

CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description: COMMON COUNCIL MEETING

Date: MONDAY, JUNE 15, 2020 Time: 6:30PM Location: MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI

MAYOR		COUNCIL MEMBERS		
		FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
Edward Wojnicz		Jesse DeFosse	Mike Freel	Ben Anderson
		Brian Holzem	Terry Marshall	Dan Anchor
OPENING				
1	Call to Order & Roll Call Attendance			
2	Pledge of Allegiance			
3	Approval of Consent Agenda Items: <ul style="list-style-type: none"> a. May 18, 2020 Common Council Meeting Minutes b. Schedule of Bills Payable dated June 15, 2020 c. Applications for Bartender Licenses 			
AGENDA ITEMS				
4	Public Comment/Citizen Appearances for Any Non-Agenda Item			
5	Update on City Services			
6	Public Hearing on Final Resolution to Vacate the cul-de-sac Portion of Jones Road in Sauk County			
7	Discussion/Decision on Applications for Renewal of the Following Alcohol Licenses for the Licensing Period of July 1, 2020 Through June 30, 2021: <ul style="list-style-type: none"> a. Class A Beer Licenses (1) b. Class A Beer & Class A Liquor Licenses (6) c. Class B Beer Licenses (9) d. Class B Beer & Class C Wine Licenses (9) e. Class B Beer & Class B Liquor Licenses (23) 			
8	Discussion/Decision on Applications for Renewal of Cigarette & Tobacco Products Retail Licenses (13) for the Licensing Period of July 1, 2020 Through June 30, 2021			
9	Applications for Renewal of Mobile Home Park Licenses (2) for the Licensing Period of July 1, 2020 Through June 30, 2021			
10	Applications for Renewal of Seasonal Workforce Housing Facility Licenses (2) for the Licensing Period Through April 30, 2021			
RESOLUTIONS				
11	Resolution to Approve the Second Amendment to the 920 Race Street Affordable Housing Development Agreement with Movin' Out Inc.			
12	Resolution to Approve a Conditional Use Permit to Stony Acres LLC/Duane Kleinsasser in Order to Allow "Residential Multi-Family" and a Building in Excess of 45 ft in Height at 801 Jones Road			
13	Resolution to Approve the Site Plan Application Submitted by Stony Acres LLC/Duane Kleinsasser for the Construction of Two 4-Story Apartment Buildings at 801 Jones Road			
14	Resolution to Approve the Site Plan Application Submitted by Brad Preissel to Move a 4-Unit Seasonal Motel Rental Unit from the Indian Trails Property on to the All-Star Motel Property at 1311 Broadway			

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

ITEM 3c

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

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 600.00 Receipt No. 72754
Council Date Granted: _____ Police Dept Verification: 5/26/20 By: RC - CH
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

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

Name Allard Todd Andrew
Last First Middle
Home Address 202 N. Elm St. Adams WI 53910
Street City State Zip

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

Date of Birth: 05/29/1965 Drivers License # A463 8016 5189 05 State WI
Phone Number: 608-403-7974

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

License to be used at (Name of Wisconsin Dells Business): Loon Lake Cigar

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

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

Date	Nature of Offense	County	State

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

Signature of Applicant: [Signature] Date: 5/3/20

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

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

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 172645
 Council Date Granted: _____ Police Dept Verification: 4-8-20 By: JS
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: X Deny: _____
 New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name	<u>Ericksen</u>	<u>Brandon</u>	<u>Jacob</u>
	Last	First	Middle
Home Address	<u>E. 9916 Trout Rd.</u>	<u>Wisconsin Dells</u>	<u>WI 53965</u>
	Street	City	State Zip

Mail License to (if different from Home Address): _____
 Date of Birth: 4/24/91 Street _____ City _____ State _____ Zip _____
 Drivers License # E625-0709-1144-03 State WI
 Phone Number: 608-448-9321

List any other State(s) resided in within the last 5 years: _____
 License to be used at (Name of Wisconsin Dells Business): Showboat Saloon

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

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

Date	Nature of Offense	County	State
<u>1/15/18</u>	<u>OWI .08</u>	<u>Sauk</u>	<u>Wisconsin</u>
<u>10/21/19</u>	<u>operating motor vehicle on suspended license</u>	<u>Green Lake</u>	<u>Wisconsin</u>

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

Signature of Applicant: Ree Ai Date: 5/8/2020

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

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

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 72842

Council Date Granted: _____ Police Dept Verification: 6/1/20 By: BS

License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: X Deny: _____

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

Name Pylpiuk Anastasiia
Last First Middle

Home Address 33 B Grand Canyon Dr, Baraboo, WI, 53913
Street City State Zip

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

Date of Birth: 06/17/1995 Drivers License # PYLYPA * 053LP State WA

Phone Number: 608-843-2823

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

License to be used at (Name of Wisconsin Dells Business): Chula Vista Resort, Show Boat Saloon

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

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

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

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

Signature of Applicant: Anastasiia Pylpiuk Date: 05/29/20

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

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

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 600.00 Receipt No. 72749
 Council Date Granted: _____ Police Dept Verification: 5/26/20 By: PC - CH
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

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

Name: Tarrey Last Seth First Mount prospect Middle IL State
 Home Address: 1715 Forest Cove Dr. Apt 304 Street Mount Prospect City IL State 60056 Zip

Mail License to (if different from Home Address): 600 1/2 Pine St Street Baraboo City WI State 53913 Zip

Date of Birth: 4/2/94 Drivers License # T650-7859-4122-09 State WI

Phone Number: 608-432-9970

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

License to be used at (Name of Wisconsin Dells Business): Lake Dutton - Spredewitz / RIVERWALK

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

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

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

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

Signature of Applicant: [Signature] Date: May 22

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

Per Wis. SS 125.32(2) and 125.68(2)

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2018 to June 30, 2020 Amount Paid: \$ 72768 Receipt No. _____

Temporary License Period (Bona Fide Clubs Only): _____ (not more than 14 days)

Council Date Granted: _____ Police Dept Verification: 5/26/20 By: RC -CH

License #: _____ Date Issued: _____ Police Chief: Approved: _____ Denied: _____

New \$60 (attach Beverage Server Training Certificate) Renewal \$60 Temporary \$10

Name Williams Elizabeth L
Last First Middle

Home Address 712 e main st Reedsburg WI 53959
Street City State Zip

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

Date of Birth: 7/30/1993 Drivers License # 2756870 State OR

License to be used at (Name of Wisconsin Dells Business): R+G Travel Mart

Have you been convicted of any felony? (If Yes, per State Statute 125.04(5)(c) a license cannot be issued.) Yes ___ No
Have you been convicted of any law or ordinance pertaining to the sale or consumption of alcohol? Yes ___ No
Have you been convicted of any State, Federal or Local Charges (other than speeding tickets)? Yes ___ No
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No

If you answered yes to any of the above questions, please list information below:

Date	Nature of Offense	County	State

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

Signature of Applicant: Elizabeth Williams Date: 5/14/2020

Update on City Services

- **Municipal Building.** The Municipal Building reopened to public on Tuesday, May 26th with social distancing practices in place for the lobby area, meeting spaces and for Municipal Court. Hand sanitizer is available in the building. The city is still encouraging residents to continue using the secure depository box on the front of the building for payments whenever possible. Absentee ballots for the August and November elections can be requested on-line at <https://myvote.wi.gov> A link can be found on the city's website as well.
- **Kilbourn Public Library.** The library open to the public. Most library services have resumed. Hold pick-up, computer use and browsing collections of all materials are available. Returns are accepted during open hours. The children's area is open for Summer Library Program sign up, make & take activities and limited browsing. Curbside pick-up is available also. Meeting rooms are not open at this time. Masks are encouraged and available at the desk if needed. We are practicing social distancing and room capacity guidelines. Library hours are Monday-Thursday 9am-7pm, Friday 9am-5pm and Saturday 9am-2pm.
- **Parks & Recreation Department.** Parks, playgrounds, park shelters and the basketball courts opened Tuesday, May 26th with public restrooms open during limited hours. Social distancing and frequent hand washing or sanitizing should be followed. Limited recreation programs will be offered in the near future and will be announced via social media and on the city's website. Kidz Klub opened June 1st and the municipal pool will be opening June 27th.
- **Parking Board.** After offering free parking during the months of April and May, parking enforcement began on Monday, June 1st. This is the first year for the \$10 local parking pass that can be used in Lots 3 & 7. Lot 5 (Fisher Lot) has been paved and numbered. The new and improved Lot 7 (Municipal Building/JAG area) is done with three new kiosks installed.

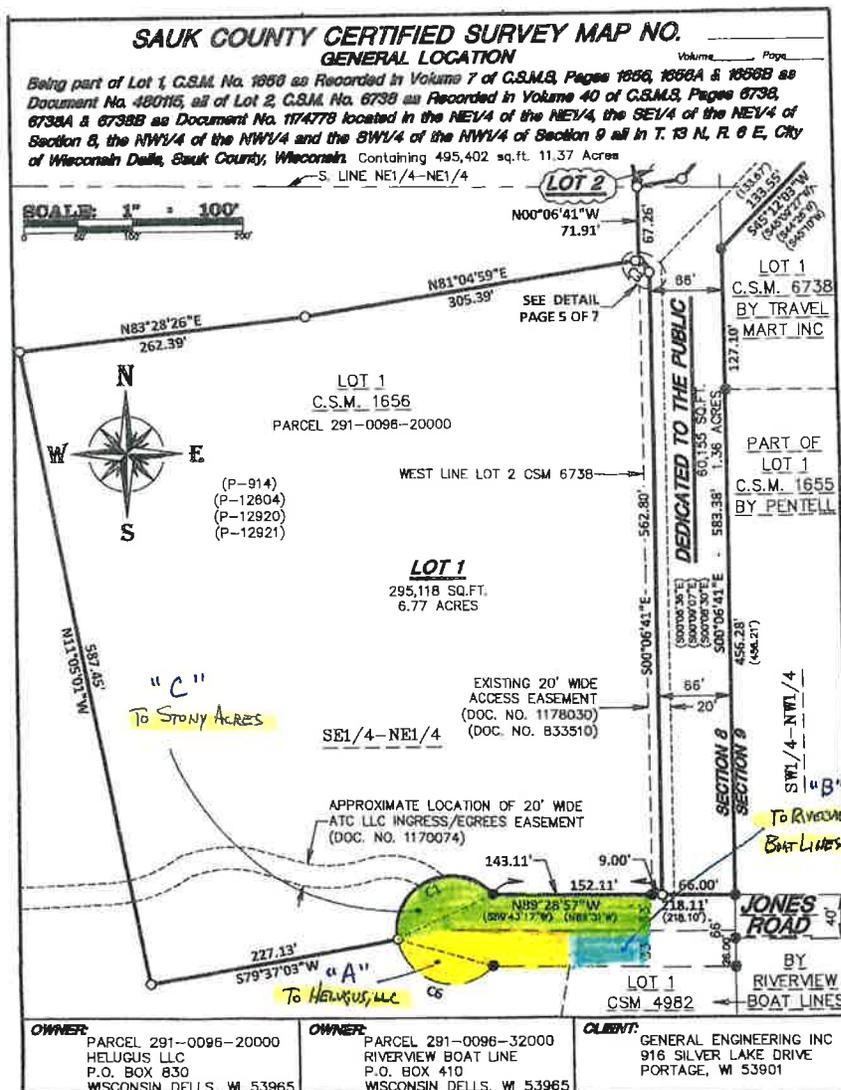
NOTICE OF PUBLIC HEARING

ITEM 6

NOTICE IS HEREBY GIVEN that the City of Wisconsin Dells Common Council will hold a Public Hearing on **Monday, June 15, 2020 at 6:30PM** in the Common Council Chambers of the Municipal Building at 300 La Crosse Street, Wisconsin Dells, WI 53965 to act upon a Final Resolution in order to vacate a public way:

Legal description of proposed vacated lands:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road, 65.97 feet to the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road, 152.83 feet; thence Northeasterly along a 50.00 foot radius curve to the right in the Southerly, Westerly and Northerly right-of-way line of Jones Road having a central angle of 277°24'00" and whose long chord bears North 00°31'03" East, 66.00 feet; thence South 89°28'57" East along the North right-of-way line of Jones Road, 152.11 feet; thence South 00°06'41" East, 66.00 feet to the point of beginning. Containing 16,760 sq. ft, more or less.



Legal Description of lands to which vacated lands will be attached:

Section "A" to Helugus, LLC:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 150.00 feet to the Northwest corner of Lot 1 and the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road, 68.80 feet; thence Northwesterly along a 50.00 foot radius curve to the right in the Southerly and Westerly right-of-way line of Jones Road having a central angle of 128°39'00" and whose long chord bears North 73°51'27" West, 90.13 feet; thence North 80°28'03" East, 50.00 feet to a point in the centerline of Jones Road; thence South 89°28'57" East along the centerline of Jones Road, 111.99 feet; thence South 10°11'03" West along the Northerly extension of the Westerly line of Lot 1, Certified Survey Map, No. 4982, 33.48 feet to the point of beginning. Containing 5715 sq. ft. more or less.

Section "B" to Riverview Boat Line:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 65.97 feet to the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 84.03 feet to the Northwest corner of Lot 1; thence North 10°11'03" East along the Northerly extension of the Westerly line of Lot 1, 33.48 feet to a point in the centerline of Jones Road; thence South 89°28'57" East along the centerline of Jones Road, 78.04 feet; thence South 00°06'41" East, 33.00 feet to the point of beginning. Containing 2470 sq. ft. more or less.

Section "C" to Stony Acres, LLC:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road, 65.97 feet; thence North 00°06'41" West, 33.00 feet to a point in the centerline of Jones Road and the point of beginning; thence North 89°28'57" West along the centerline of Jones Road, 190.03 feet; thence South 80°28'03" West, 50.00 feet to a point in the West right-of-way of Jones Road; thence Northeasterly along a 50.00 foot radius curve to the right in the Westerly and Northerly right-of-way line of Jones Road having a central angle of 148°45'00" and whose long chord bears North 64°50'33" East, 96.30 feet; thence South 89°28'57" East along the North right-of-way line of Jones Road, 152.11 feet; thence South 00°06'41" East, 33.00 feet to the point of beginning. Containing 8574 sq. ft. more or less.

All interested persons will be given an opportunity to be heard at the Public Hearing. With reasonable notice the City will provide appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in the Public Hearing.

Dated this 14th day of May, 2020
Nancy R. Holzem
City Clerk/Coordinator

Publications Dates:
May 28, 2020
June 4, 2020
June 11, 2020

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

R# 72408

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<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
TOTAL FEE	\$ 114

A. Individual or Partnership:

Full Name (Last) <u>MARTIN</u>	(First) <u>RANDY</u>	(Middle Name) <u>LEE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W5064 Hwy B RID WI 53960</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
-----------------	---------	---------------	--

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name LOON LAKE CIGAR Co Business Phone Number 608 254 8598
- Address of Premises 721 Superior St Post Office & Zip Code Wis Dells WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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 of Ground Floor or 721 Superior St Wis Dells WI 53965

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3**. 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) MARTIN, RANDY L	Title / Member OWNER	Date 4-16-20
Signature <i>Randy L Martin</i>	Phone Number 608-254-8598	Email Address loonlakecigar@hotmail.com
	Cell 920-296-2781	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-20-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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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
Jeff Maurer, Agent
Address of Applicant: 216 Washington Avenue, Wisconsin Dells, WI 53965
Location of Premises: Maurer's Market
216 Washington Avenue

Name of Applicant: Travel Mart Inc
Paige Caves, Agent
Address of Applicant: 802 Broadway, Wisconsin Dells, WI 53965
Location of Premises: Broadway Travel Mart
802 Broadway

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

Name of Applicant: Travel Mart Inc
Emma Mews, Agent
Address of Applicant: 611 N Frontage Road #2, 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: 2415 Wisconsin Dells Parkway, 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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kristie's Foods Dells, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>216 Washington Ave.</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Maurer</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>Patrick</u>	Home Address (Street, City or Post Office, & Zip Code) <u>83330 Fox Hill Rd Bonaboo 53913</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Mauser</u> <u>Sole member</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>Patrick</u>	Home Address (Street, City or Post Office, & Zip Code) <u>83330 Fox Hill Rd Bonaboo 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Maurer's Market 1GA Business Phone Number 608 254 8313
- Address of Premises 216 Washington Ave. Post Office & Zip Code Wisc. Dells, WI 53965
- 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.)

Supermarket that is 20,000 sf in 1st floor space. Liquor department is about 3000 sf and is in the furthest NE corner of building.
We do not store any excess product. Everything is on shelves or in cooler

R# 72630

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Mauer, Jeffrey P.</i>	Title / Member <i>Sole member</i>	Date <i>5/6/20</i>
Signature <i>Jeffrey P. Mauer</i>	Phone Number <i>608-963-1171</i>	Email Address <i>jmaurer@myurbanmarket.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-7-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WISCONSIN DELLS
 Village of }
 City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TRAVEL MART INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO BOX 120 WISCONSIN DELLS WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>CAVES</u>	(First) <u>PAIGE</u>	(Middle Name) <u>MCKENZIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>155 W ADAMS ST APT #3 WISCONSIN DELLS 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ALSAKER</u>	<u>JEREMY</u>		<u>1100 TURNBERRY CT WAUNAKEE 53597</u>
Vice President / Member Last Name <u>GUSSEL</u>	(First) <u>DAVID</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>N897 1ST RD BRIGGSVILLE 53920</u>
Secretary / Member Last Name <u>GUSSEL</u>	(First) <u>JOSEPH</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>421 CHURCH ST WISCONSIN DELLS 53965</u>
Treasurer / Member Last Name <u>CHRISTENSEN</u>	(First) <u>RICHARD</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>646 GILLETTE DRIVE WISCONSIN DELLS 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name BROADWAY TRAVEL MART Business Phone Number 608-253-2091
- Address of Premises 802 BROADWAY Post Office & Zip Code WISCONSIN DELLS 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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

R# 72454

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
3	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 NEW PRESIDENT

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) CHRISTENSEN, RICHARD H	Title / Member TREASURER	Date 4/20/20
Signature 	Phone Number 6083936081	Email Address richc@travelmartinc.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72457

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TRAVEL MART INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO BOX 120 WISCONSIN DELLS WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>COOPER</u>	(First) <u>DARCY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W1526 TROUT RD WISCONSIN DELLS 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ALSAKER</u>	<u>JEREMY</u>		<u>1100 TURNBERRY CT WAUNAKEE 53597</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GUSSEL</u>	<u>DAVID</u>		<u>N897 1ST RD BRIGGSVILLE 53920</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GUSSEL</u>	<u>JOSEPH</u>		<u>421 CHURCH ST WISCONSIN DELLS 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CHRISTENSEN</u>	<u>RICHARD</u>		<u>646 GILLETTE DRIVE WISCONSIN DELLS 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name LOWER DELLS TRAVEL MART Business Phone Number 608-254-7097

2. Address of Premises 710 TROUT 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.) CONVENIENCE STORE

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 NEW PRESIDENT

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) CHRISTENSEN, RICHARD H	Title / Member TREASURER	Date 4-20-20
Signature 	Phone Number 6083936081	Email Address richc@travelmartinc.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>TRAVEL MART INC</u>	<u>PO BOX 120 WISCONSIN DELLS WI 53965</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MEWS</u>	<u>EMMA</u>	<u>MARY</u>	<u>1411 MARTINY CT APT #1 BARABOO 53913</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ALSAKER</u>	<u>JEREMY</u>		<u>1100 TURNBERRY CT WAUNAKEE 53597</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GUSSEL</u>	<u>DAVID</u>		<u>N897 1ST RD BRIGGSVILLE 53920</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GUSSEL</u>	<u>JOSEPH</u>		<u>421 CHURCH ST WISCONSIN DELLS 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CHRISTENSEN</u>	<u>RICHARD</u>		<u>646 GILLETTE DRIVE WISCONSIN DELLS 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name R&G TRAVEL MART Business Phone Number 608-254-5077
- Address of Premises 611 N FRONTAGE RD #2 Post Office & Zip Code WISCONSIN DELLS 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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

R# 72456

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 NEW PRESIDENT

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) CHRISTENSEN, RICHARD H	Title / Member TREASURER	Date 4/20/20
Signature 	Phone Number 6083936081	Email Address richc@travelmartinc.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72455

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TRAVEL MART INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO BOX 120 WISCONSIN DELLS WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>COOPER</u>	(First) <u>DARCY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W1526 TROUT RD WISCONSIN DELLS 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ALSAKER</u>	<u>JEREMY</u>		<u>1100 TURNBERRY CT WAUNAKEE 53597</u>
Vice President / Member Last Name <u>GUSSEL</u>	(First) <u>DAVID</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>N897 1ST RD BRIGGSVILLE 53920</u>
Secretary / Member Last Name <u>GUSSEL</u>	(First) <u>JOSEPH</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>421 CHURCH ST WISCONSIN DELLS 53965</u>
Treasurer / Member Last Name <u>CHRISTENSEN</u>	(First) <u>RICHARD</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>646 GILLETTE DRIVE WISCONSIN DELLS 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name TRAVEL MART SHELL Business Phone Number 608-254-4488
- Address of Premises 2415 WIS DELLS PKWY Post Office & Zip Code WISCONSIN DELLS 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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 on previous page): _____
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, 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 page 3** 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 page 3.** 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
 NEW PRESIDENT

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) CHRISTENSEN, RICHARD H	Title / Member TREASURER	Date 4/20/20
Signature 	Phone Number 6083936081	Email Address richc@travelmartinc.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Walgreen Co.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 901, Deerfield, IL 60015</u>
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Weiland</u>	(First) <u>Dana</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>114 Pilgrim Drive Unit #5, Wisconsin Dells, WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Ashworth</u>	<u>Richard</u>	<u>Mark</u>	<u>15 Twin Eagles Ct, Hawthorn Woods, IL 60047</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Badgley</u>	<u>Lisa</u>	<u>Dawn</u>	<u>5 Plymouth Ct, Lincolnshire, IL 60069</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Walgreens#06885 Business Phone Number 608-254-5760

2. Address of Premises 300 Highway 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.)

Retail drug store with sundries in a one-story building of 15,120 sq. ft.

R# 72464

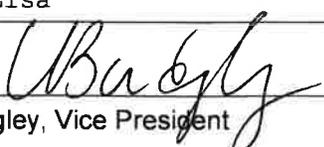
Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> 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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
Officer changes

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Hora, Lisa	Title / Member Vice President	Date 4/16/2020
Signature 	Phone Number 847-527-4208	Email Address taxlicenserenewals@walgreens.com
Lisa Badgley, Vice President		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2020	Date reported to council / board	Date license granted
License number issued	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: 221 Broadway, Wisconsin Dells, WI 53965
Location of Premises: Edytka's Polish Restaurant
221 Broadway

Name of Applicant: Lucy Hai LLC
Hongyan Li, Agent
Address of Applicant: 630 S Frontage Road, Wisconsin Dells WI 53965
Location of Premises: Wei's Chinese Restaurant
630 S Frontage Road

Name of Applicant: Harold B Larkin Post 187
Mark Cobb, 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: 2852 Wisconsin Dells Parkway, Wisconsin Dells, WI 53965
Location of Premises: Sherwood Forest Camping & RV Park
2852 Wisconsin Dells Parkway

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

Name of Applicant: Wisconsin Dells Home Talent Baseball – Rivermen
Aaron Van Schoyck, Agent
Address of Applicant: 510 Veterans Memorial Drive, 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
Michael Fadness, Agent
Address of Applicant: 1770 Hwy 13, Wisconsin Dells, WI 53965
Location of Premises: Woodside Sports Complex
1770 Hwy 13

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Bridgeview Corporation</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 513 Wisconsin Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Waterman</u>	(First) <u>Andrew</u>	(Middle Name) <u>W</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Alcan Dr. Baraboo, WI 53913</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Waterman</u>	(First) <u>Andrew</u>	(Middle Name) <u>W</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Alcan Dr. Baraboo, WI 53913</u>
Vice President / Member Last Name <u>Waterman</u>	(First) <u>Judith</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>411 Alcan Dr. Baraboo, WI 53913</u>
Secretary / Member Last Name <u>Waterman</u>	(First) <u>John</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1011 Weber Ave Wisconsin Dells, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Timber Falls Adventure Park Business Phone Number 608-254-8414
- Address of Premises 1000 Stand Rock Rd. Post Office & Zip Code Wisconsin Dells, 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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 Course, Golf Building

K-72443

Applicant's Wisconsin Seller's Permit Number _____	
FEIN Number _____	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 114

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Waterman, Andrew W.	Title / Member Member	Date 04/08/2020
Signature 	Phone Number 608-963-1441	Email Address andy@watermanlogcrafte

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-21-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal 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 DELLS WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>EDYTKA</u>	<u>KAPUSTA</u>		<u>8653 OAK HILL LN WISCONSIN DELLS WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name EDYTKA'S POLISH REST Business Phone Number 1608 253-4558

2. Address of Premises 221 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) walk in cooler

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 114

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) EDYTA KAPUSTA	Title / Member OWNER	Date 04-16-2020
Signature 	Phone Number 6304395701	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/29/2020 MR R#72496	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>12665</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	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	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Lucy Hai LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Li</u>	(First) <u>Hongyan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>751 W Mulberry St Baraboo WI 53913</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Li</u>	(First) <u>Hongyan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>751 W Mulberry St Baraboo WI 53913</u>
Vice President / Member Last Name <u>Ta</u>	(First) <u>Hai</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1875 Pine St Baraboo WI 53913</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Wei's Chinese Restaurant Business Phone Number 608-844-3534
- Address of Premises 630 S. Frontage Rd Wisconsin Dells Post Office & Zip Code 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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, dining area 630 S. Frontage Rd
Wisconsin Dells, WI 53965

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Li, Hongyan</i>	Title / Member <i>president</i>	Date <i>5-8-2020</i>
Signature <i>Hongyan Li</i>	Phone Number <i>331-222-2614</i>	Email Address <i>lucy11971@icloud.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-11-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72508

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Harold B. Lorain American Legion Post 187
Address of Corporation / Limited Liability Company (if different from licensed premises): 609 Wisconsin Ave. Wisc. Dells, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>COBB</u>	<u>mark</u>	<u>L</u>	<u>975 Overland Trls Wisc. Dells, WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cobb</u>	<u>Mark</u>	<u>L</u>	<u>975 Overland Trls Wisconsin Dells WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jonisch</u>	<u>Corey</u>		<u>1111 Ellwood Ave Wisc. Dells, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Svehlek</u>	<u>Giles</u>	<u>E</u>	<u>4144 Highway 13 W Wisc. Dells, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Castle</u>	<u>Aaron</u>	<u>L</u>	<u>51085 Clara Ave Lot 9 Wisc. Dells, WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Harold B Lorain American Legion Post 187 Business Phone Number 608-253-5302

2. Address of Premises 609 Wisconsin Ave 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.) American Legion

up stair Hall, and downstairs BAR.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 114

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Cobb Mark L</i>	Title / Member <i>Commander</i>	Date <i>4-26-2020</i>
Signature <i>[Signature]</i>	Phone Number <i>608-963-9062</i>	Email Address <i>markcobb20@yolo.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4-30-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Medrano</u>	(First) <u>Juan</u>	(Middle Name) <u>Carlos</u>	Home Address (Street, City or Post Office, & Zip Code) <u>324 1/2 Broadway, Wis Dells 53965</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Colatlan Mexican Restaurant Business Phone Number 608 254 8208

2. Address of Premises 324 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.) cement block

Building 28x120 At same location

RH 7599

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 114

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Medrano Juan C</i>	Title / Member <i>OWNER/manager</i>	Date <i>4-29-2020</i>
Signature <i>Juan C Medrano</i>	Phone Number <i>608-254-8208</i>	Email Address <i>JuanCarlos.medrano@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-1-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Sherwood Forest Dells, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>2852 Wisconsin Dells Pkwy</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Gussel</u>	(First) <u>Bradley</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1211 Stand Rock Rd. Wisconsin Dells 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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

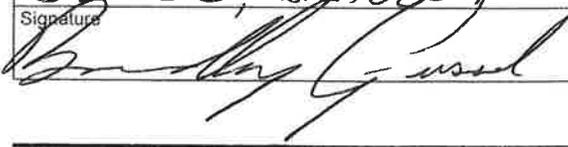
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Camp store, office, pool, concession building

R# 72648 Pd \$ 50 Late Fee

Applicant's Wisconsin Seller's Permit Number	
EIN Number	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>114.00</u>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) GUSSEL, BRADLEY	Title / Member OWNER	Date 5/7/20
Signature 	Phone Number 608-963-0858	Email Address

TO BE COMPLETED BY CLERK

Date: received and filed with municipal clerk 5-8-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input 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>
TOTAL FEE	\$ <u>114</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Time Fantasy Productions LLC Address of Corporation / Limited Liability Company (if different from licensed premises):

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: Nehring (First): William (Middle Name): Albert Home Address (Street, City or Post Office, & Zip Code): 819 Elm St, Wisconsin Dells, WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nehring</u>	<u>William</u>	<u>Albert</u>	<u>819 Elm St, WI Dells, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nehring</u>	<u>Debra</u>	<u>Sean</u>	<u>819 Elm St, WI Dells, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name JFS The Hideaway Business Phone Number 608 254-4548
2. Address of Premises 2255 Wis Dells Pkwy 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.)

