E Malina		
Agent	William B Farmer		
Directors/Managers	William Farmer & Joseph Malina		

C. 1. Trade Name ▶ Sand Bar Business Phone Number 608 253-3073  
2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ Wisc Delles 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) 3 Floor + Deck Brick Building
- 5. Legal description (omit if street address is given above): 130 Washington Ave 598 P O Box
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME this 16th day of April 2018  
  
My commission expires 10/25/19

William B Farmer Pres  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Joseph Malina VP  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk April 26, 2018	Date reported to council/board	Date license granted
License number issued 423-18	Date license issued	Signature of Clerk / Deputy Clerk

"Quota Plus"

R4 64078

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>452-102785 2045-02</u>		FEIN Number: <u>90-0640113</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input checked="" type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	<b>\$</b>	<b>614</b>	

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member DAMON R ZUWALT 6061 S FT APACHE DR STE 140 LAS VEGAS, NV 89148  
Vice President/Member LANCE MASSEY 510 ELMBERTA ST MAUSTON, WI 53948  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ LANCE MASSEY  
Directors/Managers \_\_\_\_\_

C.1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360  
2. Address of Premises ▶ 2100 RIVER RD WISC DELLS, WI Post Office & Zip Code ▶ 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. 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.) BLDGS & GROUNDS @ 2100 RIVER RD
- 5. Legal description (omit if street address is given above): \_\_\_\_\_
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME Christina Krotzman  
this 25 day of April 2018  
Christina Krotzman Notary Public (Clerk/Notary Public)  
Lance Massey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
My commission expires April 16, 2021  
State of Wisconsin (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  
State of Wisconsin & County of Juneau

Date received and filed with municipal clerk <u>April 26, 2018</u>	Date reported to council/board	Date license granted
License number issued <u>424-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

"Population Reserve"

R# 63957

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Wisconsin Dells

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>456-102671688-03</u>	
Federal Employer Identification Number (FEIN): <u>26-3582390</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614.00</u>

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Y KNOT 2 LLC - DBA REVERWALK PUB & REST.  
Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DENNIS LEONHARDT JR.</u>	<u>20 RIVERS EDGE RD</u>	<u>WIS. 02115, 53945</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>DENNIS LEONHARDT JR.</u>		

Directors/Managers \_\_\_\_\_

C. 1. Trade Name REVERWALK PUB & RESTAURANT Business Phone Number (608) 254-8215  
2. Address of Premises 911 RIVER RD Post Office & Zip Code WIS. 02115, 53945

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
4. 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, and/or storage of alcohol beverages and records. OUTSIDE DECK & PATIO'S  
(Alcohol beverages may be sold and stored only on the premises described.) 40x60' LOT & WOOD - 2 LEVELS - BEER GARDEN

5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 17th day of April, 20 18  
[Signature]  
(Clerk/Notary Public)  
My commission expires 10/25/2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>April 17, 2018</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
<u>425-18</u>		