Concession stand and/or container stand

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Nehring, William A</i>	Title / Member <i>member</i>	Date <i>MAY 1, 2020</i>
Signature <i>William A. Nehring</i>	Phone Number <i>608-432-8027</i>	Email Address <i>NEHRINGWILLIAM@YAHOO.COM</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-8-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72523

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2020 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WISCONSIN DELLS
 Village of }
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<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
TOTAL FEE	\$ 114.00

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: WISCONSIN DELLS HOME TALENT BASEBALL - RIVERMAN Address of Corporation / Limited Liability Company (if different from licensed premises): _____

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>VAN SCHUYCK</u>	<u>AARON</u>	<u>CURTIS</u>	<u>719 SUPERIOR ST, WISC DELLS, WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>VAN SCHUYCK</u>	<u>AARON</u>	<u>CURTIS</u>	<u>719 SUPERIOR ST, WISC DELLS, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ZAMZOW</u>	<u>ZACH</u>	<u>ALLEN</u>	<u>527 RACE ST APT 7, WISC DELLS, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ROSOL</u>	<u>COREY</u>	<u>MICHAEL</u>	<u>431 WATER ST APT 208, PRARIE DU SAC, WI 53578</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

Wisconsin Delles Riverman-Home Talent Baseball

1. Trade Name Concession Stand Business Phone Number 608-432-1809

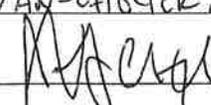
2. Address of Premises 540 VETERANS DRIVE Post Office & Zip Code WISC DELLS, WI 53965

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

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

5. 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, 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 page 3** 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 page 3.** Yes No
6. 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
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? Yes No
[phone (608) 266-2776]
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
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) VAN SCHUYCK, AARON C	Title / Member PRESIDENT	Date 4/30/2020
Signature 	Phone Number 608-432-1809	Email Address aaronschoyck@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-30-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Woodside Sports Complex Operations LLC	1770 Hwy 13, Wisconsin Dells, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fadness	Michael	Clyde	1111 River Rd #209, WI Dells, WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zumwalt	Damon	Ray	2400 Ferncreek Rd, Orlando, FL 32835
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Woodside Sports Complex Business Phone Number 608.316.1556

2. Address of Premises 1770 Hwy 13 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.) The main building at the Wisconsin Dells Complex and around the complex at each sports field.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<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	\$ 14.00
TOTAL FEE	\$ 114.00

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees.**)

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

Contact Person's Name (Last, First, M.I.) Fadness, Michael, C	Title / Member Director of Sports	Date 05/18/2020
Signature	Phone Number 608.548.2367	Email Address mfadness@woodsidesport

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-20-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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: Asgard Axe Throwing LLC
Dennis Mitchell, Agent
Address of Applicant: 714 Oak Street, Wisconsin Dells, WI 53965
Location of Premises: Asgard Axe Throwing
714 Oak Street

Name of Applicant: Familyland Enterprises Inc
Nicolas Morse, Agent
Address of Applicant: 208 Broadway, 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: 550 State Hwy 13, Wisconsin Dells, WI 53965
Location of Premises: AmericInn By Wyndham
550 State Hwy 13

Name of Applicant: Mama Z's Grill LLC
Adrian Pentell, Agent
Address of Applicant: 1101 Broadway, 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: 737 Superior 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: 332 State Hwy 13, Wisconsin Dells, WI 53965
Location of Premises: Dells Pizza Lab
332 State Hwy 13

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

Name of Applicant: Riverfront Green LLC
Jade Royston, Agent
Address of Applicant: 17-29 Broadway, Wisconsin Dells, WI 53965
Location of Premises: RiverFront Terrace
17-29 Broadway

Name of Applicant: Taco Loco LLC
Abel Villarreal, Agent
Address of Applicant: 808 River Road, Wisconsin Dells, WI 53965
Location of Premises: El Taco Loco
808 River Road

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Asgard Axe + Tap Throwing LLC</u>	<u>714 Oak St. WI Dells WI 53965</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Mitchell</u>	<u>Dennis</u>	<u>Edward</u>	<u>4125 8th lane Wisconsin Dells, WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Marcum</u>	<u>Nicholas</u>	<u>Ryan</u>	<u>876 County K Wisconsin Dells, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Asgard Axe + Tap Business Phone Number 608-432-3525
 2. Address of Premises 714 Oak 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.)
Alcohol Beverages will only be sold on main upstairs floor. It will be stored in cooler downstairs.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Mitchell Dennis E</i>	Title / Member <i>Owner</i>	Date <i>5-1-2020</i>
Signature <i>Dennis Mitchell</i>	Phone Number <i>608-369-1669</i>	Email Address <i>Asgardaxe@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-1-20 MR</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72466

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WISCONSIN DELLS
 Village of }
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Business License Number	
EIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
FAMILYLAND ENTERPRISE	807 VINE ST, WISC DELLS, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MORSE	NICHOLAS		807 VINE ST, WISC DELLS, WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MORSE	NICOLAS		807 VINE ST, WISC DELLS, WI 53965
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MORSE	JACKIE		807 VINE ST, WISC DELLS, WI 53965
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name M.A.C.S. WISCONSIN DELLS Business Phone Number 608-678-2300

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

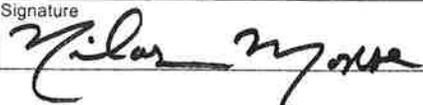
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.)

LIMITED SERVICES RESTAURANT, OUTDOOR CAFE SEATING, WALK-IN COOLER

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) MORES, NICOLAS	Title / Member MEMBER	Date 04/22/2020
Signature 	Phone Number 608-253-0556	Email Address nick@macandcheesehop.c

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-24-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>HULBERT CREEK LODGE & SUITES LLC</u>	<u>550 STATE HWY 13 W. DELLS</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAMINSKI</u>	<u>ANN</u>	<u>M.</u>	<u>995 S. GROUSE LN WISC DELLS WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAMINSKI</u>	<u>MIKE</u>	<u>F</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAMINSKI</u>	<u>ANN</u>	<u>M</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>JEFF KAMINSKI</u>			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAMINSKI</u>	<u>JEFF</u>		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name AMERICAN by Wyndham Business Phone Number 608 254 1700
 2. Address of Premises 550 STATE HWY 13 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.)
HOTEL, LODGE, POOL, CONFERENCE FACILITY

KA 72405

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>ANN KAMINSKI</i>	Title / Member <i>GM/OWNER</i>	Date <i>4/13/2020</i>
Signature <i>[Signature]</i>	Phone Number <i>608 254 1700</i>	Email Address <i>ann@amerhandells.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4/15/2020 MR</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Selling Agreement	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Mama Z Grill LLC</u>	<u>W4015 State Road 82 E Mauston WI 53948</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Pentell</u>	<u>Adrian</u>	<u>Adonis</u>	<u>220 S Burrit Ave, Wisconsin Dells, WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Zumwalt</u>	<u>Damon</u>	<u>Ray</u>	<u>17101 Superior St, Northridge, CA 91325</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Mama Z's Country Grill Business Phone Number 608-254-7969

2. Address of Premises 1101 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.) Single story building with open dining room seating in 3 sections with capacity for 160 including coffee-counter seating for 16, plus outdoor fenced patio seating with capacity for 50. Full service kitchen plus a separate pizza kitchen, storage room, staff and customer restrooms and office.

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
Restaurant was closed for business during remodeling for the 2019 year, so no sales occurred in 2019.

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Pentell, Adrian A.	Title / Member General Manager	Date 04/23/2020
Signature <i>Adrian Pentell</i>	Phone Number 608-347-5135	Email Address apentell@woodsidesports.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-24-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>MZ FOOD DBA PIZZA VILLO</u>	<u>725 Vine St, WISC. DELLS, WI, 53965</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAROV</u>	<u>MIROSLAV</u>	<u>JSONOV</u>	<u>1023 RACE ST, WISC. DELLS, WI, 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAROV</u>	<u>MIROSLAV</u>	<u>JSONOV</u>	<u>1023 RACE ST, WISCONSIN DELLS, WI, 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NIZAMOV</u>	<u>ZDRAVKO</u>	<u>DIKHOV</u>	<u>725 VINE ST, WISC DELLS, WI, 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

(608) 440-5373

- Trade Name MZ FOOD DBA PIZZA VILLO Business Phone Number 608-254-8394
- Address of Premises 137 Superior St, WISC. DELLS Post Office & Zip Code WI, 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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
Restaurant area

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3**. 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

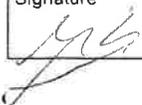
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>KAROU, MIROSLAV, T</i>	Title / Member <i>MANAGER</i>	Date <i>5-19-2020</i>
Signature 	Phone Number <i>608-440-5373</i>	Email Address <i>mtkarou@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-19-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>The Pizza Lab LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>332 State Hwy 13, Wisconsin Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Akbeg</u>	(First) <u>Burak</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>33A Grand Canyon Dr 212, Baraboo, WI 53913</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Dells Pizza Lab Business Phone Number 608-253-0305

2. Address of Premises 332 State 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

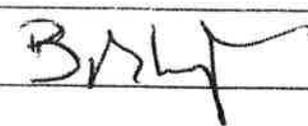
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

We are a fast-casual restaurant in a commercial strip-mall space. Beer and wine may only be purchased and consumed by guests in our dining room area or on our patio area. It may not be taken off-premises.

TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

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, 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 page 3. 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 page 3. 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). Yes No

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

Contact Person's Name (Last, First, M.I.) Burak Akbeg	Title / Member Owner	Date 5/7/2020
Signature 	Phone Number 510-388-9679	Email Address bakbeg@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with: municipal clerk 5-8-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72364

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
RIB KINGS OF AMERICA INC	435 Broadway Wisconsin Dells

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Petrowitz	John	Patrick	90 Fieldstone Dr#1213, Wisc.Dells WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agami	Leon		20201 E Country Club Dr#1208 Aventura, FL 33
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fedida	Shlomi		8653 Keeler Ave Skokie, IL 60076
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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 WI 53965

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

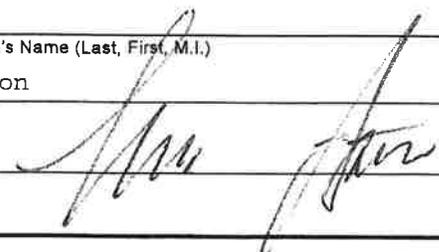
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Entire buliding at 435 Broadway, Wisconsin Dells WI 53965

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<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
TOTAL FEE	\$ 214

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Agami Leon	Title / Member OWNER	Date 03/31/2020
Signature 	Phone Number (954) 232-5831	Email Address jst5ks@bwaill.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-10-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Riverfront Green LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>200 LaCrosse St.</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Royster</u>	(First) <u>Sade</u>	(Middle Name) <u>Marcus</u>	Home Address (Street, City or Post Office, & Zip Code) <u>731 1/2 Superior St. Wis. Dells 53965</u>
-----------------------------------	------------------------	--------------------------------	--

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

President / Member Last Name <u>Royster</u>	(First) <u>Kyle</u>	(Middle Name) <u>David</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1103 River Rd #108</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Riverfront Terrace Business Phone Number (608) 432-2082
 2. Address of Premises 17-29 Broadway Post Office & Zip Code 53965

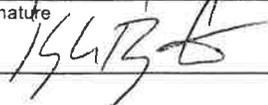
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.)
Both outdoor bars at Broadway location. Storage in walk-in cooler + storage behind lower bar.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Royster, Kyler, D.	Title / Member Member	Date 4/24/20
Signature 	Phone Number (608) 432-2082	Email Address kyler@justagamefieldhouse.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/30/20 MR	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>EL TACO LOCO LLC</u>	<u>808 RIVER RD WISCONSIN DELLS WISCONSIN</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WILLIAMS</u>	<u>ABE</u>		<u>10 WENTWORTH CIR MADISON WISCONSIN 53719</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name EL TACO LOCO LLC Business Phone Number (608) 253-0777
 2. Address of Premises 808 RIVER 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.)

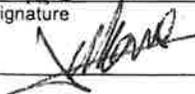
INSIDE LOCKED COOLERS.

Need part of #214

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 214

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) ABEIL VILARRICA I	Title / Member OWNER	Date 3/21/20
Signature 	Phone Number 608 886-8972	Email Address taolocowisdels@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-24-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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: Chula Vista Inc
Michael Kaminski, Agent
Address of Applicant: 2501 River Road, Wisconsin Dells, WI 53965
Location of Premises: Chula Vista Resort
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 Saloon, Tug’s Kitchen, MaMa’s Garage
24, 26 & 30 Broadway/731 Eddy Street

Name of Applicant: Dells Resorts, Inc. (*Quota Plus*)
David Makowski, Agent
Address of Applicant: 400 County Rd A, Wisconsin Dells, WI 53965
Location of Premises: American Resort, Hot Rocks & BP Store
399 Hwy A/2040 Wisconsin Dells Parkway

Name of Applicant: Fisher’s Bar Est 1933 LLC
Douglas Fisher, Agent
Address of Applicant: 719 Superior Street, Wisconsin Dells, WI 53965
Location of Premises: Fisher’s Bar
719 Superior Street

Name of Applicant: Helland Food Group LLC
Eric Helland, Agent
Address of Applicant: 31 Broadway, Wisconsin Dells, WI 53965
Location of Premises: Mexicali Rose & Bella Goose Coffee
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: 232 Broadway, Wisconsin Dells, WI 53965
Location of Premises: High Rock Cafe
232 Broadway

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: JillyBeaners LLC
Jillian Campbell, Agent
Address of Applicant: 212 Xanadu Rd, Wisconsin Dells, WI 53965
Location of Premises: Riverwalk Pub
911 River Road

PAGE 2 – “CLASS B” FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

Name of Applicant: Jose’s Authentic Mexican Restaurant LLC
Heather Parra Wilson, Agent
Address of Applicant: 1909 Jefferson St, Baraboo WI 53913
Location of Premises: Jose’s Authentic Mexican Restaurant
951 Stand Rock Road

Name of Applicant: Logging Camp Inc (*Quota Plus*)
Trevor Hickey, Agent
Address of Applicant: 411 Hwy 13, Wisconsin Dells, WI 53965
Location of Premises: Paul Bunyan Restaurant & Dells Lumberjack Show
411 Hwy 13

Name of Applicant: Myrt and Lucy’s Chat & Chew LLC
Marijo Zietlow, Agent
Address of Applicant: 701 Broadway, Wisconsin Dells, WI 53965
Location of Premises: Myrt and Lucy’s Chat & Chew
701 Broadway

Name of Applicant: Nigs Inc
Penelope Connors, Agent
Address of Applicant: PO Box 94, Wisconsin Dells, WI 53965
Location of Premises: Nigs Bar
201 Broadway

Name of Applicant: Polynesian Acquisition Partners LLC
Robert Rognrud, Agent
Address of Applicant: 9654 N Kings Hwy, #101 Myrtle Beach, SC 29572
Location of Premises: Polynesian Water Park Resort
857 N Frontage Road

Name of Applicant: RRAD Development LLC
Rich Makowski, Agent
Address of Applicant: 400 County Road A, Wisconsin Dells, WI 53965
Location of Premises: Vue Resort & Vue Restaurant
1015 River Road

Name of Applicant: San Antonio Mexican Restaurant LLC (*Quota Plus*)
Luis Martinez, Agent
Address of Applicant: 742 Eddy Street, Wisconsin Dells, WI 53965
Location of Premises: San Antonio Mexican Restaurant
742 Eddy Street

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 K’s Inc
Keith Koehler, Agent
Address of Applicant: 732 Oak Street, Wisconsin Dells, WI 53965
Location of Premises: The Keg Bar & Grill/Kilbourn Cork
716, 720, 732 Oak Street

PAGE 3 – “CLASS B” – FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

Name of Applicant: Stage III LLC
Mark Brown, Agent
Address of Applicant: 740 Elm Street, Wisconsin Dells, WI 53965
Location of Premises: Chalet Lanes
740 Elm Street

Name of Applicant: TR 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: 130 Washington Avenue, Wisconsin Dells, WI 53965
Location of Premises: Sand Bar
130 Washington Avenue

Name of Applicant: Wisconsin Apple LLC
Kent Billingsley, Agent
Address of Applicant: 1409 Kingsley Avenue #2, Orange Park, FL 32073
Location of Premises: Applebee's Neighborhood Grill & Bar
340 Hwy 13

Name of Applicant: Woodside Sports Complex Operations LLC (*Quota Plus*)
Michael Fadness, Agent
Address of Applicant: 2100 River Road, Wisconsin Dells, WI 53965
Location of Premises: Woodside Sports Complex
2100 River Road

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } WISCONSIN DELLS
 City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>CHULA VISTA, INC.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>2501 RIVER ROAD WIS. DELLS, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>KAMINSKI</u>	(First) <u>MICHAEL</u>	(Middle Name) <u>FREDRICK</u>	Home Address (Street, City or Post Office, & Zip Code) <u>995 SOUTH GROUSE LN WIS.DELLS, WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>KAMINSKI</u>	(First) <u>JEFFERY</u>	(Middle Name) <u>MICHAEL</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1003 HILLSIDE CT WIS.DELLS, WI 53965</u>
Vice President / Member Last Name <u>SIGMUND</u>	(First) <u>KRISTINA</u>	(Middle Name) <u>MARIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>S1859 DROVER PASS REEDSBURG, WI 53959</u>
Secretary / Member Last Name <u>KAMINSKI</u>	(First) <u>ANN</u>	(Middle Name) <u>MARIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>995 SOUTH GROUSE LN WIS.DELLS, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>KAMINSKI</u>	(First) <u>MICHAEL</u>	(Middle Name) <u>FREDRICK</u>	Home Address (Street, City or Post Office, & Zip Code) <u>995 SOUTH GROUSE LN WIS.DELLS, WI 53965</u>

C. Business Information

1. Trade Name CHULA VISTA RESORT Business Phone Number 608-254-8366

2. Address of Premises 2501 RIVER ROAD Post Office & Zip Code P.O. BOX 30 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 CONTIGUOUS LAND OF THE RESORT INCLUDING THE HOTEL/CONDOS/GOLFCOURSE/WATERPARK/ETC...

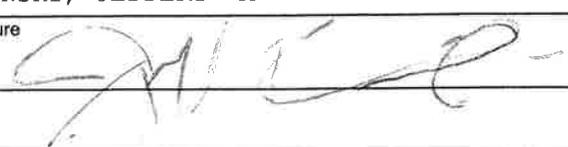
SEE INCLUDED HIGHLIGHTED MAP

K# 12626

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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 checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
TOTAL FEE	\$ <u>614.00</u>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) KAMINSKI, JEFFERY M	Title / Member PRESIDENT	Date 05/07/2020
Signature 	Phone Number 608-448-9622	Email Address jeffk@chulavistaresort

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-7-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read Instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>DeFosse Properties, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 92, Wisconsin Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>DeFosse</u>	(First) <u>Jesse</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>502 Washington Ave, Wisconsin Dells, WI</u>
-----------------------------------	-------------------------	---------------------------	--

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DeFosse</u>	<u>Jesse</u>	<u>R</u>	<u>502 Washington Ave, Wisconsin Dells, WI</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Showboat, Tug's and Mama's Garage Business Phone Number 608-253-2628

2. Address of Premises 24,26,30 Broadway, 731 Eddy 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.)

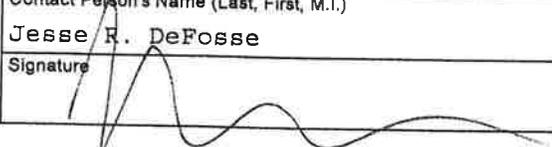
24, 26, 30 Broadway and 731 Eddy Street. Entire properties including all levels and outdoor areas of Showboat Saloon, Tug's Kitchen and Mama's Garage.

RA 72549

Applicant's Wisconsin Seller's Permit Number	
FICIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Jesse R. DeFosse	Title / Member Owner/Operator	Date
Signature 	Phone Number 608-345-0143	Email Address jrdefosse@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-1-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 72654

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
4	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: DELLS RESORTS, INC.
Address of Corporation / Limited Liability Company (if different from licensed premises): 400 COUNTY RD A, WIS. DELLS, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: MAKOWSKI (First): DAVID (Middle Name): M. Home Address (Street, City or Post Office, & Zip Code): 111 SWEET BRIAR DR., WIS. DELLS 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>ADAM</u>		<u>106 SWEET BRIAR DR, WIS DELLS, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>DAVID</u>		<u>111 SWEET BRIAR DR, WIS. DELLS, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>ADAM</u>		<u>106 SWEET BRIAR DR., WIS. DELLS, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>DAVID</u>		<u>111 SWEET BRIAR DR., WIS. DELLS, WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICHARD</u>		<u>987 S. GROUSE LN., WIS. DELLS, WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>GRACE</u>		<u>987 S. GROUSE LN., WIS. DELLS, WI 53965</u>

C. Business Information

1. Trade Name HOT ROCKS & BP STORE Business Phone Number 608-253-4451

2. Address of Premises 399 HWY A + 2040 W.D. 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.)

1 STORY WOOD BUILDING AND 1 STORY METAL BUILDING
AMERICAN RESORT, BARS, BP LIQUOR & HOT ROCK RESTAURANT.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

RICHARD MAKOWSKI IS NOW THE CEO +
ADAM MAKOWSKI IS NOW THE PRESIDENT.

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

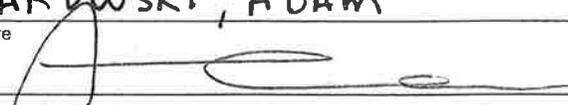
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) MAKOWSKI, ADAM	Title / Member PRES. + SEC.	Date 5-8-2020
Signature 	Phone Number 608-963-6861	Email Address ADAM@DELLSRESORT.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-8-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
FISHERS BAR EST 1933 LLC	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fisher	Douglas	E.	4191 9th Avenue Wisconsin Dells, WI 59365

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fisher	Douglas	E.	4191 9th Avenue Wisconsin Dells, WI 53965
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fisher	Jodene	K.	4191 9th Avenue Wisconsin Dells, WI 53965
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Fisher's Bar Business Phone Number 608-253-7049
- Address of Premises 719 Superior Street Post Office & Zip Code Wisconsin Dells, WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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 and Back Door Patio at 719 Superior Street Wisconsin Dells, WI 53965

R# 72368

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Helland Food Group LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>31 Broadway, Wisconsin Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Helland</u>	(First) <u>Eric</u>	(Middle Name) <u>C</u>	Home Address (Street, City or Post Office, & Zip Code) <u>205 Windy Hill Rd, Wisconsin Dells 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Helland</u>	(First) <u>Eric</u>	(Middle Name) <u>C</u>	Home Address (Street, City or Post Office, & Zip Code) <u>205 Windy Hill Rd, Wisconsin Dells 53965</u>
Vice President / Member Last Name <u>Helland</u>	(First) <u>Mary</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>205 Windy Hill Rd, Wisconsin Dells 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Mexicali Rose & Bella Goose Coffee Business Phone Number 608.254.6036

2. Address of Premises 2370-2390 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.) All Buildings & land area of "Lower Dells Boat Landing" including outdoor service areas

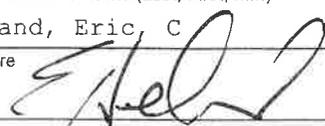
Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class 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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 Dropped Dockside Grill as a Trade name and added Bella Goose Coffee.

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Helland, Eric, C	Title / Member Managing Member	Date 04/09/2020
Signature 	Phone Number 608.963.1630	Email Address ehelland2011@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-10-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } WISCONSIN DELLS
 City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company HELLERS LTD	Address of Corporation / Limited Liability Company (if different from licensed premises) PO BOX 660, WISCONSIN DELLS, WI 53965
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HELLER	THOMAS	E	1201 ELM ST, WISCONSIN DELLS, WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HELLER	THOMAS	E	1201 ELM ST, WISCONSIN DELLS, WI 53965
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HELLER	JANE	M	1201 ELM ST, WISCONSIN DELLS, WI 53965
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HELLER	THOMAS	E	1201 ELM ST, WISCONSIN DELLS, WI 53965
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HELLER	JANE	M	1201 ELM ST, WISCONSIN DELLS, WI 53965

C. Business Information

1. Trade Name MONKS BAR & GRILL Business Phone Number 608-254-8386

2. Address of Premises 220 BROADWAY 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.) 2 STORY BRICK BUILDING

INCLUDING: 3RD FLOOR LEVEL BAR AND DINING AREA; 2ND FLOOR LEVEL DINING AREA; 1ST FLOOR LEVEL BAR, DINING AND KITCHEN/GRILL AREA; BASEMENT LEVEL MULTIPLE STORAGE AREAS

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 MORE DETAIL GIVEN IN #C4 PREMISES DESCRIPTION AND DIRECTORS LISTED IN #B

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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) HELLER, THOMAS E	Title / Member PRESIDENT	Date 04/27/2020
Signature 	Phone Number 608-254-8386	Email Address ckobylski@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/27/2020 MR	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>High Rock Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>232 Broadway Wis Dells</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Bernander</u>	(First) <u>Wade</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>696 Gulch Ave Wis Dells WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Bernander</u>	(First) <u>Wade</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>696 Gulch Ave Wis Dells WI 53965</u>
Vice President / Member Last Name <u>Drapar</u>	(First) <u>Justin</u>	(Middle Name) <u>Bennet</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4189 Howe Rd Wis Dells WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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.)
737 oak st, 739 oak st, 741 oak st and 232 Broadway, upstairs, street level, basements, and outdoor deck.

R# 72-666 Ad \$50 Late Fee

Applicant's Wisconsin Seller's Permit Number <u>2</u>	
FID Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Bernarda Wade L</i>	Title / Member <i>Proprietor</i>	Date <i>5/8/20</i>
Signature <i>Bernarda Wade</i>	Phone Number <i>608 432 4160</i>	Email Address <i>wadebernarda@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-11-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Jam Food & Fun Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>P.O. Box 68, Lake Delton, WI 53940</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Morris</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Morris</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
Vice President / Member Last Name <u>Morris</u>	(First) <u>Marci</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
Secretary / Member Last Name <u>Morris</u>	(First) <u>Marci</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
Treasurer / Member Last Name <u>Morris</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Dells Distillery Business Phone Number 608 254-8100

2. Address of Premises 206 Broadway WI 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.)

Basement, 1st Floor, 2nd Floor, Deck

R# 72372

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
/	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

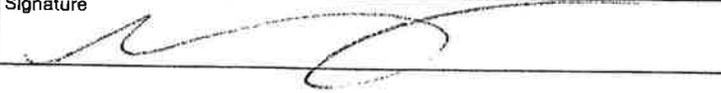
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Morris, Marci	Title / Member Owner	Date 02/20/2020
Signature 	Phone Number 608 254-8100	Email Address info@bobbersislandgrill.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 04-13-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Campbell</u>	<u>Jillian</u>	<u>Lee</u>	<u>212 Xanadu Rd #101 Wisc Dells WI 53965</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Jilly Beans, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>212 Xanadu Rd #101 Wisc Dells WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Campbell</u>	<u>Jillian</u>	<u>Lee</u>	

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Campbell</u>	<u>Jillian</u>	<u>Lee</u>	<u>212 Xanadu Rd #101 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name River Walk Pub Business Phone Number 608 254 8215
 2. Address of Premises 911 River Rd Post Office & Zip Code Wisc 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.) 3 full bars.

1 upstairs in the main restaurant area, 1 downstairs in the banquet room & 1 in the Bud that (side building)

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<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	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14.00
TOTAL FEE	\$ 614.00

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Campbell, Jillian L</i>	Title / Member <i>owner</i>	Date <i>5/8/20</i>
Signature <i>J Campbell</i>	Phone Number <i>608 477 1234</i>	Email Address <i>JillianC53965@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-8-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input 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
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Jose's Authentic Mexican Restaurant LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>1909 Jefferson Street Baraboo</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Parra Wilson</u>	<u>Heather</u>	<u>Diane</u>	<u>1909 Jefferson St Baraboo WI 53913</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Parra Wilson</u>	<u>Heather</u>	<u>Diane</u>	<u>1909 Jefferson St Baraboo WI 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Jose's Authentic Mexican Restaurant Business Phone Number 608-253-7337

2. Address of Premises 951 Stand Rock Rd Post Office & Zip Code WI Delts 53915

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, storage area, kitchen area, outside patio

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Karral Wilson, Heather D	Title / Member owner	Date 4.28.20
Signature <i>Heather Wilson</i>	Phone Number 608-477-2022	Email Address hpwork917@outlook.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-29/2020 me R# 72500	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

R# 72600 pd \$ 50 late fee

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Logging Camp Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>411 State Hwy 13</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Hickey</u>	(First) <u>Trevor</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9946 River Rd, Wis Dells, WI 53965</u>
----------------------------------	--------------------------	------------------------------	--

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

President / Member Last Name <u>Hickey</u>	(First) <u>Mary</u>	(Middle Name) <u>Catherine</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9946 River Rd Wis Dells WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>Hickey</u>	(First) <u>Trevor</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9946 River Rd Wis Dells WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Paul Bunyans Restaurant - Dells Lumberjack Show Business Phone Number 688 254 8717
2. Address of Premises 411 Hwy 13 Wis Dells 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.)
Wald in coolers, locking cabinetry, camera monitoring, concession stand secure storage & fenced area

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Hickey Trevor A</i>	Title / Member <i>Manager</i>	Date <i>4-30-20</i>
Signature <i>Trevor A Hickey</i>	Phone Number <i>608 393 4569</i>	Email Address <i>thickey8@AsL.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-4-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Marjo	J	1017 Race St Wisconsin Dells WI 53965
Zietlow	Matthew	D	1017 Race St Wisconsin Dells WI 53965

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Myrt and Lucy's Chat & Chew LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>701 Broadway Wisconsin Dells WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Zietlow</u>	(First) <u>Marjo</u>	(Middle Name) <u>Jean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1017 Race St Wisconsin Dells WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Zietlow</u>	(First) <u>Marjo</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1017 Race St WI Dells WI 53965</u>
Vice President / Member Last Name <u>Zietlow</u>	(First) <u>Matthew</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1017 Race St WI Dells WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Myrt and Lucy's Chat & Chew Business Phone Number 608-253-0888
- Address of Premises 701 Broadway Post Office & Zip Code Wisconsin Dells WI 53965
- 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.) 701 Broadway

Bar, dining room, outdoor, patio
Kitchen, waitress area, closets, walk in coolers, basement,
Bar

Reid 5/4/2020 - No #

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): Bar, 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, 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 page 3** 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 page 3.** 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

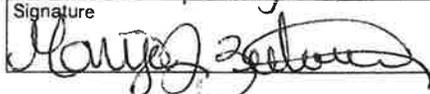
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <u>Zietlow Manjo Jean</u>	Title / Member <u>Owner President</u>	Date <u>05-01-2020</u>
Signature 	Phone Number <u>608-432-3275</u>	Email Address <u>myrtandlucy@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-4-2020</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Penelope Connors			
Connors	Penelope	AA	8505 Grouse Ct. Wis Dells, WI 53965

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Nig 5 Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Connors</u>	(First) <u>Penelope</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8505 Grouse Ct. Wis Dells WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Nig 5 B&B Business Phone Number 608-253-6911 608-432-2216

2. Address of Premises 201 Broadway Wis Dells Post Office & Zip Code P.O. Box 94 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.)

Corner of Broadway and River Road

R# 72652

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Pennelope M Connors</i>	Title / Member <i>PRES</i>	Date <i>5-5-20</i>
Signature <i>Pennelope M. Connors</i>	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-8-2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Polynesian Acquisition Partners, LLC	Address of Corporation / Limited Liability Company (if different from licensed premises) 9654 N. Kings Hwy, Suite 101, Myrtle Beach, SC 29572
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Rognrud	(First) Robert	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 857 N. Frontage Rd, Wisconsin Dells, WI 53965
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name Capital Vacations, LLC	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 9654 N. Kings Hwy, Suite 101, Myrtle Beach, SC 29572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

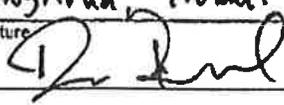
C. Business Information

- Trade Name Polynesian Waterpark Resort Business Phone Number 608-254-2883
- Address of Premises 857 N. Frontage Rd, Wisconsin Dells, WI 53965 Post Office & Zip Code 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) Resort - Dining areas

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3 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 page 3. 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Rognrud, Robert R.	Title / Member Manager	Date 5/11/2020
Signature 	Phone Number 608-408-0023	Email Address rrroggnrud@CapitalVest.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-11-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 12653

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>R2AD DEVELOPMENT, LLC</u>	<u>400 COUNTY ROAD A., WIS. DELLS, WI 53965</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICH</u>	<u>V.</u>	<u>1124 CLARA AVE., WIS. DELLS, WI. 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICHARD</u>		<u>987 S. GROUSE LN., WIS. DELLS, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>ADAM</u>		<u>106 SWEET BRIAR DR., WIS. DELLS, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>DAVID</u>	<u>M.</u>	<u>111 SWEET BRIAR DR., WIS. DELLS, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICH</u>	<u>V.</u>	<u>1124 CLARA AVE., WIS. DELLS, WI. 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name VUE RESORT + VUE RESTAURANT 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 COMPLEX + 2 STORY BLD - ALL FLOORS
THE VUE COMPLEX ON BOTH SIDES OF RIVER ROAD.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3**. 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

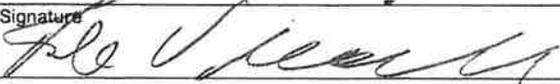
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees**).

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

Contact Person's Name (Last, First, M.I.) RICH V. MAKOWSKI	Title / Member MEMBER	Date 5-8-2020
Signature 	Phone Number 608-448-9850	Email Address RICHV@DELLSRESORTS.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-8-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>San Antonio Mexican Restaurant LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Martinez</u>	(First) <u>Luis</u>	(Middle Name) <u>A.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>415 6th Ave Baraboo WI 53913</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name San Antonio Mexican Restaurant Business Phone Number 608 254-5798
- Address of Premises 742 Eddy St WiscDells WI Post Office & Zip Code WiscDells 53965
- 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.)

We have two storage rooms under key that will be able to hold all the liquor. The liquor is sold everywhere inside the restaurant premises including our closed in outdoor patio.

Applicant's Wisconsin Seller's Permit Number	
License Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

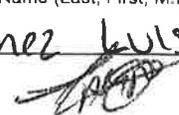
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Martinez Luis A.	Title / Member Owner	Date 4/28/2020
Signature 	Phone Number 608 448-8165	Email Address Nerossy-Olivares@hotmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4.30.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Hanson</u>	(First) <u>Gary</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4124 River Road PO Box 487</u> <u>Wisconsin Dells WI</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>53965</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Silver Spruce Resort LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>4124 River Road</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Hanson</u>	(First) <u>Gary</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4124 River Road PO Box 487</u> <u>Wisconsin Dells WI</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Rubbs Steakhouse Business Phone Number 608 253 1818
- Address of Premises 4124 River Road Post Office & Zip Code Wisconsin Dells WI 53965
- 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, Restaurant, Grounds
Rooms, Banquette, Pool, Snack Bar, Book Keeping, Walk in cooler
Liquor Storage Room, Basement Walk in cooler, Kitchen
Cabins, Bar coolers, Freezer, Back Bar, Bar Rails

Applicant's Wisconsin Collator's Permit Number	
FEIN NUMBER	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** 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

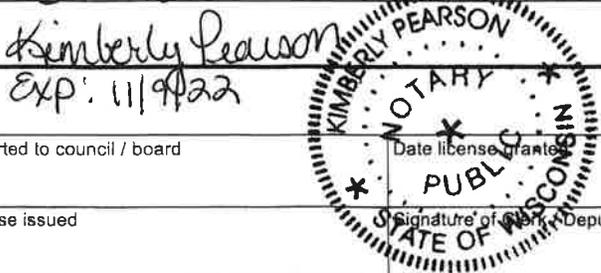
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Cathy Lee Hanson</i>	Title / Member <i>member</i>	Date <i>April 30 2020</i>
Signature <i>Cathy Lee Hanson</i>	Phone Number <i>608 253 1818</i>	Email Address <i>Robbssteakhouse@comcast.net</i>



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4/30/2020 MR</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72406

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Six K's Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>732 Oak St Wisc. Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Koehler</u>	(First) <u>Keith</u>	(Middle Name) <u>Glen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>237 Capital St Wisc Dells, WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Koehler</u>	(First) <u>Keith</u>	(Middle Name) <u>Glen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>237 Capital St Wisc. Dells, WI 5395</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>Koehler</u>	(First) <u>Roberta</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1144 Gale Ave Wisc Dells, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

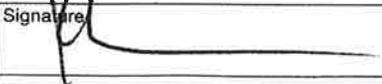
C. Business Information

- Trade Name The Keg Bar & Grill - Killbourn Cork Business Phone Number 608-254-7475
- Address of Premises 732 Oak St Post Office & Zip Code Wisc Dells, 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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 of 732, 720 & 716 Oak St

Applicant's Wisconsin Collector's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Koehler, Keith Glen	Title / Member President	Date 4/8/2020
Signature 	Phone Number 608-434-0888	Email Address kkoehler1@charter.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-20-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

K# 72637

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Stage III LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N540 County Rd N Wis Dells WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Brown</u>	(First) <u>Mark</u>	(Middle Name) <u>C</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N540 County Rd N Wis Dells WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Chalet Lanes Business Phone Number 608 254 8727
- Address of Premises 740 Elm St Post Office & Zip Code Wis Dells WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) Bowling Alley & Bar

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Mark Brown	Title / Member Owner	Date 8 May 20
Signature	Phone Number 608 408 4322	Email Address ChakHomesandLounge@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-8-2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72513

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TR Nelson, Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 590 Wisconsin Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Steffes</u>	(First) <u>Patrick</u>	(Middle Name) <u>R.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>833 Hwy H, Unit 13 WI Dells, WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nelson</u>	<u>Todd</u>	<u>R.</u>	<u>835 Hwy H, Lot 100 WI Dells, WI 53965</u>
Vice President / Member Last Name <u>Nelson</u>	(First) <u>Shari</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>835 Hwy H, Lot 100 WI Dells, WI 53965</u>
Secretary / Member Last Name <u>Pine</u>	(First) <u>Steven</u>	(Middle Name) <u>M.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>407 Clara Ave. #104 WI Dells, WI 53965</u>
Treasurer / Member Last Name <u>Bonte Spath</u>	(First) <u>Mary</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W8497 North 2nd Ct. Oxford, WI 53952</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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 WI Dells, WI 53965

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

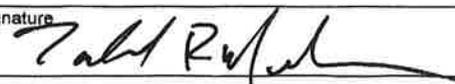
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Clubhouse, Mobile and Stationary Beverage Carts, Outdoor Decks. 27 hole golf course, cart paths, food truck

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): N/A
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Nelson, Todd, R.	Title / Member President	Date 04/17/2020
Signature 	Phone Number 608 254-3270	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4.30.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72509

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

A. Individual or Partnership:

Full Name (Last) <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
Full Name (Last) <u>Malina</u>	(First) <u>Joseph</u>	(Middle Name) <u>Emil</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25 Sweetbriar Drive, Wisc Dells WI 53965</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Uptown Sand Bar Corp</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>130 Washington Ave, Wisc Dells WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
Vice President / Member Last Name <u>Joseph Malina</u>	(First) <u>Joseph</u>	(Middle Name) <u>Emil</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25 Sweetbriar Drive, Wisc Dells WI 53965</u>
Secretary / Member Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
Treasurer / Member Last Name <u>Malina</u>	(First) <u>Joseph</u>	(Middle Name) <u>Emil</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25 Sweetbriar Drive Wisc Dells WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Sand Bar Business Phone Number 608 253-3073

2. Address of Premises 130 Washington Ave Post Office & Zip Code P.O. Box 598 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.) Three Floor's Brick Building and deck, Two rooms for Alcohol in basement for Storage plus cooler's

5. Legal description (omit if street address is given on previous page): 130 Washington Ave

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, 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 page 3** 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 page 3.** 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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) William B. Farmer ^{Mailing} William B. Farmer Joseph E	Title / Member PPS Owner VP/Owner	Date 4/30/20
Signature William B. Farmer Joseph E	Phone Number 608 697-5714 608 697-1428	Email Address wfarmer27@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4.30.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } WISCONSIN DELLS
 City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company WISCONSIN APPLE LLC	Address of Corporation / Limited Liability Company (if different from licensed premises) 1409 KINGSLEY AVE #2 ORANGE PARK FL 32073
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name BILLINGSLEY	(First) KENT	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) W312 S265 WILDWOOD TR., DELAFIELD WI 53018
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name KASTURI	(First) SEENU	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 103 WOODBRIDGE DR LAFAYETTE LA 70508
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name APPLEBEES Business Phone Number (608) 254-6900

2. Address of Premises 340 Highway 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.)

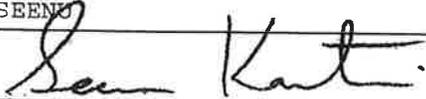
STORED in locked cabinet within the premises interior.

SOLD IN BAR AND RESTAURANT. INVOICES STORED in the office.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 614

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
- RETURN NOT FILED YET.
- _____
- _____
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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) KASTURI, SEENU	Title / Member MANAGER	Date 04/24/2020
Signature 	Phone Number 337-654-5747	Email Address DEV@ARCGRPINC.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4.28.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Woodside Sports Complex Operations LLC	2100 River Rd, Wisconsin Dells, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fadness	Michael	Clyde	1111 River Rd #209, WI Dells, WI 53965

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zumwalt	Damon	Ray	2400 Ferncreek Rd, Orlando, FL 32835
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Woodside WI Dells Center Business Phone Number 608.316.1556

2. Address of Premises 2100 River Rd 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.) The auxillary/cafeteria,
the concession stand and inside the Dome.

Applicant's Wisconsin Seller's Permit Number <u>3</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
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 checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>614.00</u>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3**. 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Fadness, Michael, C	Title / Member Director of Sports	Date 05/18/2020
Signature	Phone Number 608.548.2367	Email Address mfadness@woodsidesport

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.20.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Application for Cigarette and Tobacco Products Retail License

ITEM 8

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

Period Covered	7/1/2020-6/30/2021
Date of Issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DELLS RESORTS, INC.		Federal Employer Identification No. (FEIN)
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 Telephone (608) 253-3700
Municipality Wisconsin Dells	State WI	Zip Code 53965
Mailing Address (if different than Business Address) 400 COUNTY ROAD A.		County SAUK
Municipality WISCONSIN DELLS		State WI
		Zip Code 53965

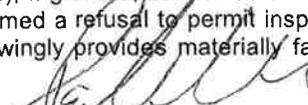
Organization (check one)

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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
DAVID M. MAKOWSKI

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72638 MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Stage III LLC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Chalet Lanes			Telephone Number (608) 408-4322		
Business Address (License Location) 740 Elm St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254 8727	
Municipality Wisconsin Dells	State WI	Zip Code 53965	of: Wisconsin Dells		County Columbia
Mailing Address (if different than Business Address)			Municipality		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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$100 K# 72621 MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC			Federal Employer Identification No. (FEIN)		
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	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County ADAMS
Mailing Address (if different than Business Address) P.O. BOX 30		Municipality WISCONSIN DELLS	State WI	Zip Code 53965	

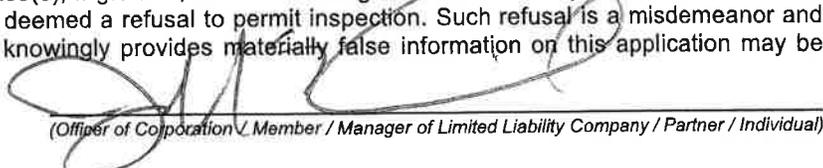
Organization (check one)

- 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72769
MUNICIPAL USE ONLY \$100

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

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) JOSEPH DANON			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) PURPLE PLANET			Telephone Number (305) 788-1044		
Business Address (License Location) 207 BROADWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-3200	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County Columbia
Mailing Address (if different than Business Address) 18041 BISCAYNE BLVD 45			Municipality 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72411 MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RANDY L MARTIN			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) LOON LAKE CIGAR CO.			Telephone Number ()	
Business Address (License Location) 721 Superior St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality Wisconsin Dells	State WI	Zip Code 53965	County of: Wisconsin Dells	
Mailing Address (if different than Business Address)		Municipality		State Zip Code

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) _____
- Wisconsin Corporation – Enter date incorporated: _____
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

K# 72629
MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

Applicant's Wisconsin 15-dnit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kristie's Foods Dells, LLC		Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) Maurer's Market ISA		Telephone Number (608) 963-1171	
Business Address (License Location) 216 Washington Ave.		Business Telephone (608) 254-8313	
Municipality Wisconsin Dells	State WI	Zip Code 53965	County Columbia
Mailing Address (if different than Business Address)		Municipality	
		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) LLC Incorporated 10/2016

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Off P Maurer sole member
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

R # 12512

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/01/2020 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TR NELSON, INC.			Federal Employer Identification No. (FEIN)		
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	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address) P.O. BOX 590			Municipality WISCONSIN DELLS	State WI	Zip Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 01/01/1984
- 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72460 \$100
MUNICIPAL USE ONLY

License Number
Period Covered 7-1-2020 - 6-30-2021
Date of Issuance

Applicant's Wisconsin Retail 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) TRAVEL MART INC		Federal Employer Identification No. (FEIN) -	
Trade or Business Name (if different than Legal Name) TRAVEL MART SHELL		Telephone Number (608) 254-4488	
Business Address (License Location) 2415 WIS DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	County SAUK
Mailing Address (if different than Business Address) PO BOX 120		Municipality 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72459 \$100
MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

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) TRAVEL MART INC		Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) R&G TRAVEL MART		Telephone Number (608) 254-5077	
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	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	County SAUK
Mailing Address (if different than Business Address) PO BOX 120		Municipality 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72458 \$100
MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) LOWER DELLS TRAVEL MART			Telephone Number (608) 254-7097		
Business Address (License Location) 710 TROUT ROAD			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address) PO BOX 120			Municipality 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72461 \$100
MUNICIPAL USE ONLY

License Number
Period Covered
7-01-2020 - 6-30-2021
Date of Issuance

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

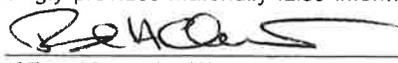
Organization (check one)

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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

R# 72511 MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

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

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 5/07
- 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

William B. Farnsworth Pres
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

K# 12465
MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.			Federal Employer Identification No. (FEIN) 3	
Trade or Business Name (if different than Legal Name) Walgreens #06885			Telephone Number (847) 527-4208	
Business Address (License Location) 300 Highway 13		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5760
Municipality Wisconsin Dells	State WI	Zip Code 53965	County Sauk	
Mailing Address (if different than Business Address) PO Box 901		Municipality Deerfield	State IL	Zip Code 60015

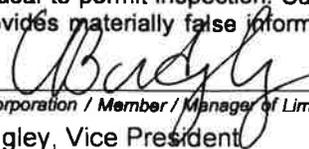
Organization (check one)

- 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 and tobacco products only from distributors, jobbers, or subjobbers, 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 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
Lisa Badgley, Vice President

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

City of Wisconsin Dells
Application for:
Mobile Home Park License

ITEM 9

Date Submitted: 4/15/2020 Fee: \$350.00 First 25 Sites or less 40 sites/ Receipt No. 72379
\$ 25.00 Each Additional Site \$125

Name of Applicant: Pleasant Valley Properties

*Address of Applicant: * 301 Bremer Ave. Colfax WI 54730

*Daytime Telephone Number: (715) 226-6200

Evening Telephone Number: ()

Driver's License Number: State:

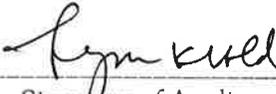
Legal Description/Address of the Park: 610 Commercial Ave.

On-Site Manager's Name: Richard Bennett, Jr.

On-Site Manager's Address & Lot Number: 510 Lincoln St. Lot 25 Mauston WI

On-Site Manager's Telephone Number: 608-548-1125

***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 July 1, 2020 through June 30, 2021

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.

City of Wisconsin Dells

Application for: Mobile Home Park License

Date Submitted: _____ Fee: \$350.00 First 25 Sites or less 525 Receipt No. 72977
\$ 25.00 Each Additional Site

Name of Applicant: Michelle Gillette dba: Towerview Estates MHP

Address of Applicant: PO Box 74 Baraboo WI 53913

Daytime Telephone Number: () 608 772-3403

Evening Telephone Number: () _____

Driver's License Number: 6430-5427-1604-07 State: WI

Legal Description/Address of the Park: Plum: Illinois St.

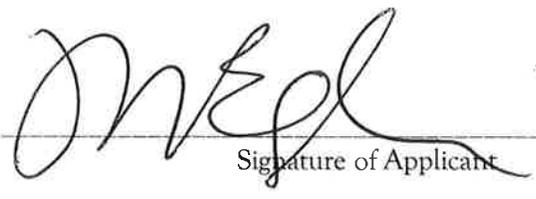
On-Site Manager's Name: Brad Mark Lobb

On-Site Manager's Address & Lot Number: " 1044 1LL

On-Site Manager's Telephone Number: 608-963-9062

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

No change


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.

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From 5/01/2020 to April 30, 2021 Fee \$ 350 Receipt No. 72622
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Jay Nash

Applicant Address: 9 Spruce Trail

Telephone Number: 608-350-9370

Lodging Facility Address: 410 WISCONSIN AVE.

Number of Sleeping Units: 7

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

Name & Telephone No. of On-Site Supervisor: Jay Nash 608-350-9370

Manner in which the facility will be supervised and maintained: I live and work in Wisconsin Dells. I frequently go to the property daily, sometimes more. I inspect weekly to maintain the property.

[Signature]
Applicant's Signature

5/01/2020
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

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

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

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

Reason for Denial: _____

City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New Renewal

Date From May 01, 2020 to April 30, 2021 Fee \$ 300⁰⁰ Receipt No. 72445
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Woodside Dells Hotel + Suites

Applicant Address: 1114 Broadway

Telephone Number: 608 678 3380

Lodging Facility Address: Same

Number of Sleeping Units: 6

Zoning Classification: C2

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jen Jensen GM 608 853 0908

Manner in which the facility will be supervised and maintained: Occupants will be supervised by Jillian Surman. She will give them rules and regular well check visits.

Jennifer Jensen
Applicant's Signature

04/20/2020
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

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

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

Reason for Denial: _____

CITY OF WISCONSIN DELLS COMMON COUNCIL

RESOLUTION NO.

Approve 2nd Amendment to 920 Race Street
Affordable Housing Development Agreement

RECITALS

- A. The City is party to a certain Development Agreement, as amended, with Movin' Out Kilbourn Wisconsin Dells, LLC and Movin' Out, Inc. (Developers).
- B. The agreement, as amended, provides for certain June 30, 2020 performance deadlines.
- C. Developers have requested the deadlines be extended to September 30, 2020 with substantial completion by December 31, 2021.
- D. This Resolution approves Developers' request.

THE CITY OF WISCONSIN DELLS COMMON COUNCIL HEREBY RESOLVES AS FOLLOWS:

- 1. The attached Second Amendment to Development Agreement is approved.

This Resolution approved by the City of Wisconsin Dells Common Council June _____, 2020 by a vote of _____ Yes _____ No.

CITY OF WISCONSIN DELLS

Date: _____

By: _____
Edward Wojnicz, Mayor

Date: _____

By: _____
Nancy Holzem, Clerk/ Administrative Coordinator

**920 Race Street
Affordable Housing**

**SECOND AMENDMENT TO
Development Agreement**

This Second Amendment to Development Agreement (the “Amendment”) is by and between the City of Wisconsin Dells (the “City”), Movin’ Out Kilbourn Wisconsin Dells, LLC, a Wisconsin limited liability company (the “Owner”) and Movin’ Out, Inc., a Wisconsin nonstock corporation (“MOI”).

RECITALS

- A. The City and Mirus Wisconsin Dells II, LLC (“Original Owner”) entered into that certain 902 Race Street Affordable Housing Development Agreement, dated May 21, 2018 (the “Original Development Agreement”) in connection with the development of a 60 unit apartment housing project, of which 51 units will be income restricted for qualified residents, with related amenities and appurtenances (the “Project”), on the real property located at 902 Race Street in the City of Wisconsin Dells and described on Exhibit A hereto (the “Property”).
- B. The City, Owner and MOI entered into that certain First Amendment to Development Agreement, dated November 18, 2019 (together with the Original Development Agreement, the “Development Agreement”) pursuant to which the City consented to the Original Owner’s assignment of all of its rights, title and interest in and to the Original Development Agreement to Owner and MOI.
- D. Owner, MOI and the City desire to amend the Development Agreement on the terms and conditions provided below to extend the closing and construction

completion dates. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Development Agreement.

AGREEMENT

1. Extension of Dates. In order to effectuate the foregoing, City, Owner and MOI hereby agree to the changes to the existing language in the Development Agreement as provided below.

A. **Section 3: Obligations of City**

(C). City shall donate and convey the Property to MOI as provided in the Development Agreement no later than September 30, 2020.

B. **Section 4: Obligations of Owner and MOI.**

(C). Subject to terms of the Development Agreement, MOI shall acquire the Property via contribution from the City no later than September 30, 2020, and contribute the Property to the Owner for the Project on the same date.

(D). Owner shall construct the Project with a start date of no later than September 30, 2020 and substantial completion by December 31, 2021.

C. **Section 15. Obligations of Owner.** June 30, 2020 is hereby deleted and replaced with September 30, 2020.

2. Ratification. Except to the extent modified herein, the Development Agreement remains in full force and effect. In the event there are any inconsistencies between this Amendment and the Development Agreement, this Amendment shall control.

The rest of this page is intentionally left blank.

CITY OF WISCONSIN DELLS

Dated: _____, 2020.

Edward E. Wojnicz, Mayor

Dated: _____, 2020.

Nancy R. Holzem, City Clerk/Coordinator

MOVIN' OUT, INC.

By: _____
Kathryne Auerback, Executive Director

MOVIN' OUT KILBOURN WISCONSIN DELLS, LLC

By: Movin' Out Kilbourn Wisconsin Dells MM, LLC

Its: Managing Member

BY: Movin' Out Taxable, LLC

Its: Sole Member

By: Movin' Out, Inc.

Its: Sole Member

By: _____
Kathryne Auerback, Executive Director

Dated: _____, 2020

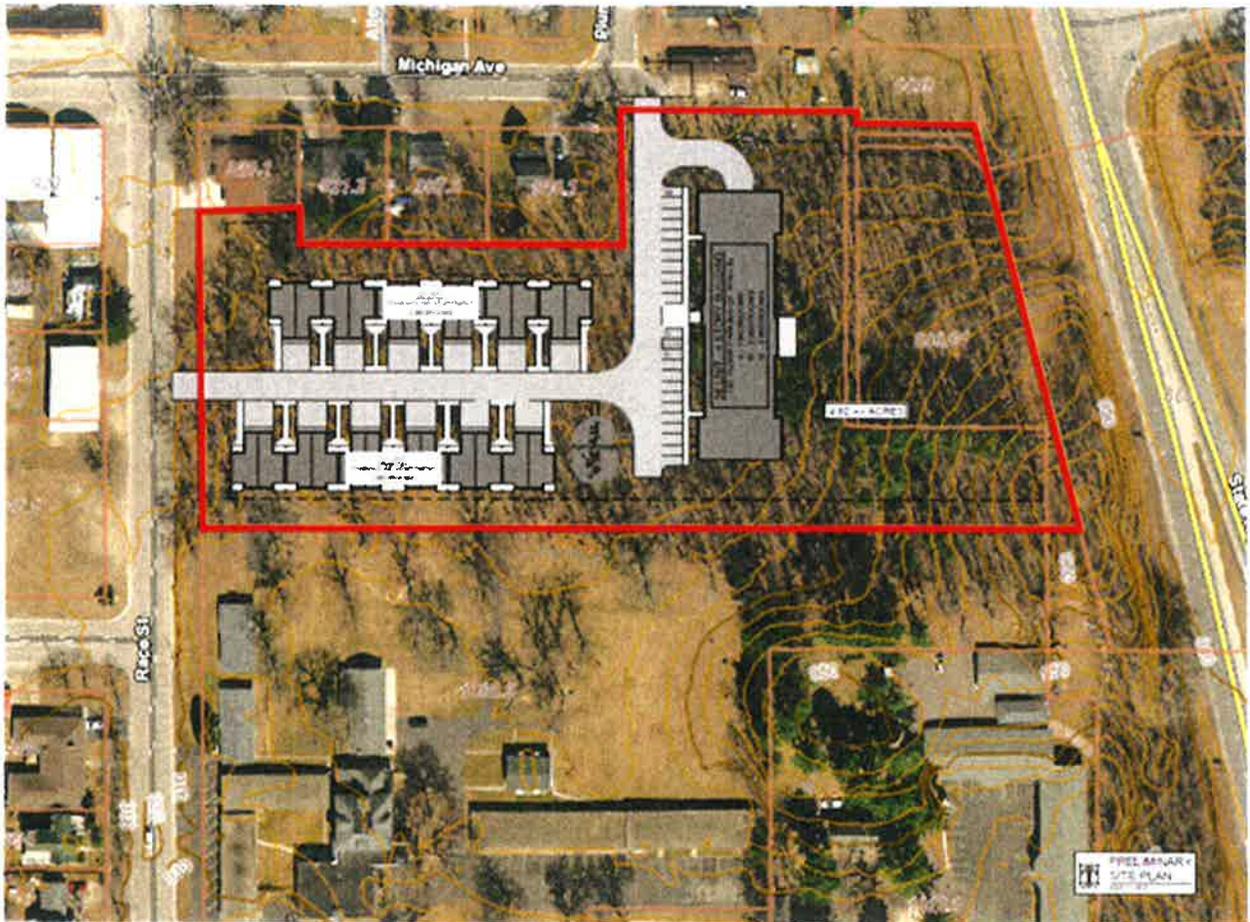
EXHIBIT A

LEGAL DESCRIPTION

Lot One (1), Certified Survey Map No. 6213 recorded in the Office of the Register of Deeds for Columbia County, Wisconsin on November 19, 2019, in Volume 45 of Certified Survey Maps, Page 65, as Document No. 920233, located in the City of Wisconsin Dells, Columbia County, Wisconsin.

New Tax Parcel No. 11291-1008.04 (Underlying Tax Parcel Nos.: Part of 11291-1008.3 and 11291-893.01)

The Property is depicted below.



CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 8, 2020 meeting;

IT APPROVES a Conditional Use Permit to Stony Acres, LLC/Duane Kleinsasser, in order to allow Residential Multi-Family and Building in Excess of 45 ft in height at 801 Jones Road, Sauk County, with the following contingencies:

1. Developer takes control of the property.
2. Site Plan obtains final approval from city staff.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2020

Date Passed:

Date Published:

CONDITIONAL USE APPLICATION

Wisconsin Dells, Wisconsin

Version: May 21, 2007

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

- Office Use Only -

Initial application fee	\$525.00
Receipt number	72829
Application number	_____

1. Applicant information

Applicant name Stony Acres, LLC / Duane Kleinsasser

Street address 16100 Ridgeview Lane

City Viola

State and zip code WI, 54664

Daytime telephone number 608-604-5778

Fax number, if any 608-538-3003

E-mail, if any deweykleinsasser@gmail.com

2. Subject property information CS

Street address	<u>801 800 Jones Road</u>	
Parcel number	<u>NEW CSM, currently part of 291-0096-20000</u>	<small>Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.</small>
Current zoning classification(s)	<u>C-4</u>	<small>Note: the Zoning map can be found on the "Planning & Zoning" Department page of the City web-site: www.citywd.org</small>
Describe the current use	<u>Vacant, primarily wooded with relatively steep terrain</u>	

3. Proposed use. Describe the proposed use.

The proposed use is a 4-story, 75-unit multi-family building (two) with associated parking lot, storm water facilities and utilities.

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

This is a multi-family residential development, there are no operating conditions.

CONDITIONAL USE APPLICATION

Wisconsin Dells, Wisconsin

Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

The City of Wisconsin Dells will be constructing Jones Road (road and utilities) so access to the development will be provided by Jones Road and Trout Road. Storm water, after particle settling and detention, will be directed to the existing wetland area. No other off-site impacts are anticipated.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

- a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

The property is zoned C-4 and we have worked with the City on master planning this and the surrounding property.

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

The City is constructing Jones Road as a part of this project to keep traffic away from the South Frontage Road area.

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

Adequate.

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

The site is currently primarily wooded and will be graded; therefore, the existing site vegetation will be removed.

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

None anticipated

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

There should be no effect on neighboring properties.

- g. Effects of the proposed use on the city's financial ability to provide public services

None anticipated

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 13

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 8, 2020 meeting;

IT APPROVES the Site Plan Application submitted by Stony Acres, LLC/Duane Kleinsasser, for the construction of two, 4-story, 75-unit multi-family buildings at 801 Jones Road, Sauk County, with the following contingencies:

1. Final approval is granted by City Staff and/or Public Works, specifically in regard to the utilities, storm water ponds, storm water outflow, and the public road.
2. Adding some sort of playground or recreational facilities for use by the residents.
3. Providing 15 ft of separation between the common patio area and the windows to a dwelling unit. (Appears to have been addressed on 06/03/2020 revision)
4. If there are issues with the trash pick-up system, the owner will make the necessary adjustments to accommodate City service. If proper accommodations cannot be made, the owner will obtain private trash service, at their cost.
5. The owner is responsible for storm water pond maintenance, which includes: preventing it from creating a nuisance to the area- including by mosquitoes, orifice blockage causing unmodeled overflows, removing sediment to prevent infiltration blockage due to long term sediment build up, preventing trash accumulation in or around the pond. A storm water maintenance agreement should be on file with the City.
6. Fencing may be required, if needed, between the pond area and the parking lot.
7. City Utilities have final approval of the utility plans.
8. Utilities north of Jones Rd (as indicated in MSA memo) are private and the responsibility of the developer. A gate valve will be installed near the end of the Jones Road ROW and will be transition between the public and private water system.
9. Developer is responsible for instigating the process to obtain electric service.
10. Developer acquires an access easement to get to their property from S. Frontage Rd. (To allow closure of Jones Rd for City road and utility construction.
11. ATC approval of their new access easement to the west.
12. Verification of the access easements to adjoining properties owners of the Jones Rd ROW to be vacated.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays

Date Introduced: June 15, 2020

Date Passed:

Date Published:

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

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

- Office Use Only -

Initial application fee	
Receipt number	
Application number	

1. Applicant Information

Applicant name **Stony Acres, LLC / Duane Kleinsasser**

Street address **16100 Ridgeview Lane**

City **Viola**

State and zip code **WI, 54664**

Daytime telephone number **608-604-5778**

Fax number, if any **608-538-3003**

E-mail, if any **deweykleinsasser@gmail.com**

2. Subject property information

Street address	800 Jones Road	
Parcel number	New CSM, Currently Part of 291-0096-20000	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	C-4	
Describe the current use	Vacant, primarily wooded with relatively steep terrain	

3. Proposed use. Describe the proposed use.

The proposed use is a 4-story, 75-unit multi-family building (two) with associated parking lot, storm water facilities and utilities.

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

This is a multi-family residential development, there are no operating conditions.

5. Potential nuisances. Describe any potential nuisances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

The City of Wisconsin Dells will be constructing Jones Road (road and utilities) so access to the development will be provided by Jones Road and Trout Road. Storm water, after particle settling and detention, will be directed to the existing wetland area. No other off-site impacts are anticipated.

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

The property is zoned C-4 and we have worked with the City on master planning this and the surrounding property.

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

The City is constructing Jones Road as a part of this project to keep traffic away from the South Frontage Road area.

c. Effects of the project on the natural environment

The site is currently primarily wooded and will be graded; therefore, the existing site vegetation will be removed.

d. Effects of the project on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

None Anticipated

e. The overall appearance of the project

Generally, the buildings will only be seen from either Jones Road or the South Frontage Road. Aesthetically, the buildings will look good with most of the parking level being underground so only a 4-story building will be seen. Also, the property to the west will be higher in elevation than the top of the proposed building.

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

A landscaping plan has been completed and provided as a part of the site plan application.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.

The proposed open space is 47%, which does not include the pavement, sidewalk, building or within 15-feet of the buildings.

3. Common open space areas are designed and located within the project to afford use by all residents of the project. These common areas may include, but are not limited to: game courts or rooms, swimming pools, garden roofs, sauna baths, putting greens, or play lots.

Common open space is provided between the buildings and behind the buildings. There is also proposed common outdoor patio space for each building on the ground level.

4. Active recreation and leisure areas, except those located completely within a structure, used to meet the open space requirement, shall not be located within fifteen (15) feet of any door or window of a dwelling unit.

Active recreation space and leisure areas are provided between the buildings and behind the buildings. There is also proposed common outdoor patio space for each building on the ground level.

5. Private waterways, including pools, streams and fountains, may be used to satisfy not more than fifty (50%) percent of the required open space.

There are no private waterways, except the storm water ponds, included in the project.

6. Trash collection areas shall be provided within two hundred and fifty (250') feet of the units they are designed to serve. Such areas shall be enclosed within a building or screened with masonry walls having a minimum height of five feet. Access gates or doors to any trash area, not enclosed within a building, are

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

Site Plan Check List

Project Information	Included ? Yes / No
Project name (e.g., business name, subdivision name)	(Y) / N
Applicant name	(Y) / N
Preparation date	(Y) / N
Survey Information	
North arrow and graphic scale	(Y) / N
Address of subject parcel or legal description	(Y) / N
Property boundaries	(Y) / N
Acreage of subject parcel	(Y) / N
Project Development Information	
Easements/rights-of-ways (location, width, purpose, ownership)	(Y) / N
Common areas/conservancy areas (location, purpose, ownership)	Y / N <i>NA</i>
Setting	
Property boundaries within 50' of the subject parcel	(Y) / N
Land uses within 50' of the subject parcel	(Y) / N
Zoning district boundaries within 50' of the subject parcel	(Y) / N
Municipal boundaries within 50' of the subject parcel	(Y) / N
Site Features (Existing and Proposed)	
Ground contours when any slope exceeds 10-percent	(Y) / N
Wetlands	(Y) / N
Woodlands	(Y) / N
Wildlife habitat, including critical wildlife habitat	Y / N <i>NA</i>
Environmentally sensitive features	(Y) / N
Water resources (rivers, ponds, etc.)	(Y) / N
Floodplain boundaries	(Y) / N
Environmental and man-made hazards including brownfields, contaminated sites, unstable soils, high groundwater, bedrock, high-pressure natural gas lines, and others as appropriate	(Y) / N
Fences, buffers, and berms	(Y) / N
Pervious and impervious surfaces by type	(Y) / N
Site amenities (benches, fountains, etc.)	(Y) / N
Existing trees and other prominent vegetation	(Y) / N
Trees / shrubs to be planted, including a plant list and specs	Y / N <i>-PART OF LANDSCAPE PLAN</i>
Trees / shrubs to be retained	(Y) / N
Outdoor Lighting (Existing and Proposed)	
Location	(Y) / N <i>PART OF SITE LIGHTING PLAN</i>
Fixture specifications	(Y) / N
Utilities (Existing and Proposed)	
Location	(Y) / N
Type (sewer, telephone, etc.) (buried or overhead, if applicable)	(Y) / N
Stormwater Facilities (Existing and Proposed)	
Location	(Y) / N
Specifications for each facility	(Y) / N
Solid Waste Collection	
Location	(Y) / N
Enclosed	(Y) / N

Transportation Facilities (Existing and Proposed)	Included ? Yes / No
Streets	(Y) / N
Driveways and road access onto public and private roads	(Y) / N
Sidewalks / trails	(Y) / N
Clear visibility triangles (location and dimensions)	Y / (N)
Buildings / Structures (footprint, use, etc.)	
Existing and proposed within subject parcel	(Y) / N
Existing within 50' of subject parcel	(Y) / N
Signs (Existing and Proposed)	
Location	Y / (N) <i>No Signs At This Time</i>
Specifications for each sign including type, height, dimensions, lighting, and other factors considered during the	Y / (N)
Parking	
Number of stalls	(Y) / N
Dimensions of stalls	(Y) / N

Conditional Use Permit and Site Plan Application
Jones Rd. Multi-family
Staff Report for Plan Commission, 06/08/2020

The City of Wis. Dells has received a Conditional Use Permit application from Stony Acres LLC / Duane Kleinsasser to allow land use 3.4 RESIDENCE, MULTI-FAMILY and buildings in excess of 45 feet in height on a portion of current Sauk County, City of Wisconsin Dells, Tax parcels 291-0096-2000 located on the West end of Jones Rd. This property has been recently described as Lot 1 of CSM 6876 (recorded May 27, 2020) and will have an address of 801 Jones Rd. Jones Rd is an unused, partially platted public road that extends west off of Trout Rd. across from the Beaver Springs Riding Stables. The request is to construct two (2) - 75 unit apartment multi-story apartment buildings. The current zoning for this property is C-4 Commercial – large scale. The multi-family residential land use is allowed as a Conditional Use in the C-4 Zoning District. The proposed buildings will be multi-story, and may exceed the normal maximum building height of 45 feet. Buildings in excess of 45 feet in height are Conditionally Permitted if they are equipped with an automated sprinkler system.

The property that this proposed development will occur on has not yet been sold to the applicant, Duane Kleinsasser. This approval is for the suitability of this property for the proposed use, and the detailed Site Plan for this property. However, no development may occur without the approval of the property owner at the time.

The applicant has submitted both a Conditional Use Permit (CUP) application and a Site Plan application for this site. The CUP application is for the approval of the use, and generally considers the more broad concepts of this use in this locations. The Site Plan application then deals with more of the specifics of the site. This report will address both these applications. In addition, the City has requesting a review by the City consulting engineer. A memo of that review is attached.

Conditional Use Permit Comments

The current concept plan for this development has two (2) separate 75-unit buildings. The developer has stated that each building will contain underground parking. It is understood the two (2) buildings will be constructed in two (2) phases. First the southerly building will be constructed, and the northerly building will be constructed when there is a market for that additional housing. The site will be grading and the storm water facilities installed for both buildings. The extra parking will be finished with the construction of the second building. The proposed building site is 6.77 acres and meets the minimum lot size requirements for a multi-family development of this size. Each building is proposed to have the follow mix of units: Studio = 4, 1 Bedroom = 20, 2 bedroom = 41, 3 bedroom = 10.

As a use, this area seems somewhat appropriate, as a large undeveloped area. As a large undeveloped area, many of the concerns of the impact of this type of multi-family development on the surrounding properties don't seem to exists. The impact of this development seems more applied to its effect on future development of this area. Generally, this area had long been considered for large commercial development, but that has not appeared to materialize. There remains additional lands in this area that could still be developed, but this project does appear to encroach on some of those lands. As such, this project would appear to impact the future development of this area. In contrast, housing appears to be the only viable development for this area at this time. These will be market rate apartments, but still, multi-family residences provide a more affordable housing option to detached single family homes. It seems that there is a need for this type of housing

in the community. The hope would be that this development will spur future development. Perhaps this housing would create a market for commercial development directed towards residents rather than visitors.

This development has been part of an on-going negotiation with this land owner and this developer. Part of this process included the dedication of property east of this development as public Right Of Way (ROW) adjacent to the property that was sub-divided for this development.

One of the main items of concern with large developments is the storm water management. The storm water management plan indicates that the post development peak flows will be less than the pre-development peak flows, up to the 100 yr storm event. The storm water management plan for this development discharges storm water into two large storm water detention ponds on the east end of the property. The storm water is then discharged to a wetland between them that runs east, across the new undeveloped City ROW. The development grading plan appears to include grading within the new undeveloped City ROW, but stops short of addressing the storm water crossing. The storm water then will turn south and cross the Jones Rd ROW. The City has agreed to improve Jones Rd to accommodate this development, and that will include accommodating the development storm water across Jones Rd. Review by the City consulting Engineering points out that the it seems reasonable for this development to address their storm water crossing of the new undeveloped City ROW.

After crossing Jones Rd, the storm water will travel continue in the wetlands heading south approximately 800 ft where it connects with an unnamed stream heading east. This is the stream that crosses Trout Rd approximately 1000 ft south of Jones Rd. The City will also be addressing this culvert crossing Jones Rd. as part of a project to redevelop Trout Rd. After crossing to the east side of Trout Rd. the stream then heads north back towards Hwy 13, where it connects to Hulbert Crk behind the IHOP, which takes it east, under Wis. Dells Parkway and to the Wisconsin River.

The concept of this development seems reasonable, but there are a couple of key points for the City to be clear on. These approvals would be the last official approvals required by the City for this development. Future development of this area may require the construction of the new north-south road along this development. This road construction must accommodate the storm water from this development.

Any approval of this CUP should have the following contingencies:

- 
1. The developer takes control of the property.
 2. The Site Plan obtains final approval from City staff.

Site Plan Comments

The Site Plan approval takes into consideration the more specific design elements of the project. This is a rather substantial project that will be developed in two (2) stages. A development agreement was approved by the City for this development in February of 2020 along with a CSM created the development parcel and dedicating road Right Of Way. The CSM was revised in April 2020 to increase the size of the development parcel. These detailed plans for this development were submitted to the City on May 13, 2020. While every effort was made to do a thorough review of the development Site plan, it seems reasonable that additional review may be necessary. City staff would like to retain the right to final approval of the Site plan prior to the issuance of the final building permit.

During a late stage review of the area as a whole with the recently submitted detailed development plans, City staff have identified another road and utility option they feel needs to be vetted. During the Site plan review two (2) significant concerns were identified: 1) Duplicate utilities to avoid public utilities on private property, 2) Conflicts with Storm Pond outflow and future City road. An option that would address both of these items would be to move the public road ROW west, so that it is immediately adjacent to the private parking lot and move the storm water ponds east of the ROW. This would allow the utilities to be placed in the public ROW and remove the conflict between the storm pond outlets and the future public road. This would also align the public road with the development and improve the connection of the public road with a potential future road north of the development. While it is understood that this option will involve changes to the dedicated public road ROW, City staff believes there enough potential benefits to this option that it must be further vetted. Therefore, recommendation from City staff is to table the approval of this Site plan until this option can be further vetted.

It is recognized that the developer would like to be able to move forward with their building construction. City staff acknowledge that their proposed alternate only affect the storm water ponds of this development and should have no effect on the building approvals. As Site plan approval is primarily for the building construction and it is standard practice for early start building permits to be issued to allow construction of footing and foundations. It is always understood that the developer is responsible for any changes that may be required from the final approvals if they start work on the foundations.

There should also be a clear understanding of the Phasing of the construction for this project. The applicant has submitted fully engineered plans for two (2) buildings, but intends to start constructing only one (1) building. Construction of the second building will not start until it is clear there is a market for those units. The first building to be constructed will be the southerly building that is closest to Jones Rd. During this construction the City will simultaneously improve Jones Rd to City Standards. As such, S. Frontage Rd will be utilized for temporary construction access to the building site. When the first building is opened there will only be one completed public road access to the site, which will be Jones Rd. If it is determined there is a market for the second building, that building will be constructed and occupied with one access from Jones Rd. No other roads will be constructed until additional development beyond these two (2) buildings occurs.

The final Storm water management plan is generally a significant part of the Site plan review. The storm water management plan provided indicates significant control of the peak flow out of the development would be control to pre-development levels up to the 100 yr design storm. This would alleviate some of the concerns with storm water, but the CUP section described the conflicts of the downstream flow with the new undeveloped ROW.

The Zoning Code Standards for a Residential, multi-family use call for two (2) parking spaces for each unit, plus an additional visitor parking space for every eight units. For a 150 unit development, the parking requirement would call for 319 parking spaces. The current plan shows 200 exterior surface parking stalls with 8 handicapped parking stalls and the plan states there will be 112 interior parking stalls in the underground lots. This provides a total of 320 parking stalls. It is noted that the eastern row of parking stalls are only 18 ft deep. The City Zoning Code requires parking stalls to be a minimum of 19 ft deep.

It is also noted that the storm water pond grading begins immediately after the east edge of the parking lot. It appears there is about 40 ft of an approximately 4/1 slope down from the parking lot to the storm water pond. There is a 10 wide flat safety shelf along the edge of the normal water level of the pond before the 3 ft deep permanent pool. Normally fencing is not required, and not always recommended, around storm water ponds. However, it does seem possible that some sort of barrier near the end of the parking lot may make sense. The City may allow the project to start without a barrier, but the City retains the right to require a barrier, such as a short fence, if deemed necessary.

The site plan review should also address following items called out in the Zoning Ordinance:

(a) If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.
2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.
3. Common open space areas are designed and located within the project to afford use by all residents of the project. These common areas may include, but are not limited to: game courts or rooms, swimming pools, garden roofs, sauna baths, putting greens, or play lots.
4. Active recreation and leisure areas, except those located completely within a structure, used to meet the open space requirement, shall not be located within fifteen (15) feet of any door or window of a dwelling unit.
5. Private waterways, including pools, streams and fountains, may be used to satisfy not more than fifty (50%) percent of the required open space.
6. Trash collection areas shall be provided within two hundred and fifty (250') feet of the units they are designed to serve. Such areas shall be enclosed within a building or screened with masonry walls having a minimum height of five feet. Access gates or doors to any trash area, not enclosed within a building, are to be of opaque material.

The development plan includes a Landscaping plan.

This development itself does not appear to provide significant amounts of green space, although it does appear to meet the minimum 30% open space requirement for the total build. This concept plan for this development includes any recreational facilities. There is an approximately 15ft x 30ft patio area on the back corner of each building. However, this area appears to be within 15 ft of the windows to two (2) dwelling units. The architect has provided an updated patio design that appears to keep the public gathering area 15 ft away from the window to any residence. There is about 60 ft of space between the buildings and a sidewalk that leads to the west where this is about 30 ft of flat space behind the buildings.

There is no recreational or playground equipment provided as part of this plan. Other multi-family housing projects have included at least a small playground area. It seems reasonable to require that this development install some playground equipment for the use of the residents.

The trash receptacles will be stored in the basement of the buildings and brought out to pads outside the building to be emptied. The pads outside the buildings for the trash cans appear to be approximately 20ft x 15 ft. These areas will not be enclosed, as the dumpsters will only be placed out for pick-up and then they will be returned to the basement of the building. The City has never had this type of trash collections. The Zoning code would normally require trash dumpster areas to be screened, and those screen system be sized to allow 3 ft of clearance around all dumpster to be serviced by the City. The standard for two (2) dumpsters side-by-side would be a 23 ft wide access into any enclosure. The City may allow this development to try this trash collection system, but it is understood that if there are issues, dumpster screens may be required, which may require the dumpster pads to be increased in size to accommodate City services. If the owner cannot accommodate the City standard, they may have to obtain private trash collection at their cost. It is understood that a portion of their taxes are used to fund City Commercial garbage collection, and if this development cannot accommodate City services, there is no rebate on these taxes.

Review of the utilities plan for this project have not identified any significant issues. It is made clear that all utility on private property are private utilities. This includes the water main and hydrants located in the parking lot. However, the City retains the right to exercise the private hydrants, to ensure they are in working order in case of an emergency. The owner will provide the City access to the hydrants, in the form of a formal easement if required. While the utilities are private, the utility meters belong to the City, and the owner will provide the City access to the meters for reading, maintenance, and disconnection if necessary. It is also understood that there will be individual electric meters, but there will be one master water meter for each building. The City utilities retains the right to final approval of the utility and meter layout. It is understood that the developer has not coordinated with the electric utility for that service yet. It is made clear that the developer is responsible for coordinating their electric service with the utility and is responsible for following all the requirements of the electric utility. This includes provided the necessary information to procure the appropriate equipment and the normal costs (per PSC guidelines) for the equipment, the installation, and other work required to accommodate the development.

Building locations appear to be oriented to align with the grades the rise behind the building, which is not due n-s. It is assumed this is to minimize the costs of the site grading that will be required to create a flat buildable area. Given the due e-w orientation of Jones Rd. and the due n-s orientation of the dedicated ROW east of this property, the buildings do not run parallel with the adjoining ROW. This does not appear to be an idea layout, but it is assumed the proposed plan is what is considered most economically feasible.

A standard item to consider for these types of developments is the buffering the development from surrounding properties. In this case, there are not any residents in very close proximity to this development. There is an existing business across Trout Rd, and this development should not create an unreasonable nuisance to them. Perhaps more significant will be the aesthetics of this development form Trout Rd. This development will be expected to abide by the City Standards for property maintenance. General nuisances such as poor property maintenance, the accumulation of trash on the property and noise issues shall not be systemic.

The City Comprehensive plan call for this to be a commercial zone. The City considered multi-family residential to be a commercial use.

This development will generate increased traffic on Trout Rd.

The subject property appears to be a suitable location for multi-family housing. It has enough space for a multi-family development to be constructed and buffered to minimize the impacts on neighboring properties. This project will develop currently vacant property.

This multi-family development does not appear to have a large potential to create a nuisance with surrounding properties, as there are no existing developed property adjacent to this property.

This project may have an effect on the development of large scale commercial property in the area, particularly the land due west of this property and visible from the interstate. However, it is also possible that this project may spur additional development in this area.

It seems reasonable to expect access to the property west and south of this project would be from an extension of Jones Rd. To accommodate this project, the eastern end of Jones Rd is being vacated. It is understood that access easements will be provided to properties currently adjoining the areas of Jones Rd that are vacated at this time. It has been noted that ATC holds an access easement from the current Jones Rd that is to be vacated, and the plan shows a new easement from ATC. The City It seems possible that in the future it would be desired for Jones Rd to continue west as a public road. The City may consider re-dedication of a new western Jones road, as long as it meets all of the City standards and requirements for a public road. The expectation is that no accommodation would be provided for the removal of any private road that was constructed in the vacated Jones Rd ROW.

If the downstream storm water flow is not addressed with the development of this project, it may add additional costs to future projects that would require the n-s ROW to be developed into a public road. This project should not have a negative effect on the city's financial ability to provide public services.

It is recommended that this Site Plan Application be tabled so that the alternate public road option can be evaluated. Unless otherwise stated by the Plan Commission or City Council, it is understood that construction of the building footing and foundations may proceed. Any early start footing/foundations building permit carries the condition that

If the Plan Commission chooses to approve this site plan, it is recommended that any approval of this Site Plan should consider the following contingencies:

1. Final approval is granted by City Staff and/or Public Works, specifically in regard to the utilities, storm water ponds, storm water outflow, and the public road.
2. Adding some sort of playground or recreational facilities for use by residents.
3. Providing 15 ft of separation between the common patio area and the windows to a dwelling unit.
(Appears to have been addressed on 06/03/2020 revision)
4. If there are issues with the trash pick-up system, the owner will make the necessary adjustments to accommodate City service. If proper accommodations cannot be made, the owner will obtain private trash service, at their cost.
5. The owner is responsible for storm water pond maintenance, which includes: preventing it from creating a nuisance to the area, including by mosquitoes, orifice blockage causing unmodeled overflows, removing sediment to prevent infiltration blockage due to long term sediment build up, preventing trash accumulation in or around the pond. A storm water maintenance agreement should be on file with the City.
6. Fencing may be required, if needed, between the pond area and the parking lot.

7. Utilities have final approval of the final utility plans.
8. Utilities north of Jones Rd (as indicated in MSA memo) are private and the responsibility of the developer. A gate valve will be installed near the end of the Jones Rd ROW and will be transition between the Public and Private water system.
9. Developer is responsible for instigating the process to obtain electric service.
10. Developer acquires an access easement to get to their property from S. Frontage Rd. (To allow closure of Jones Rd for City road and utility construction.
11. ATC approval of their new access easement to the west.
12. Verification of the access easements to adjoining properties owners of the Jones Rd ROW to be vacated.

An additional condition of the Site plan:

This development storm water system discharge is updated to remove conflict with the future construction of the n-s road off of Jones Rd.

Chris Tollaksen
City of Wis. Dells Planning and Zoning

To: Chris Tollaksen – Zoning Administrator
David Holzem – Director of Public Works and Utilities
City of Wisconsin Dells

From: Tim Mikonowicz, P.E.

Subject: Stony Acres – Two (2) 75 Unit Multi-Family Development

Date: June 4, 2020

I have reviewed the preliminary site, utility, and stormwater plans submitted on behalf of Stony Acres for the development of two (2) 75-unit multi-family apartments located on the far west end of the future Jones Road in the vicinity of Exit 87. The subject property is included in Tax Incremental District #2. Property creation, zoning, and the conditional use permit acceptance are not included as part of this review. I offer the following comments and recommendations for City staff to consider.

1. Overall

- a.** The plans are labeled “Preliminary Plans Not for Construction”. The City should request final plans issued for construction and reserve the right for further review and amend any conditional approvals granted during the June meeting cycle.

2. Electric Utility

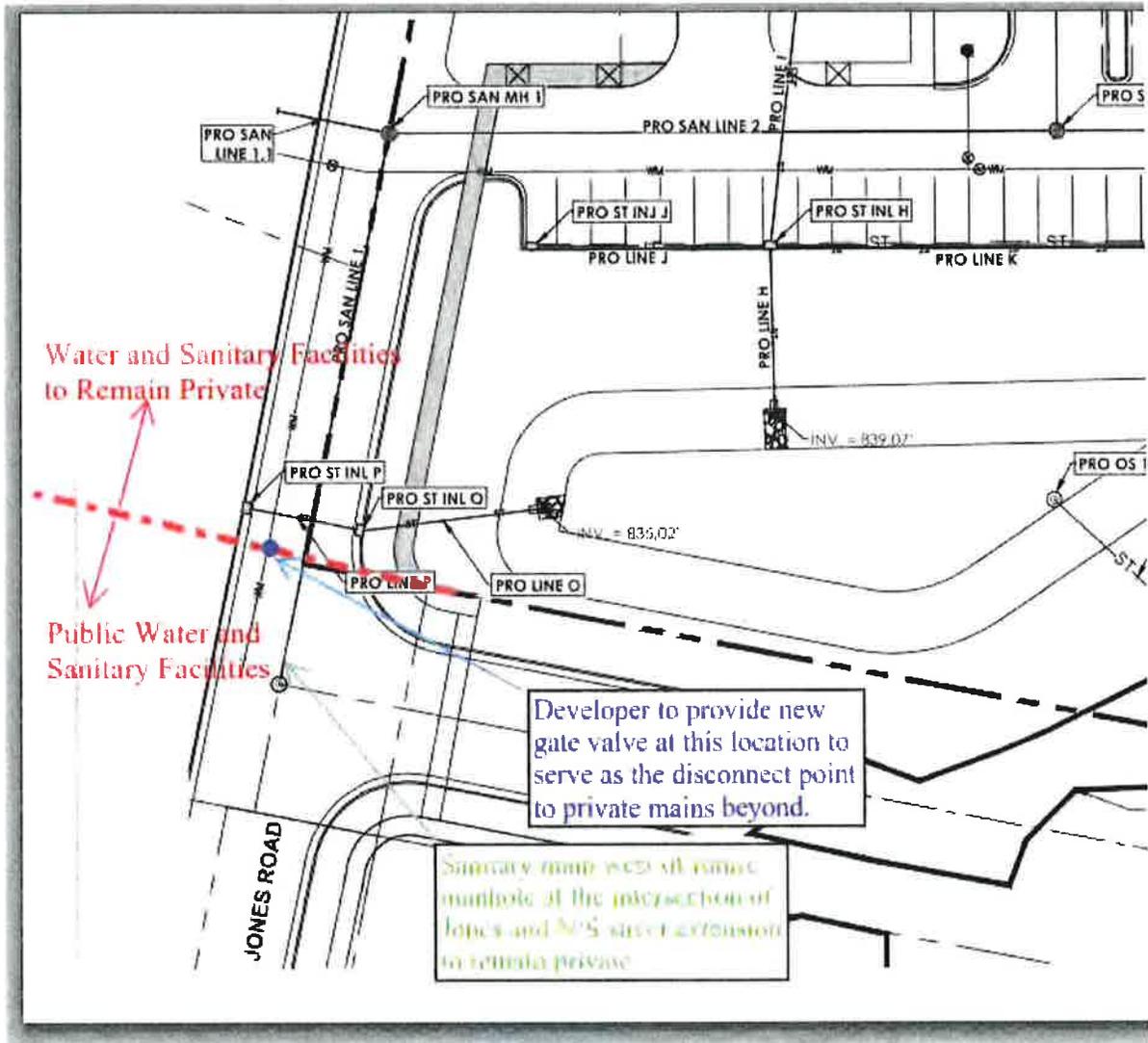
- a.** Permanent electric service route is not included with the plans. Developer should coordinate directly with City Electric on desired route for primary and secondary power supply, location of transformer, and location of service entrance into the buildings to feed the individual meter stacks.
- b.** Developer should provide the City permanent easements for City owned electric facilities installed on private property.

3. Sanitary Sewer and Water Main

- a.** It is recommended that all water and sanitary facilities west of the east property line remain private. The developer should install a new gate valve on the east property line extended to serve as the disconnect point to private mains beyond. In addition, the sanitary lateral extending west out of the future manhole at the centerline of Jones Road should remain a private lateral. See drawing snip below.

MEMO

June 4, 2020



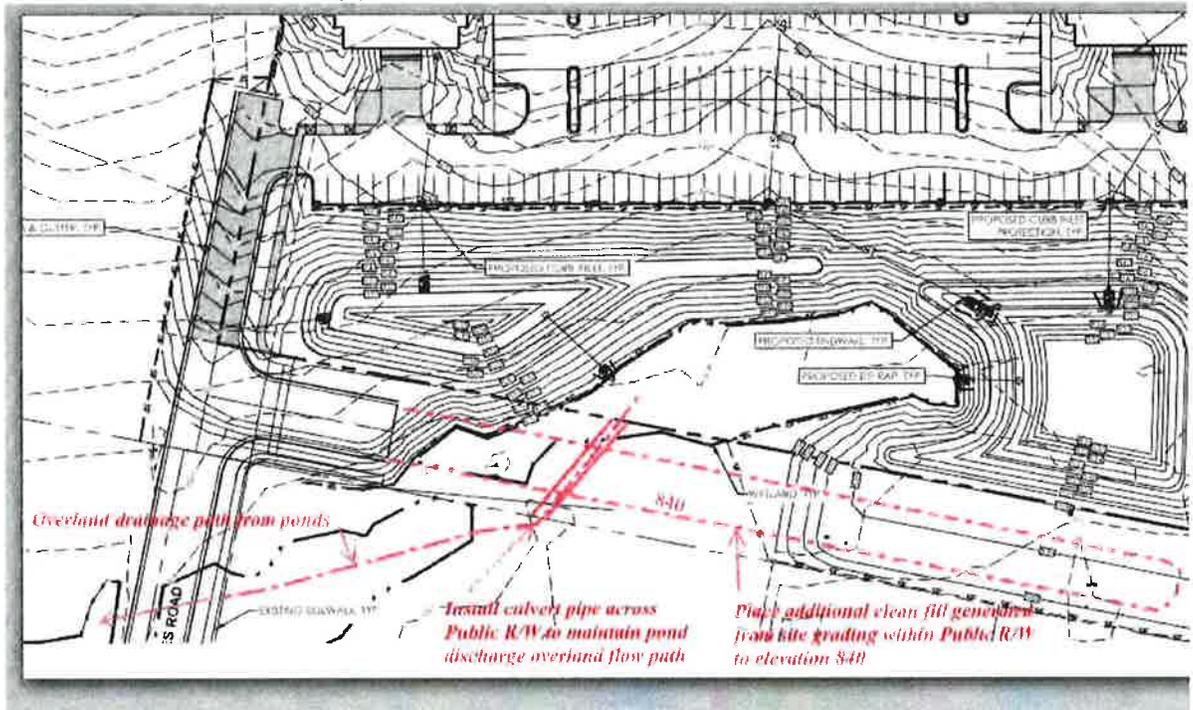
4. Stormwater and Storm Sewer

- a. Based on the stormwater report submitted with the plans, it appears that the two stormwater attenuation ponds included with the design are adequate. There appears to be approximately 86,000 cu ft of potential storage available in the ponds. A 7" rainfall (100 yr event) will generate approximately 78,500 cu ft of runoff. The report indicates that during a 5" rainfall (25 year event) the pond water elevation will not reach the overflow structure rim. The overflow structure rim for pond 1 is noted at 838.10, and the rim for pond 2 is 839.50. The pond water elevation during a 100 year event is reported at: pond 1 – 838.14 and pond 2 – 839.79, both of which are just slightly over the outlet structure rim elevations.
- b. The discharge pipes from both ponds drain to the existing wetland located along the east property line of the subject site. From there, runoff water will continue overland in a

MEMO

June 4, 2020

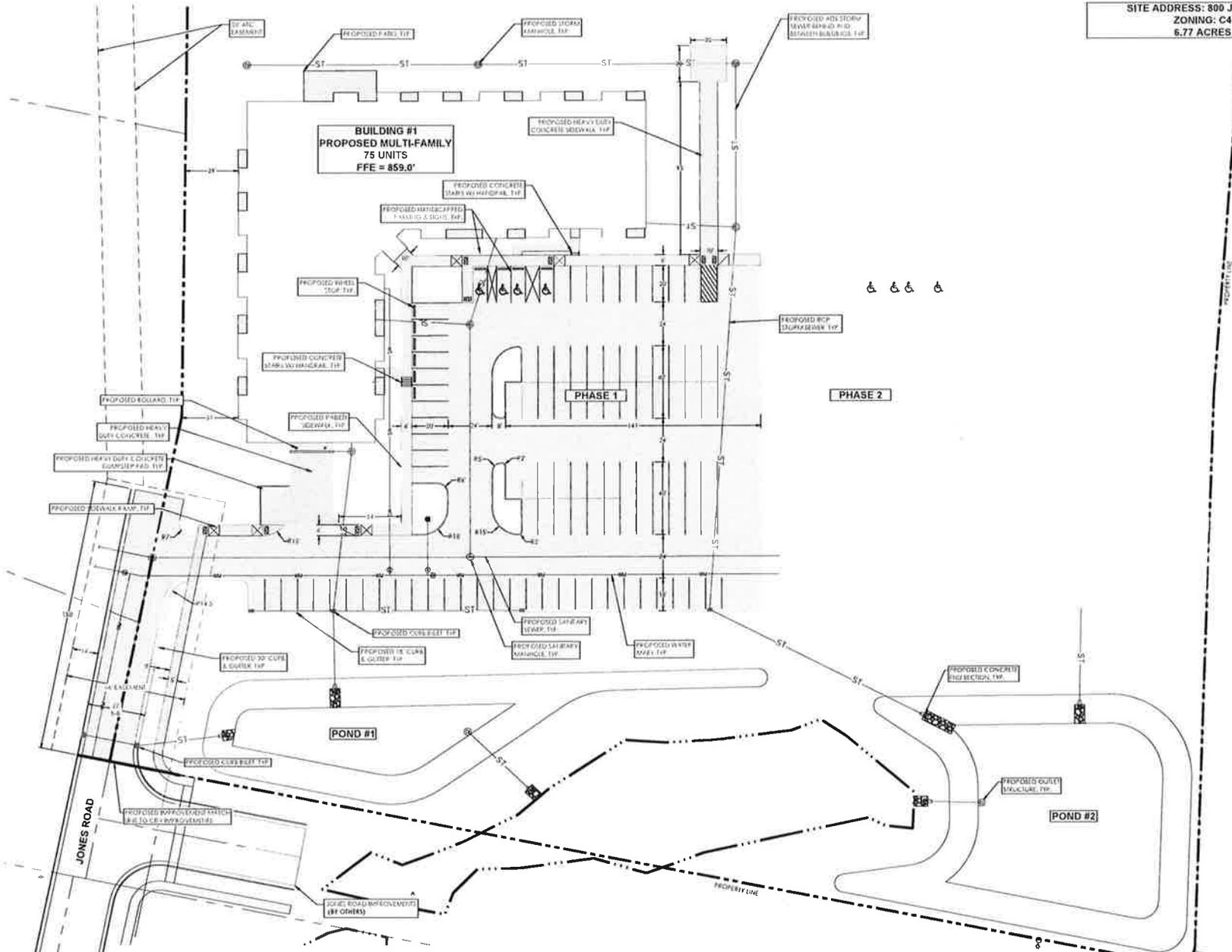
southeasterly direction under Jones Road and ultimately to the main crossing at Trout Road. This overland flow path will be compromised at the time the future N/S City street is constructed to connect Jones Road to the South Frontage Road. The City should consider if the developer should be responsible for placing additional fill within the public R/W and installing a culvert pipe crossing the public R/W in conjunction with the development now, to address the future “blocking” of the overland flow path from the proposed stormwater ponds. Or, the City will need to accept that additional burden will be absorbed into future City projects. See drawing snip below.



5. Vehicle Access and Circulation

- a. The development will utilize one ingress/egress point (private driveway) located off of the west end of Jones Road. There is no vehicle accessibility to the rear (west side) of the proposed buildings. The central parking lot between the buildings appears to be large enough to accommodate EMS vehicle maneuvers. The City intends to construct a modified “T” intersection at the west end of Jones Road for EMS vehicle turn around in the event that the central parking lot is fully occupied and would restrict larger EMS vehicle movements.

SITE ADDRESS: 800 JONES RD
ZONING: C4
6.77 ACRES



ISSUED FOR CONSTRUCTION



Architectural Design Consultants, Inc.
30 Wisconsin Drive Parkway • P.O. Box 560
Eau Claire, WI 54601
Phone (808) 254-6181 Fax (808) 254-2138



STONY ACRES APARTMENTS
PROPOSED SITE PLANS



C2.1

BENCHMARK TABLE

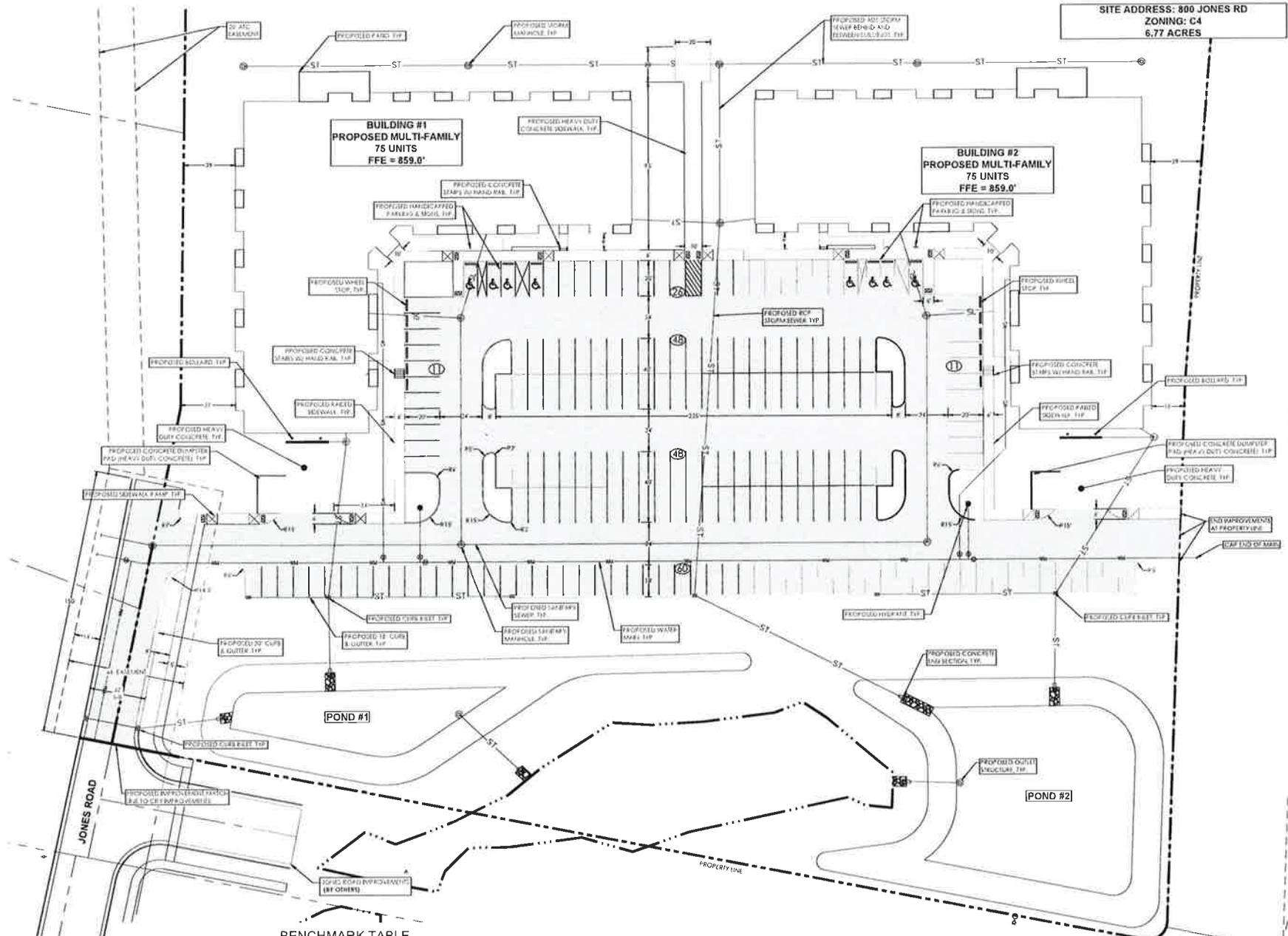
BENCHMARK	DESCRIPTION	ELEVATION
BM #1	NAIL IN POWER POLE ON THE SOUTH SIDE OF THE GRAVEL DRIVE AT END OF S FRONTAGE ROAD	836.77'
BM #2	NAIL IN POWER POLE IN THE DEDICATED RIGHT-OF-WAY FROM RECEIVER DRAIN LINE	888.62'

PARKING STALLS - PROPOSED
 56 INTERIOR PARKING STALLS
 4 HANDICAPPED PARKING STALLS
 101 EXTERIOR PARKING STALLS
 161 TOTAL PARKING STALLS

PHASE I
PARKING STALLS - REQ'D
 75 UNITS x 2 STALL/UNIT = 150
 1 STALL / 8 UNIT VISITOR = 10
TOTAL REQUIRED PARKING STALLS = 160

- NOTES:
- ALL EXISTING UNDERGROUND UTILITY LOCATIONS ARE APPROXIMATE AND SHOULD BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
 - ALL GENERAL NOTES FOUR ON SHEET C2.1
 - SEE SHEET C2.4 FOR UTILITY PLAN INFORMATION. CS DCS X FGP UTILITY PROFILES.
 - JONES ROAD TO BE CONSTRUCTED BY CITY OF WISCONSIN DELLS.

SITE ADDRESS: 800 JONES RD
ZONING: C4
6.77 ACRES



ISSUED FOR CONSTRUCTION

Architectural Design Consultants, Inc.
30 Mission Dale Parkway • P.O. Box 580
Jasper, Indiana 47530
Phone: (808) 254-4181 Fax: (808) 254-2139

STONY ACRES APARTMENTS

PROPOSED SITE PLANS



BENCHMARK TABLE

BENCHMARK	DESCRIPTION	ELEVATION
BM #1	NAIL IN POWER POLE ON THE SOUTH SIDE OF THE GRAVEL DRIVE AT END OF S FRONTAGE ROAD	836.77'
BM #2	NAIL IN POWER POLE IN THE DEDICATED RIGHT-OF-WAY FROM RIVERVIEW BOAT LANE	835.63'

PARKING STALLS - PROPOSED
 112 INTERIOR PARKING STALLS
 8 HANDICAPPED PARKING STALLS
 200 EXTERIOR PARKING STALLS
 320 TOTAL PARKING STALLS

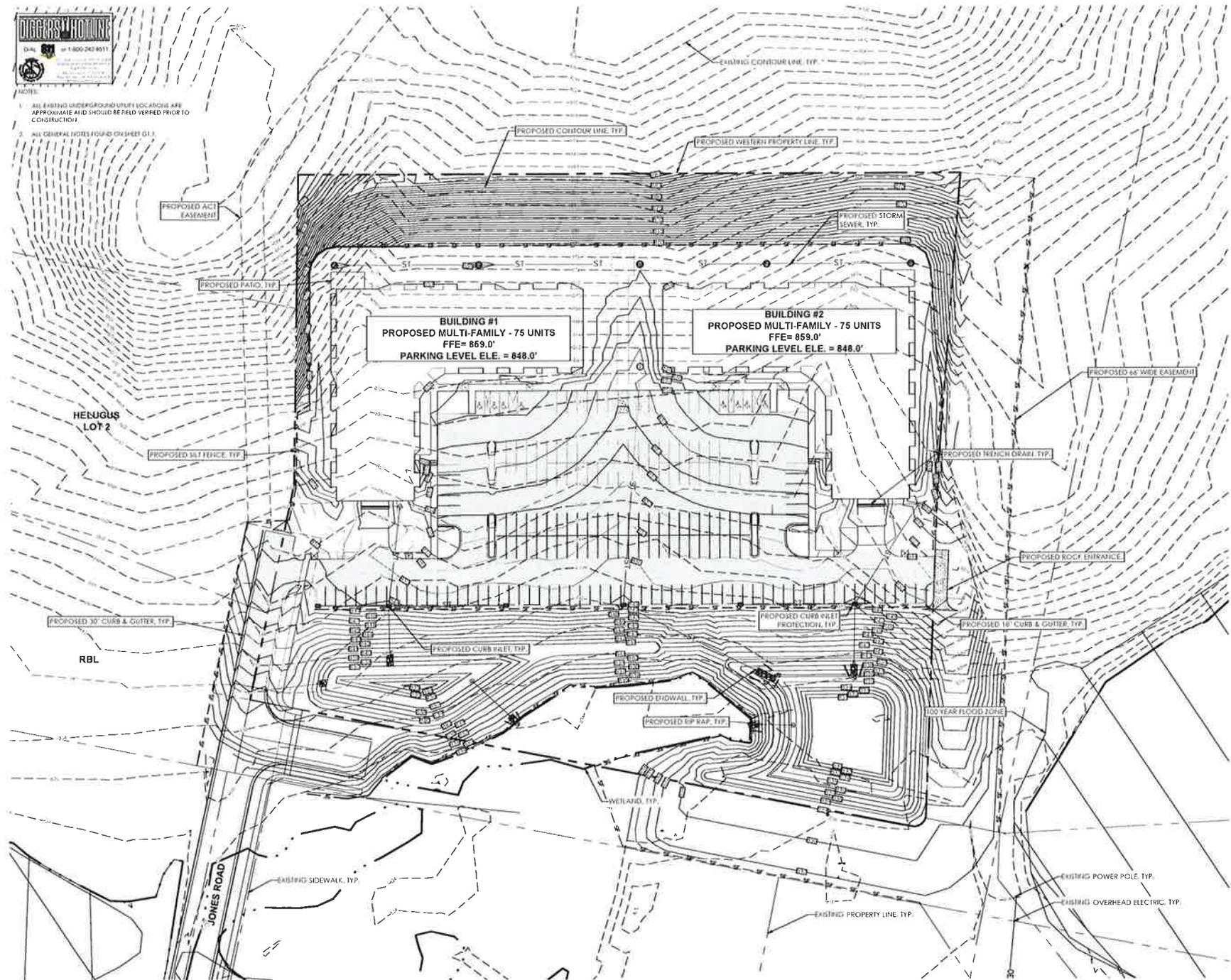
PARKING STALLS - REQ'D
 75 UNITS x 2 STALL/UNIT = 300
 1 STALL / 8 UNIT VISITOR = 19
 TOTAL REQUIRED PARKING STALLS = 319

- NOTES:
- ALL EXISTING UNDERGROUND UTILITY LOCATIONS ARE APPROXIMATE AND SHOULD BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
 - ALL GENERAL NOTES FOUND ON C41 SHEET 01-1.
 - SEE SHEET C4-0 FOR UTILITY PLAN PERFORMANCE & CS DUCT LOG UTILITY PROFILES.
 - JONES ROAD TO BE CONSTRUCTED BY CITY OF WASHINGTON BEES.

C2.0



NOTES:
 1. ALL EXISTING UNDERGROUND UTILITY LOCATIONS ARE APPROXIMATE AND SHOULD BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
 2. ALL GENERAL NOTES FOUND ON SHEET G1.3.



PRELIMINARY PLANS NOT FOR CONSTRUCTION

ADCI
 Architectural Design Consultants, Inc.
 30 Wisconsin Drive
 Kenosha, WI 53140
 Phone: (608) 254-6181 Fax: (608) 254-2138
Professional Engineer License No. 1800-2424311, State of Wisconsin

STONY ACRES APARTMENTS
 PROPOSED EROSION CONTROL & GRADING PLAN



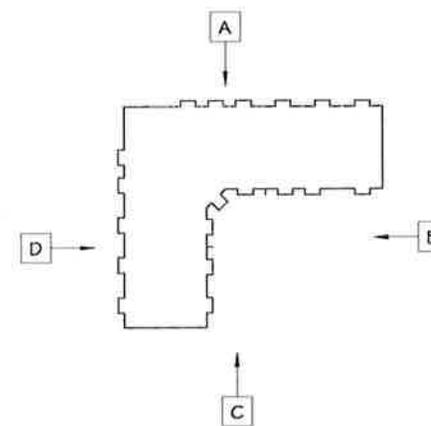
C3.0



ELEVATION A

SCALE: 1/16" = 1'-0"

EXTERIOR FINISH SCHEDULE			
BOX	MATERIAL / MANUFACTURER	DESCRIPTION / COLOR	NOTES
A		VERTICAL ENGINEERED WOOD SIDING	
B		ENGINEERED WOOD CORNER TRIM	
C		PRE-FINISHED METAL GRAVEL STOP	
D		MANUFACTURED STONE VENEER	
E		PRE-FINISHED METAL COPING	
F		METAL RAILING WITH CABLE INFILL	
G		ENGINEERED WOOD DECK TRIM	
H		PRE-CAST STONE SILL	
I		HORIZONTAL ENGINEERED WOOD SIDING	
J		ENGINEERED WOOD TRIM	



KEY PLAN

SCALE: 1" = 100'-0"

ADCI Architectural Design Consultants, Inc.



30 Wisconsin Dells Parkway • P.O. Box 580
 Lake Delton, WI 53940
 Phone: (608) 254-0181 Fax: (608) 254-2139

The attached drawings constitute a professional representation of Architectural Design Consultants, Inc. No other plans or specifications shall be used without the written consent of Architectural Design Consultants, Inc.

STONY ACRES APARTMENTS

WISCONSIN

WISCONSIN 2015

ELEVATION A

Scale: 1/16" = 1'-0"
Project No. 15-001
Date: 11/11/15
Drawn: M. J. ...
Check: ...





ELEVATION C

SCALE: 1/16" = 1'-0"

EXTERIOR FINISH SCHEDULE			
BOX	MATERIAL / MANUFACTURER	DESCRIPTION / COLOR	NOTES
A		VERTICAL ENGINEERED WOOD S/D:NG	
B		ENG. NEERED WOOD CORNER TR:IM	
C		PRE-FINISHED METAL GRAVEL STOP	
D		MANUFACTURED STONE VENEER	
E		PRE-FINISHED METAL COPING	
F		METAL RAILING WITH CABLE INF'LL	
G		ENG. NEERED WOOD DECK TR:IM	
H		PRE-CAST STONE S'LL	
I		HORIZONTAL ENGINEERED WOOD S/D:NG	
J		ENG. NEERED WOOD TR:IM	

ADCI Architectural Design Consultants, Inc.
 30 Wisconsin Dells Parkway • P.O. Box 550
 Lake Delton, WI 53940
 Phone: (608) 254-6181 Fax: (608) 254-2139

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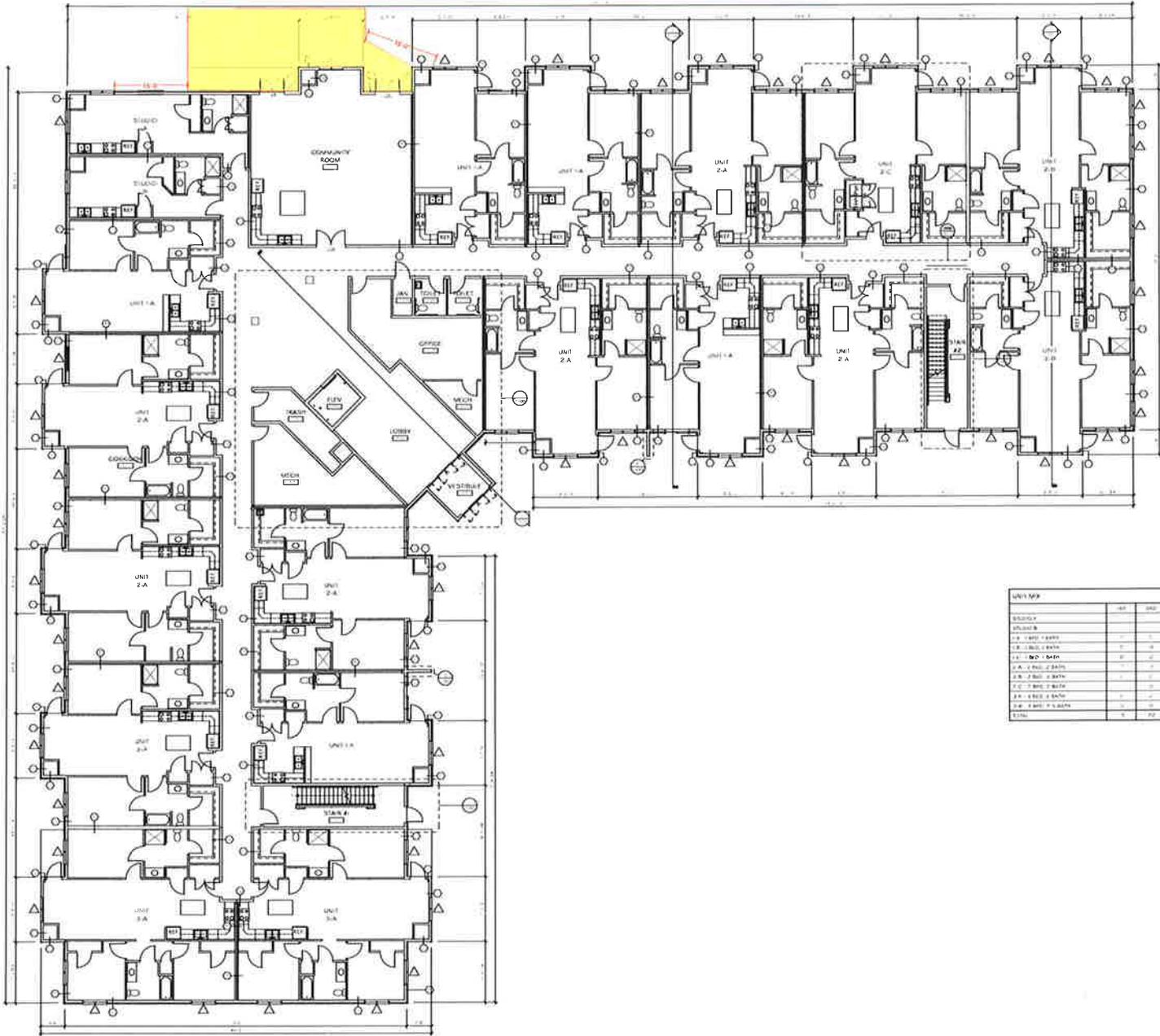
STONY ACRES APARTMENTS

WISCONSIN DELLS

ELEVATION C

C

modified patio to mainting 15 ft separation from unit window



UNIT #	sq ft	bed	bath	halls	closets
101	1,100	1	1	1	1
102	1,100	1	1	1	1
103	1,100	1	1	1	1
104	1,100	1	1	1	1
105	1,100	1	1	1	1
106	1,100	1	1	1	1
107	1,100	1	1	1	1
108	1,100	1	1	1	1
109	1,100	1	1	1	1
110	1,100	1	1	1	1
111	1,100	1	1	1	1
112	1,100	1	1	1	1
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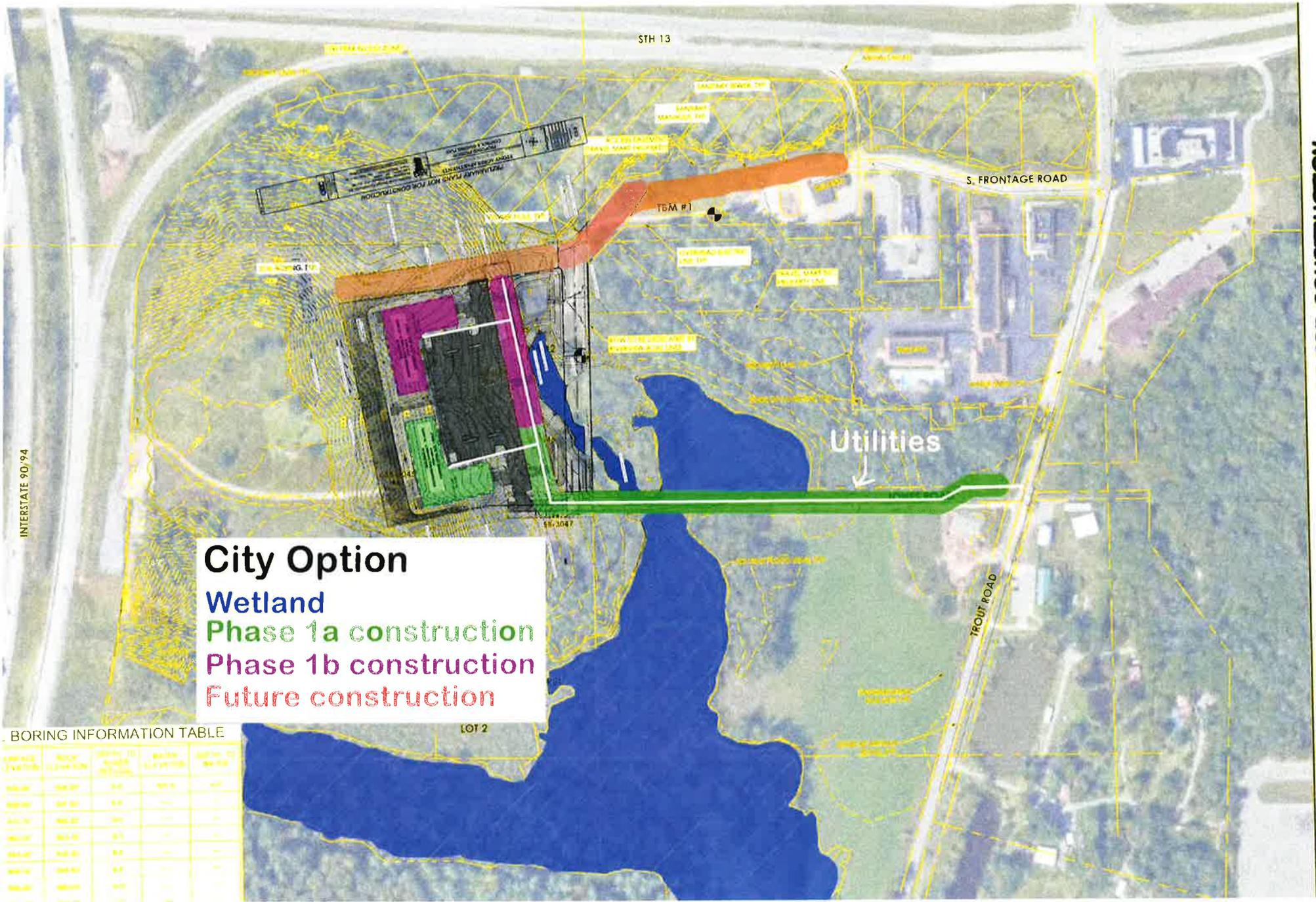
FIRST FLOOR PLAN - OVERALL

PRELIMINARY PLANS NOT FOR CONSTRUCTION

ADCI Architectural Design Consultants, Inc.
 30 Wisconsin Dells Parkway • P.O. Box 580
 P.O. Box 580 • Wisconsin Dells, WI 53598
 Phone (808) 254-6181 Fax (808) 254-2139

ADCI ARCHITECTURAL DESIGN CONSULTANTS, INC.
 STONY ACRES APARTMENTS
 OVERALL FIRST FLOOR PLAN

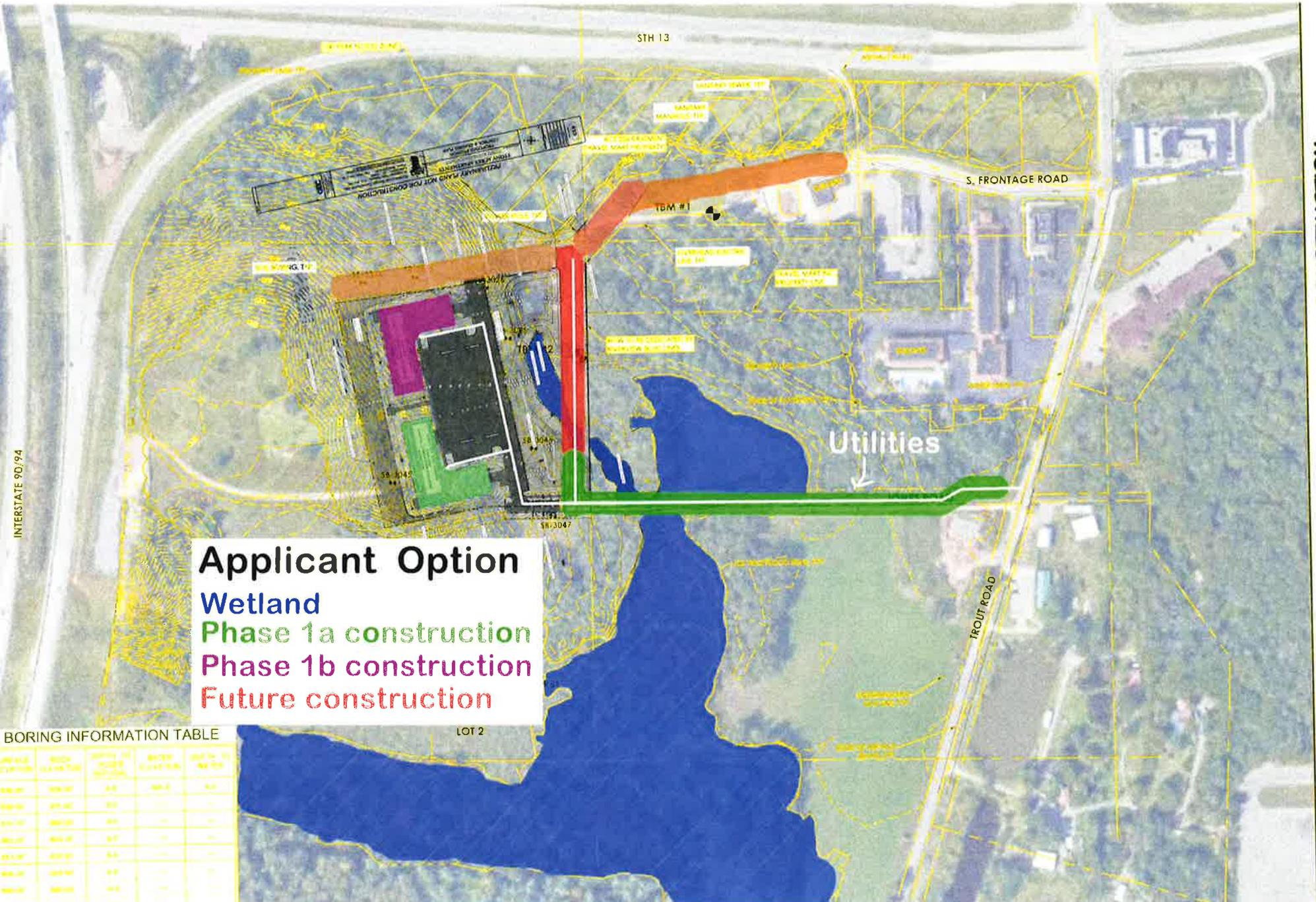
A101



City Option
Wetland
 Phase 1a construction
 Phase 1b construction
 Future construction

BORING INFORMATION TABLE

BORING NUMBER	DATE	DEPTH (FEET)	SOIL TYPE	WATER LEVEL (FEET)	REMARKS
B-01	08/01	10	CL	10.5	10'
B-02	08/01	15	CL	11.0	15'
B-03	08/01	20	CL	11.5	20'
B-04	08/01	25	CL	12.0	25'
B-05	08/01	30	CL	12.5	30'
B-06	08/01	35	CL	13.0	35'
B-07	08/01	40	CL	13.5	40'
B-08	08/01	45	CL	14.0	45'
B-09	08/01	50	CL	14.5	50'
B-10	08/01	55	CL	15.0	55'
B-11	08/01	60	CL	15.5	60'
B-12	08/01	65	CL	16.0	65'
B-13	08/01	70	CL	16.5	70'
B-14	08/01	75	CL	17.0	75'
B-15	08/01	80	CL	17.5	80'
B-16	08/01	85	CL	18.0	85'
B-17	08/01	90	CL	18.5	90'
B-18	08/01	95	CL	19.0	95'
B-19	08/01	100	CL	19.5	100'
B-20	08/01	105	CL	20.0	105'
B-21	08/01	110	CL	20.5	110'
B-22	08/01	115	CL	21.0	115'
B-23	08/01	120	CL	21.5	120'
B-24	08/01	125	CL	22.0	125'
B-25	08/01	130	CL	22.5	130'
B-26	08/01	135	CL	23.0	135'
B-27	08/01	140	CL	23.5	140'
B-28	08/01	145	CL	24.0	145'
B-29	08/01	150	CL	24.5	150'
B-30	08/01	155	CL	25.0	155'
B-31	08/01	160	CL	25.5	160'
B-32	08/01	165	CL	26.0	165'
B-33	08/01	170	CL	26.5	170'
B-34	08/01	175	CL	27.0	175'
B-35	08/01	180	CL	27.5	180'
B-36	08/01	185	CL	28.0	185'
B-37	08/01	190	CL	28.5	190'
B-38	08/01	195	CL	29.0	195'
B-39	08/01	200	CL	29.5	200'
B-40	08/01	205	CL	30.0	205'
B-41	08/01	210	CL	30.5	210'
B-42	08/01	215	CL	31.0	215'
B-43	08/01	220	CL	31.5	220'
B-44	08/01	225	CL	32.0	225'
B-45	08/01	230	CL	32.5	230'
B-46	08/01	235	CL	33.0	235'
B-47	08/01	240	CL	33.5	240'
B-48	08/01	245	CL	34.0	245'
B-49	08/01	250	CL	34.5	250'
B-50	08/01	255	CL	35.0	255'
B-51	08/01	260	CL	35.5	260'
B-52	08/01	265	CL	36.0	265'
B-53	08/01	270	CL	36.5	270'
B-54	08/01	275	CL	37.0	275'
B-55	08/01	280	CL	37.5	280'
B-56	08/01	285	CL	38.0	285'
B-57	08/01	290	CL	38.5	290'
B-58	08/01	295	CL	39.0	295'
B-59	08/01	300	CL	39.5	300'
B-60	08/01	305	CL	40.0	305'
B-61	08/01	310	CL	40.5	310'
B-62	08/01	315	CL	41.0	315'
B-63	08/01	320	CL	41.5	320'
B-64	08/01	325	CL	42.0	325'
B-65	08/01	330	CL	42.5	330'
B-66	08/01	335	CL	43.0	335'
B-67	08/01	340	CL	43.5	340'
B-68	08/01	345	CL	44.0	345'
B-69	08/01	350	CL	44.5	350'
B-70	08/01	355	CL	45.0	355'
B-71	08/01	360	CL	45.5	360'
B-72	08/01	365	CL	46.0	365'
B-73	08/01	370	CL	46.5	370'
B-74	08/01	375	CL	47.0	375'
B-75	08/01	380	CL	47.5	380'
B-76	08/01	385	CL	48.0	385'
B-77	08/01	390	CL	48.5	390'
B-78	08/01	395	CL	49.0	395'
B-79	08/01	400	CL	49.5	400'
B-80	08/01	405	CL	50.0	405'
B-81	08/01	410	CL	50.5	410'
B-82	08/01	415	CL	51.0	415'
B-83	08/01	420	CL	51.5	420'
B-84	08/01	425	CL	52.0	425'
B-85	08/01	430	CL	52.5	430'
B-86	08/01	435	CL	53.0	435'
B-87	08/01	440	CL	53.5	440'
B-88	08/01	445	CL	54.0	445'
B-89	08/01	450	CL	54.5	450'
B-90	08/01	455	CL	55.0	455'
B-91	08/01	460	CL	55.5	460'
B-92	08/01	465	CL	56.0	465'
B-93	08/01	470	CL	56.5	470'
B-94	08/01	475	CL	57.0	475'
B-95	08/01	480	CL	57.5	480'
B-96	08/01	485	CL	58.0	485'
B-97	08/01	490	CL	58.5	490'
B-98	08/01	495	CL	59.0	495'
B-99	08/01	500	CL	59.5	500'
B-100	08/01	505	CL	60.0	505'



Applicant Option
Wetland
Phase 1a construction
Phase 1b construction
Future construction

BORING INFORMATION TABLE

BORING ID	DEPTH (FEET)	SOIL TYPE	WATER TABLE (FEET)	REMARKS
SB-3045	1.0	CL	0.5	
SB-3046	1.0	CL	0.5	
SB-3047	1.0	CL	0.5	
SB-3048	1.0	CL	0.5	
SB-3049	1.0	CL	0.5	
SB-3050	1.0	CL	0.5	
SB-3051	1.0	CL	0.5	
SB-3052	1.0	CL	0.5	
SB-3053	1.0	CL	0.5	
SB-3054	1.0	CL	0.5	
SB-3055	1.0	CL	0.5	
SB-3056	1.0	CL	0.5	
SB-3057	1.0	CL	0.5	
SB-3058	1.0	CL	0.5	
SB-3059	1.0	CL	0.5	
SB-3060	1.0	CL	0.5	

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 8, 2020 meeting;

IT APPROVES the Site Plan Application submitted Brad Preissel to move a 4-unit seasonal motel rental unit from the Indian Trails Motel property at 1013 Broadway on to the All Star Motel site at 1311 Broadway, Columbia County Parcel 11291-1292.03.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2020
Date Passed:
Date Published:

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

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

- Office Use Only -

Initial application fee	\$300.00
Receipt number	# 72883
Application number	

1. Applicant information

Applicant name Brad Preissel

Street address 717 Race Street

City Wisconsin Dells

State and zip code WI - 53965

Daytime telephone number 608-393-0876

Fax number, if any 608-253-7333

E-mail, if any blackhawkmotel@blackhawkmotel.com

2. Subject property information

Street address	<u>1311 Broadway, Wisconsin Dells</u>	
Parcel number	<u>11291-1292.03</u>	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	<u>Commercial</u>	
Describe the current use	<u>Motel - accommodating short term overnight guests.</u>	

3. Proposed use. Describe the proposed use.

Moving a building 26 x 36 consisting of 4 overnight rental units. Units are recently renovated and were formerly part of the Indian Trail Motel.

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

Building will be an addition to the current All Star Inn & Suites. Accommodating overnight guests from early to mid April - October.

5. Potential nuisances. Describe any potential nuisances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

N/A

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

Additional building is an expansion to the current use of the property.

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

Location of proposed site is green space and has no effect of vehicle or foot traffic.

c. Effects of the project on the natural environment

Not much effect as the property still has ample green space

d. Effects of the project on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

Building is an addition to the current business

e. The overall appearance of the project

Rooms are recently renovated, building is white. Matches existing color of other buildings. D



f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

3. Common open space areas are designed and located within the project to afford use by all residents of the project. These common areas may include, but are not limited to: game courts or rooms, swimming pools, garden roofs, sauna baths, putting greens, or play lots.

4. Active recreation and leisure areas, except those located completely within a structure, used to meet the open space requirement, shall not be located within fifteen (15) feet of any door or window of a dwelling unit.

5. Private waterways, including pools, streams and fountains, may be used to satisfy not more than fifty (50%) percent of the required open space.

6. Trash collection areas shall be provided within two hundred and fifty (250') feet of the units they are designed to serve. Such areas shall be enclosed within a building or screened with masonry walls having a minimum height of five feet. Access gates or doors to any trash area, not enclosed within a building, are to be of opaque material.

7. **Project map.** Attach a scaled map showing the information as listed at the end of this application. Use one of the following page sizes as appropriate: 8½" x 11", 11" x 17", or 24" x 36".

8. Applicant certification

- ◆ I certify that the application is true as of the date it was submitted to the City for review.
- ◆ I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below.

Brad Fremd

Applicant Signature

5-28-20

Date



Site Plan Application

4-unit seasonal motel unit – Move from Indian Trl to All Star Motel

Staff Report for Plan Commission, 06/08/2020

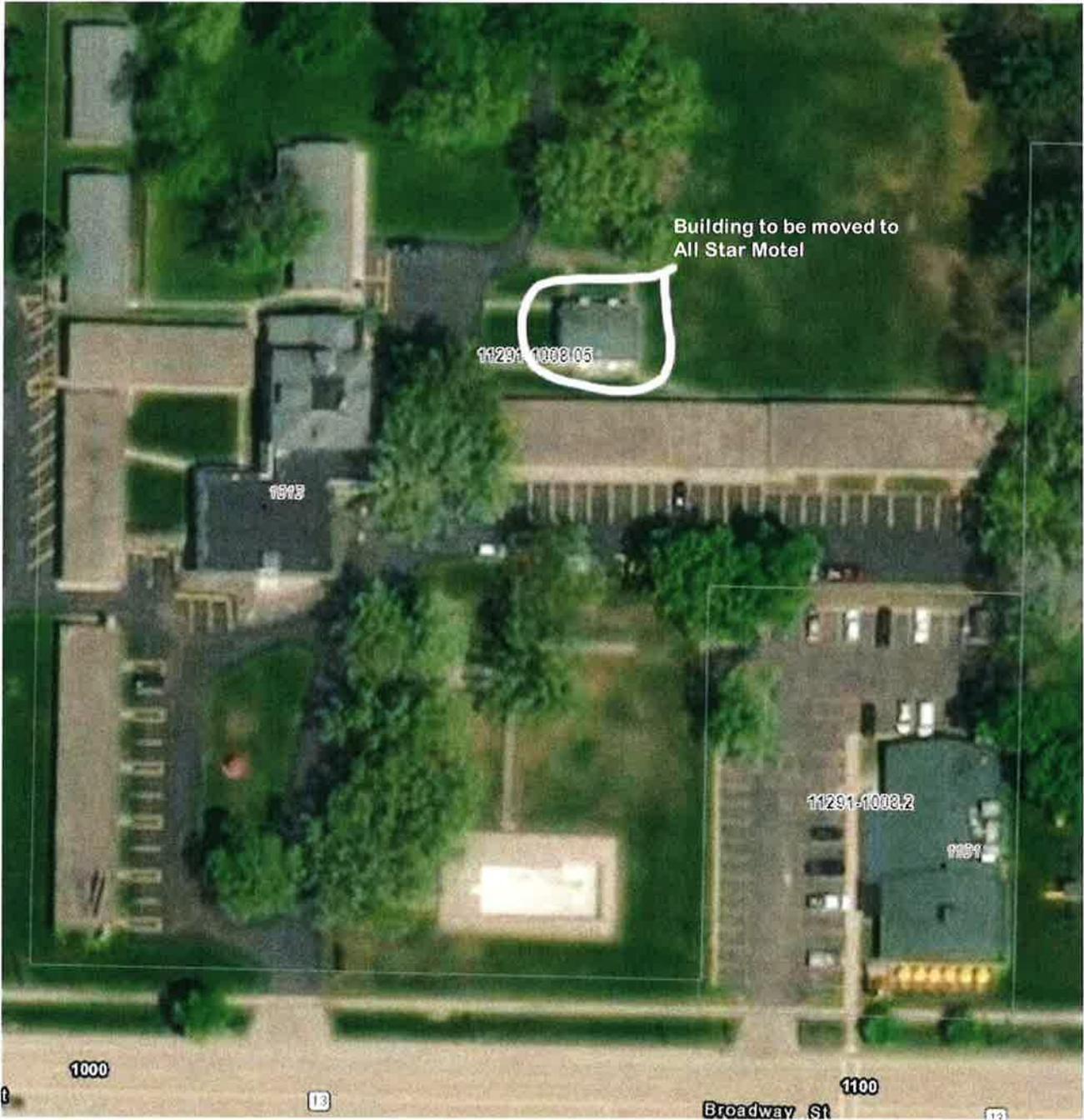
The City has received a Site Plan application from Brad Preissel to move an existing 4-unit seasonal motel building from the Indian Trl motel at 1013 Broadway to the All Star Motel at 1311 Broadway. The buildings is approximately 26 ft x 36 ft. All new commercial buildings require Site Plan approval.

The All Star Motel is in the C-1 Commercial-neighborhood Zoning District, which is not subject to review by the Design Review Committee.

There are 63 parking stalls on this site, and with the 4 new rooms there would be 50 rooms. The requirement is for 1 parking stall per room, plus employee parking. There is also additional lands on the property that could be developed for additional parking if required.

This building will be operated as overnight rental April - October and will be closed down for the winter.

Chris Tollaksen
City of Wisconsin Dells





New Building Location at All Star Motel



Building to be moved to All Star Motel

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

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the City Plan Commission from their June 8, 2020 meeting;

IT APPROVES the Site Plan Application submitted Preissel Enterprises to move a garage unit from the Indian Trails Motel property at 1013 Broadway to the Long Life Roofing site at 808 Business Park Road, Columbia County Parcel 11291-1497.19.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2020
Date Passed:
Date Published:

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

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

- Office Use Only -

Initial application fee	300.00
Receipt number	R# 72892
Application number	_____

1. Applicant information

Applicant name	Preissel Enterprises
Street address	1921 Broadway Avenue
City	Wisconsin Dells
State and zip code	WI 53965-0688
Daytime telephone number	608/254-7948
Fax number, if any	608/254-6901
E-mail, if any	longlife@longliferoofing.com

2. Subject property information

Street address	808 Business Park Rd.	
Parcel number	11291-1497.19	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	I-1 Industrial	
Describe the current use	Office building and storage buildings being leased by Long Life Roofing Co.	

3. Proposed use. Describe the proposed use.

3-car garage to be moved in from Indian Trails Motel for additional storage for equipment used by Long Life Roofing Co.

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

Same hours as currently open. M-F 6:00 am to 7:00 pm during May to October. M-F 7:00 am to 6:00 pm October to May. Occasional Saturday partial days.

5. Potential nuisances. Describe any potential nuisances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

None

SITE PLAN APPLICATION

Wisconsin Dells, Wisconsin

Version: February 27, 2008

6. Review criteria. In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

Promotes the expansion of Long Life Roofing

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

None

c. Effects of the project on the natural environment

None. Placement will be on a currently paved/graveled area.

d. Effects of the project on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

There will be only a couple of days of construction when the site is cleared and foundation is poured. Once the garage is in place there will be no change to the operations currently taking place.

e. The overall appearance of the project

24' x 68' 3 - car garage.

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan: and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.



Site Plan Application

3-car garage – Move from Indian Trl to Long Life Roofing yard

Staff Report for Plan Commission, 06/08/2020

The City has received a Site Plan application from Preissel Enterprises to move an existing 3-car garage building from the Indian Trl motel at 1013 Broadway to the Long Life Roofing Contractors yard at 808 Industrial Dr in the Industrial Park. This property is Zoned I-1 Industrial.

The construction or placement of any new commercial building requires Site Plan approval.

This building would be utilized as additional cold storage for Long Life Roofing. There appears to be adequate space in the yard for this building.

Chris Tollaksen





Business Park Rd

11291-1497.2

Busine

11291-1497.20

808

11291-1497.23

3-car garage
moved from
Indian Trail

11291-1497.19

Business Park Rd

1891

11291-1497.1

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Public Works Committee from their June 8, 2020 meeting;

IT APPROVES the request of Mark Brown of Chalet Lanes to install new double doors on the side of the building that when open, will encroach into the city's right-of-way. This is part of an overall plan to have outdoor seating with food service.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2020
Date Passed:
Date Published:

Proposal for Patio Door Relocation – Chalet Lanes

There is only 1 entrance into Chalet Lanes. There is no outdoor seating available. The Ricks received approval from the City and the State to add/relocate/remove doors within the building. They have been generous enough to offer relocating and installing the double door set that is currently located upstairs in the same building at our proposed location.

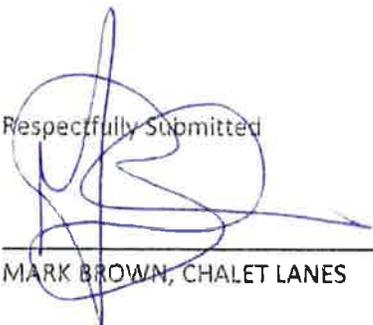
When fully open, the door is 11 inches from the wall (like is the existing entrance into the Chalet). Each door is 36 inches wide, with an overall width of 73 inches. The wall is 9 feet from the existing post, with an additional 6 feet from the post to the edge of the sidewalk.

This is step one of two of our intention to better service the impending plaza by offering food and covered seating. If approved of both steps, we will agree to release our exemption status on the premiere resort tax.

It is our understanding that, if the door is not approved after it's installation, we are responsible for the removal of the door.

Dated this 2 day of June, 2020.

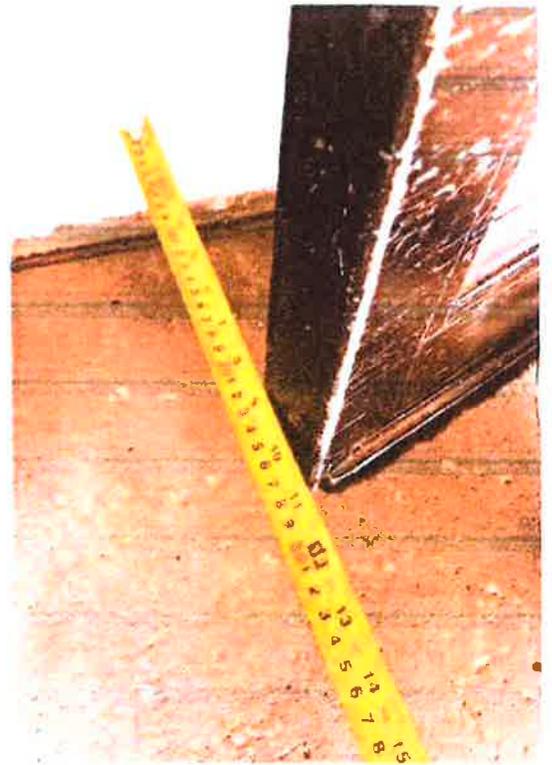
Respectfully Submitted



MARK BROWN, CHALET LANES



Existing Door from Upstairs Chalet Building - To Be Relocated To Chalet Lanes



Existing Chalet Lanes Entrance - Maximum Opening = 11" From Wall



Proposed Location of Patio Doors - Road View



Location of Proposed Patio Doors - Side View

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, it APPROVES a 6-month extension to the Conditional Use Permit issued to Kyler Royston in order to allow four Itinerant Sales (Night Market) and Outdoor Vendors at 15-27 Broadway. After 6-months, the Plan Commission will review and make a final determination on the Conditional Use Permit.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes and _____ nays

Date Introduced: June 15, 2020

Date Passed:

Date Published:

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Public Works Committee from their June 8, 2020 meeting;

IT APPROVES the 2019 Compliance Maintenance Annual Report (CMAR) for the Sewage Collection System with an "A" grade for both Financial Management and Collection Systems.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2020
Date Passed:
Date Published:

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:
5/27/2020 2019

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Karen Terry"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="608-254-2012"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="kterry@dellscitygov.com"/></p>																	
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2019"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0																
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>																	
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2019"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="456,102.22"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="6,189.81"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="462,292.03"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="23,674.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="456,102.22"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 100%;" type="text" value="6,189.81"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="462,292.03"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="23,674.00"/>	
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3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$	<input style="width: 100%;" type="text" value="6,189.81"/>														
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="462,292.03"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="23,674.00"/>														

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:
5/27/2020 **2019**

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) -

\$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 485,966.03

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund? \$ 249,267.00

0

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Potential new Lift Station along with second Force Main. Tentative at best, pending economic development.	2000000	2022
2	Construct ~ 1300 LF of sanitary sewer main, 1300 LF of sanitary sewer lateral and associated structures as part of Superior/La Crosse Street reconstruction project (MSA # 85084). 2.8 million dollar project of which ~ \$320,000 is associated w/ sanitary sewer work.	320000	2020
3	Construct new lift station (LS-7) in association w/ Wisconsin Dells High School project. Construct additional gravity sewer main as well as some new force main. Will eliminate existing LS-7 & LS-8.	1033000	2020
4	Trout Rd./ Jones Rd. Area Currently in design phases of project that will include constructing a new Lift Station and associated distribution lines. Anticipating a summer bid letting.	700000	2021

5. Financial Management General Comments

Project # 2 has not been closed out so I'm continuing to show it above. Sanitary portion is completed.
Project # 3 associated w/ new High School is on track to close out by year end. This project includes the abandonment of 2 LS's and the construction of 1 new LS. Hence the reduction to 18 related to total number of municipally owned LF's.

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

Compliance Maintenance Annual Report

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Last Updated: Reporting For:
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6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	17,653	261
February	18,393	263
March	20,114	194
April	22,579	101
May	29,123	45
June	26,330	11
July	21,116	12
August	20,992	14
September	22,056	11
October	20,044	61
November	20,645	165
December	19,334	221
Total	258,379	1,359
Average	21,532	113

6.1.2 Comments:

Electricity consumed includes some kWh's used for other purposes, such as heating, etc.. Some natural gas consumption is for NG powered back-up generation.

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

- No
- Yes

Year:

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Wisconsin Dells Sewage Collection System

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5/27/2020 2019

By Whom:

Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

None specifically. Each time we complete pump work or station maintenance, we consider efficiencies that might be gained by replacing equipment w/ newer, more efficient models.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:
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Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Still updating our FSP. Have made some significant upgrades to our GIS mapping that allows sharing of our facilities w/ outside agencies. Has created some efficiencies in locates and planning surveys specifically.

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

WPDES # 0031402, Wis. Dells Ord. # 7.04

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2015-12-30

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance

- Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:
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- A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
 - A description of routine operation and maintenance activities (see question 2 below)
 - Capacity assessment program
 - Basement back assessment and correction
 - Regular O&M training
 - Design and Performance Provisions [NR 210.23 (4) (e)]
- What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?
- State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
 - Construction, Inspection, and Testing
 - Others:

- Overflow Emergency Response Plan [NR 210.23 (4) (f)]
- Does your emergency response capability include:
- Responsible personnel communication procedures
 - Response order, timing and clean-up
 - Public notification protocols
 - Training
 - Emergency operation protocols and implementation procedures
- Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]
 - Special Studies Last Year (check only those that apply):
- Infiltration/Inflow (I/I) Analysis
 - Sewer System Evaluation Survey (SSES)
 - Sewer Evaluation and Capacity Management Plan (SECAP)
 - Lift Station Evaluation Report
 - Others:

0

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	<input type="text" value="15"/>	% of system/year
Root removal	<input type="text" value="11"/>	% of system/year
Flow monitoring	<input type="text" value="1"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="1"/>	% of system/year
Manhole inspections	<input type="text" value="10"/>	% of system/year
Lift station O&M	<input type="text" value="12"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="2"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="2"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value=".5"/>	% of system/year

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Private sewer I/I removal % of private services
 River or water crossings % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

<input type="text" value="46.4"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.75"/>	Annual average precipitation (for your location)
<input type="text" value="25"/>	Miles of sanitary sewer
<input type="text" value="19"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="1"/>	Number of sewer pipe failures
<input type="text" value="10"/>	Number of basement backup occurrences
<input type="text" value="10"/>	Number of complaints
<input type="text" value="0.527"/>	Average daily flow in MGD (if available)
<input type="text" value="1.011"/>	Peak monthly flow in MGD (if available)
<input type="text" value="0"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.04"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.40"/>	Basement backups (number/sewer mile)
<input type="text" value="0.40"/>	Complaints (number/sewer mile)
<input type="text" value="1.9"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

Date	Location	Cause	Estimated Volume (MG)
None reported			

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:
5/27/2020 **2019**

<ul style="list-style-type: none"> ● No <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Reconstructed 2429 LF of sanitary sewer and associated facilities in 2019 as part of Superior/Lacrosse street reconstruction project.</p> </div>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 5px;"> <p>Chimney seals on all new installations and rehabs.</p> </div>

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

Last Updated: Reporting For:

5/27/2020

2019

Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			4	16
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

Compliance Maintenance Annual Report

Wisconsin Dells Sewage Collection System

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 4.00

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Parking Board from their June 15, 2020 meeting;

IT APPROVES the parking agreement with DUKW LLC.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 15, 2020
Date Passed:
Date Published:

Soul of the River

Outdoor Gallery Photography Exhibit



To honor the permanency of the Wisconsin River and its place in the lives of people past and present, a permanent open-air gallery will be created featuring large-scale images of the river, river boat captains, and other souls deeply connected to the river.

Just as the river is there for all, this gallery will be free and accessible to the public year-round.

Downtown Wisconsin Dells is where tourism began, and tourism began because of the river. The exquisite photographs of the Wisconsin River in the groundbreaking landscapes of H.H. Bennett arguably marked the first foray into infusing art in the Wisconsin Dells experience. Fast-forward decades and generations, and the river remains the singularly most enduring and inspiring photography subject. One could argue the time to bring fine art to the forefront once again is overdue by a century.

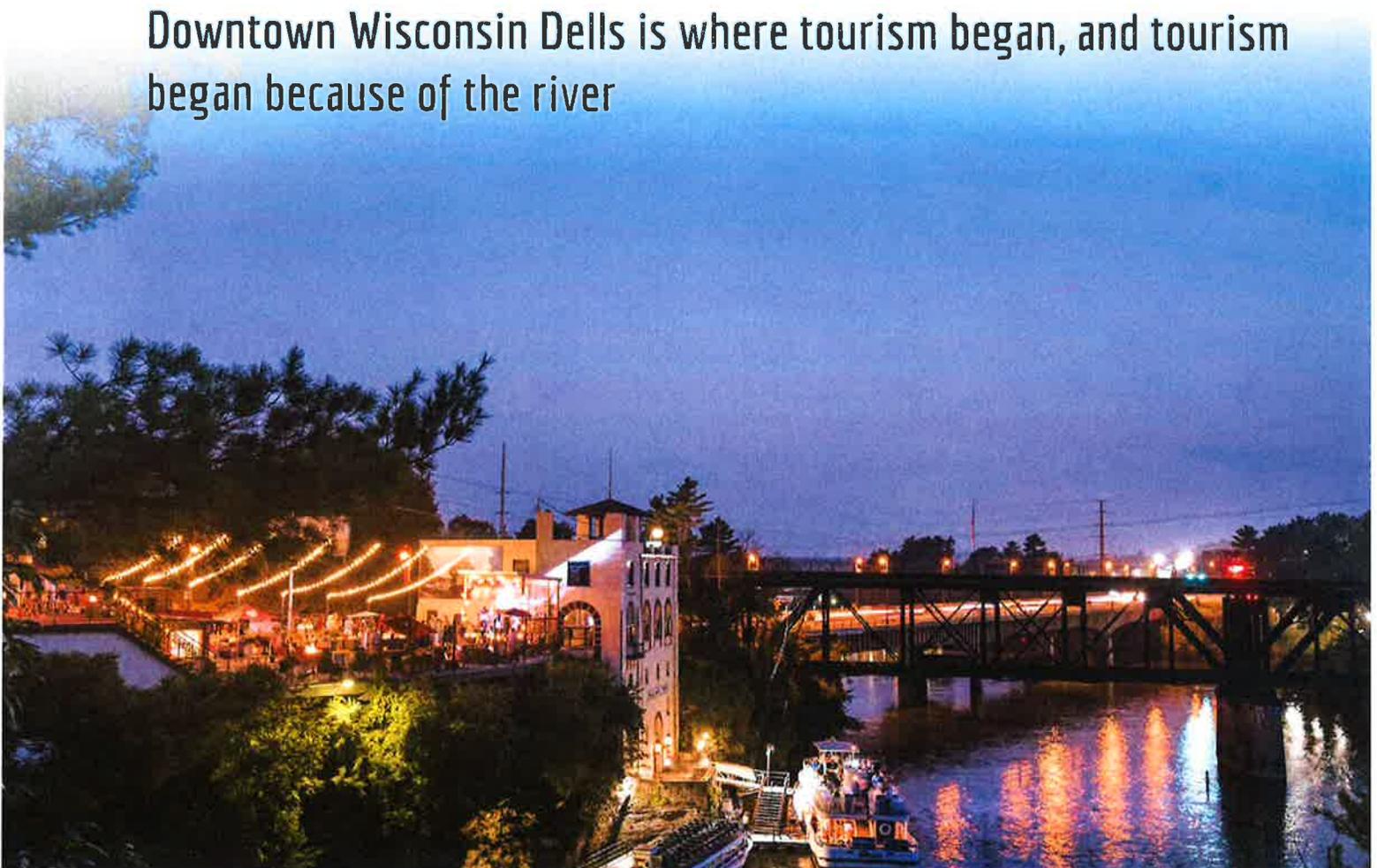
Location



Nestled into the Downtown River Walk with views to the water

The “Soul of the River” gallery will be a striking centerpiece in the revitalization of the Dells River Arts District. The proposed location on a bump out near the entrance of the River Walk will provide dramatic views to the water while still allowing for a “nestled-in” feel. The gallery-style outdoor lighting will set a dramatic tone at dusk when visitor foot traffic is heaviest downtown.

Downtown Wisconsin Dells is where tourism began, and tourism began because of the river





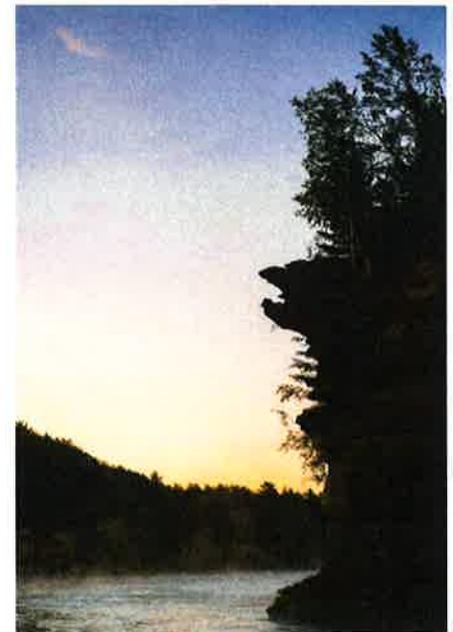
Story behind the shot

In Wisconsin Dells the surname Soma is synonymous with the river. Generations of Somas have worked the river, including Chris. He showed up for the shoot as if straight out of central casting. How could we not include his 1950 Jeep to help paint a fuller picture of how history predestined his path

Tribute

“Soul of the River” will further the story of our community, told with great humanity for those whose affection for the river runs deep. The gallery will be a beacon of our devotion to protecting the river just as we share this spectacular natural resource with the world. People will learn the stories of the first female boat captain, Marty Fisher, and John A. Trumble who piloted the river’s first wooden speed boats, among others. Those stories coupled with the photographs will create lasting emotional connections for residents and visitors alike.

The river itself will become character in this intriguing portraiture series



DESIGN

With the need for a thoughtful design that flowed with the surrounding River Walk, we've teamed with a talented landscape and urban design architect from the University of Wisconsin Madison, Eric Schuchardt. Eric has designed intricate plazas and parks along with comprehensive waterfront and campus master plans.

Eric shares our vision to create a free-flowing, natural landscape exhibit with large scale images taking center stage. Equally important, what we're designing supports the broader revitalization theme for downtown Wisconsin Dells and more specifically the River Arts District.



SOUL OF THE RIVER

Draft Concept



POPLAND
2020-0124



SOUL OF THE RIVER

Draft Concept



POPLAND



SOUL OF THE RIVER

Draft Concept



POPLAND
2009.04.01



SOUL OF THE RIVER

Draft Concept



POPLAND
2009.04.01



SOUL OF THE RIVER

Draft Concept



POPLAND
2009.04.01

ABOUT THE ARTIST

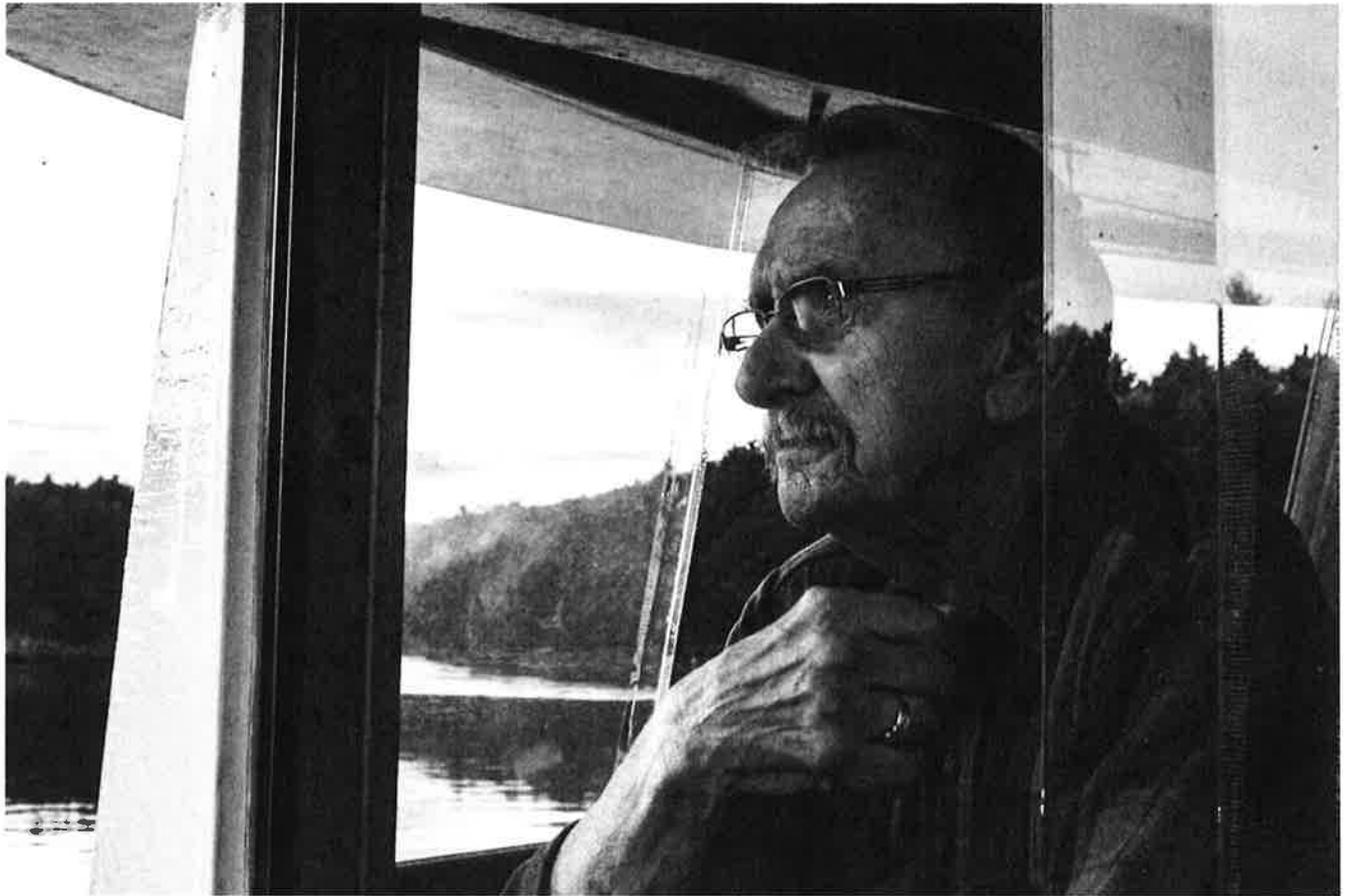


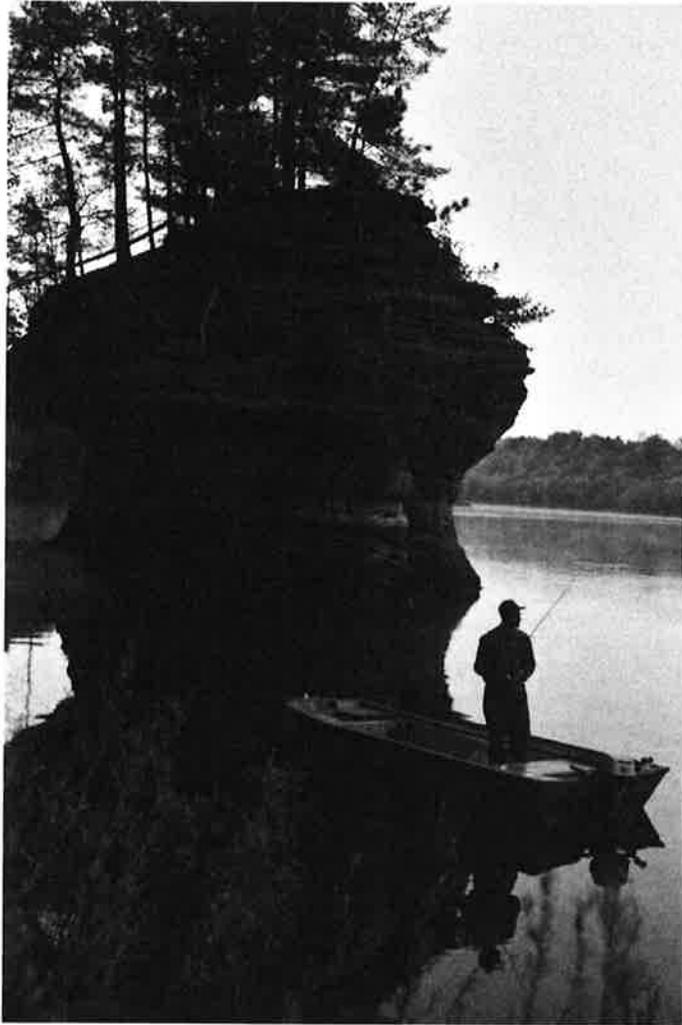
JOSEPH LEUTE

Joseph Leute is a native of Wisconsin Dells who now splits his time between his home on the shore of Mirror Lake in south central Wisconsin and an apartment in the Fort Greene neighborhood of Brooklyn. He started his career shooting for the Associated Press and that raw, editorial street-style of shooting is still evident in many of his images. He was trained at the University of Wisconsin-Madison.

Leute's work has been the subject of gallery exhibits in his home state, including a show at the H.H. Bennett Studio in 2016, while his most recent commission - thanks to the generous gift from the Greg C. Van Wie Foundation - was the city's first outdoor mural, combining historic Bennett images with his own and installed on a landmark riverboat building in the Dells River Arts District.

THE WORK





CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin,

IT APPROVES moving the July Common Council meeting from Monday, July 20, 2020 to Tuesday, July 21, 2020 in order to accommodate the timeline for the General Obligation Notes for the Tax Incremental District No. 2 projects.

Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes, ____ nays ____ abs.

Date Introduced: June 15, 2020

Date Passed:

Date Published:

City of Wisconsin Dells

Preliminary Timeline for
\$4,000,000 Tax-Exempt General Obligation Notes and
\$2,600,000 Taxable General Obligation Notes
For Tax Incremental District No. 2 Projects

July 21 Sale

- | | |
|----------|--|
| July 6 | Preliminary Official Statement Completed and sent to City for review |
| July 9 | Official Notice of Sale / Preliminary Official Statement distributed to market |
| July 21 | Sale – Bids received in A.M. / Council action on resolutions awarding the Notes to successful bidders. |
| August 4 | Closing; delivery of funds to City for deposit into project accounts |

CITY OF WISCONSIN DELLS
FINAL RESOLUTION NO. _____
(Vacating a Portion of Jones Road, Sauk County)

THE COMMON COUNCIL of the City of Wisconsin Dells hereby consents to the following action per State Statute 66.1003;

WHEREAS, the city had received a request to vacate a portion of the public right-of-way on Jones Road in Sauk County; WHEREAS, the City of Wisconsin Dells Common Council has determined that the request is reasonable; WHEREAS a map of the area is included as Exhibit A and a map showing the lands to which the vacated lands will be attached is included as Exhibit B;

NOW THEREFORE BE IT RESOLVED by the City of Wisconsin Dells as follows:

Legal description of vacated lands:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road, 65.97 feet to the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road, 152.83 feet; thence Northeasterly along a 50.00 foot radius curve to the right in the Southerly, Westerly and Northerly right-of-way line of Jones Road having a central angle of 277°24'00" and whose long chord bears North 00°31'03" East, 66.00 feet; thence South 89°28'57" East along the North right-of-way line of Jones Road, 152.11 feet; thence South 00°06'41" East, 66.00 feet to the point of beginning. Containing 16,760 sq. ft, more or less.

Legal Description of lands to which vacated lands will be attached:

Section "A" to Helugus, LLC:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 150.00 feet to the Northwest corner of Lot 1 and the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road, 68.80 feet; thence Northwesterly along a 50.00 foot radius curve to the right in the Southerly and Westerly right-of-way line of Jones Road having a central angle of 128°39'00" and whose long chord bears North 73°51'27" West, 90.13 feet; thence North 80°28'03" East, 50.00 feet to a point in the centerline of Jones Road; thence South 89°28'57" East along the centerline of Jones Road, 111.99 feet; thence South 10°11'03" West along the Northerly extension of the Westerly line of Lot 1, Certified Survey Map, No. 4982, 33.48 feet to the point of beginning. Containing 5715 sq. ft. more or less.

Section "B" to Riverview Boat Line:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 65.97 feet to the point of beginning; thence continuing North 89°28'57" West along the South right-of-way line of Jones Road and the North line of Lot 1, 84.03 feet to the Northwest corner of Lot 1; thence North 10°11'03" East along the Northerly extension of the Westerly line of Lot 1, 33.48 feet to a point in the centerline of Jones Road; thence South 89°28'57" East along the centerline of Jones Road, 78.04 feet; thence South 00°06'41" East, 33.00 feet to the point of beginning. Containing 2470 sq. ft, more or less.

Section "C" to Stony Acres, LLC:

Being part of the Southeast Quarter of the Northeast Quarter of Section 8, Town 13 North, Range 6 East, City of Wisconsin Dells, Sauk County, Wisconsin, described as follows: Commencing at the East Quarter corner of Section 8; thence North 00°08'05" West along the East line of Lot 1, Certified Survey Map, No. 4982, 620.42 feet to the Northeast corner thereof, said point being in the South right-of-way line of Jones Road; thence North 89°28'57" West along the South right-of-way line of Jones Road, 65.97 feet; thence North 00°06'41" West, 33.00 feet to a point in the centerline of Jones Road and the point of beginning; thence North 89°28'57" West along the centerline of Jones Road, 190.03 feet; thence South 80°28'03" West, 50.00 feet to a point in the West right-of-way of Jones Road; thence Northeasterly along a 50.00 foot radius curve to the right in the Westerly and Northerly right-of-way line of Jones Road having a central angle of 148°45'00" and whose long chord bears North 64°50'33" East, 96.30 feet; thence South 89°28'57" East along the North right-of-way line of Jones Road, 152.11 feet; thence South 00°06'41" East, 33.00 feet to the point of beginning. Containing 8574 sq. ft, more or less.

Dated this 15th day of June, 2020

Edward E. Wojnicz
Mayor

Nancy R. Holzem
City Clerk/Coordinator

Approved: June 15, 2020
Date Published: June 25, 2020

As prepared by:

GROTHMAN & ASSOCIATES S.C.

LAND SURVEYORS

623 EAST SUPER STREET, P.O. BOX 373 PORTAGE, WI 53901
PHONE PORTAGE: (808) 742-7788 SAUK: (808) 844-8577
FAX: (808) 742-0434 E-MAIL: surveying@grothman.com
(RED LOGO REPRESENTS THE ORIGINAL MAP)

SEAL:



G & A FILE NO. **819-451**

DRAFTED BY: A. MAST

CHECKED BY: IG

PROJ. 819-451

DWG. 819-451 CSM SHEET 1 OF 7

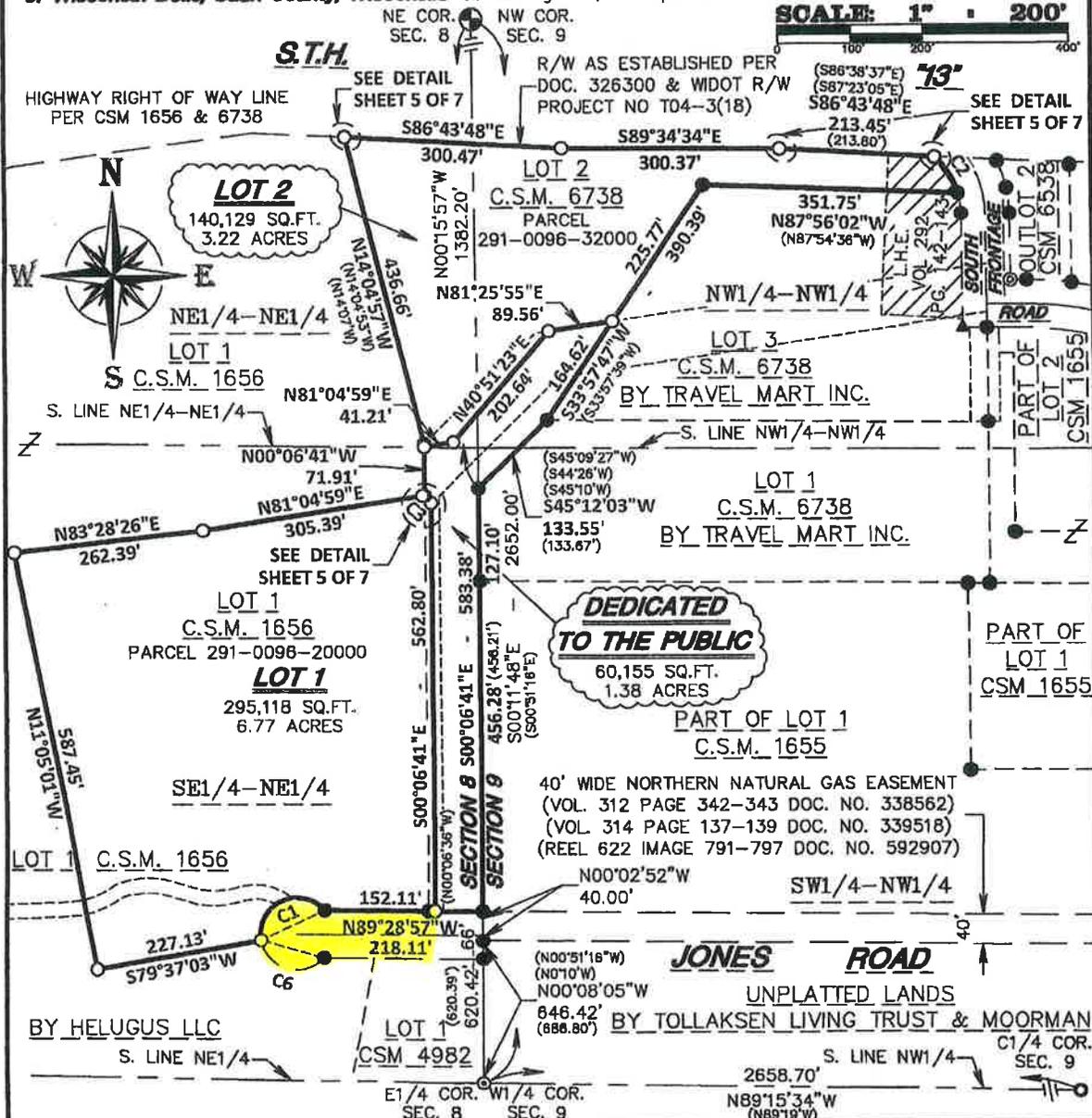
EXHIBIT A

SAUK COUNTY CERTIFIED SURVEY MAP NO. _____ GENERAL LOCATION

Volume _____, Page _____

Being part of Lot 1, C.S.M. No. 1656 as Recorded in Volume 7 of C.S.M.S, Pages 1656, 1656A & 1656B as Document No. 48016, all of Lot 2, C.S.M. No. 6738 as Recorded in Volume 40 of C.S.M.S, Pages 6738, 6738A & 6738B as Document No. 1174778 located in the NE1/4 of the NE1/4, the SE1/4 of the NE1/4 of Section 8, the NW1/4 of the NW1/4 and the SW1/4 of the NW1/4 of Section 9 all in T. 19 N, R. 6 E, City of Wisconsin Dells, Sauk County, Wisconsin. Containing 495,402 sq.ft. 11.37 Acres

SCALE: 1" = 200'



OWNER:
PARCEL 291-0096-20000
HELUGUS LLC
P.O. BOX 830
WISCONSIN DELLS, WI 53965

OWNER:
PARCEL 291-0096-32000
RIVERVIEW BOAT LINE
P.O. BOX 410
WISCONSIN DELLS, WI 53965

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

As prepared by:

GA GROTHMAN & ASSOCIATES S.C.
LAND SURVEYORS

625 EAST SILVER STREET, P.O. BOX 373 PORTAGE, WI 53901
PHONE: PORTAGE: (808) 742-7788 SAUK: (808) 844-8877
FAX: (808) 742-0434 E-MAIL: surveying@grothman.com
(RED LOGO REPRESENTS THE ORIGINAL MAP)

SEAL:



G & A FILE NO. **819-451**



DRAFTED BY: A. MAST

CHECKED BY: JG

PROJ. 819-451

DWG. 819-451 CSM SHEET 2 OF 7

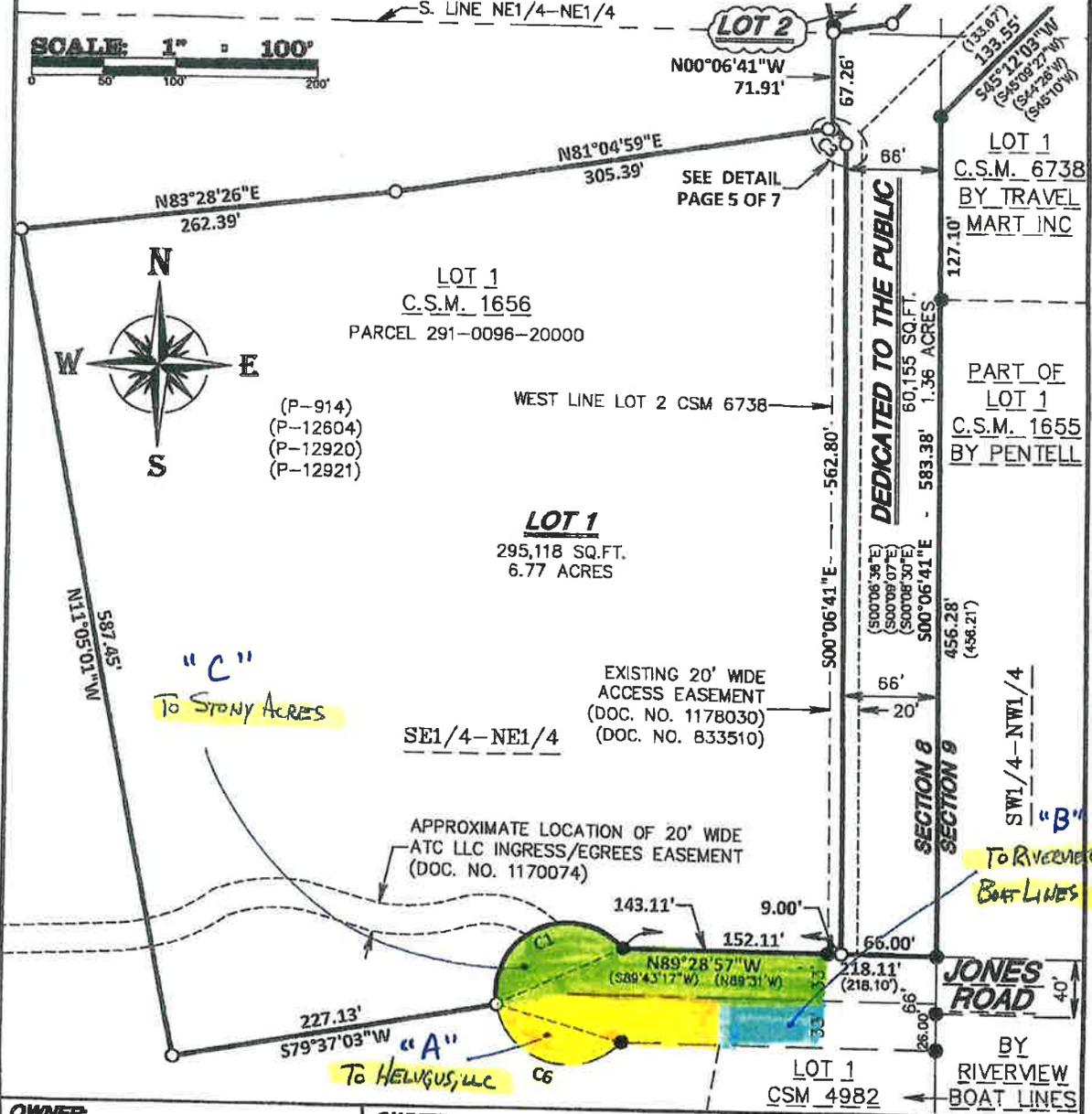
EXHIBIT B

SAUK COUNTY CERTIFIED SURVEY MAP NO. _____ GENERAL LOCATION

Volume _____ Page _____

Being part of Lot 1, C.S.M. No. 1656 as Recorded in Volume 7 of C.S.M.S, Pages 1656, 1656A & 1656B as Document No. 480116, all of Lot 2, C.S.M. No. 6738 as Recorded in Volume 40 of C.S.M.S, Pages 6738, 6738A & 6738B as Document No. 1174778 located in the NE1/4 of the NE1/4, the SE1/4 of the NE1/4 of Section 8, the NW1/4 of the NW1/4 and the SW1/4 of the NW1/4 of Section 9 all in T. 13 N, R. 6 E, City of Wisconsin Dells, Sauk County, Wisconsin. Containing 495,402 sq.ft. 11.37 Acres

S. LINE NE1/4-NE1/4



OWNER:
PARCEL 291-0096-20000
HELVUGUS LLC
P.O. BOX 830
WISCONSIN DELLS, WI 53965

OWNER:
PARCEL 291-0096-32000
RIVERVIEW BOAT LINE
P.O. BOX 410
WISCONSIN DELLS, WI 53965

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