

# CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description : COMMON COUNCIL MEETING  
 Date: MONDAY, JUNE 17, 2019 Time: 7:00PM 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
<b>OPENING</b>				
1	Call to Order & Roll Call Attendance			
2	Pledge of Allegiance			
3	Approval of Consent Agenda Items: <ul style="list-style-type: none"> <li>a. May 20, 2019 Common Council Meeting Minutes</li> <li>b. Schedule of Bills Payable dated June 17, 2019</li> <li>c. Applications for Bartender Licenses</li> </ul>			
<b>AGENDA ITEMS</b>				
4	Public Comment/Citizen Appearances for Any Non-Agenda Item			
5	Special Events Permit Application submitted by Maurer's Market in Order to Block an Alley for an Event in their Parking Lot on Thursday, July 4, 2019			
6	Discussion/Decision on Application for an Original Class B Beer & Class B Liquor License Submitted by Dells Resorts, Inc., David Makowski Agent, for Dells Resorts Inc. for Hot Rocks and the BP Gas Station/Convenience Store at 399 Hwy A & 2040 Wisconsin Dells Parkway, for the Licensing Period of July 1, 2019 Through June 30, 2020 (Name change from American World, Inc.)			
7	Discussion/Decision on Applications for Renewal of the Following Alcohol Licenses for the Licensing Period of July 1, 2019 Through June 30, 2020: <ul style="list-style-type: none"> <li>a. Class A Beer Licenses</li> <li>b. Class A Beer &amp; Class A Liquor Licenses</li> <li>c. Class B Beer Licenses</li> <li>d. Class B Beer &amp; Class C Wine Licenses</li> <li>e. Class B Beer &amp; Class B Liquor Licenses</li> </ul>			
8	Discussion/Decision on Applications for Renewal of Cigarette & Tobacco Products Retail Licenses for the Licensing Period of July 1, 2019 Through June 30, 2020			
9	Discussion/Decision on Applications for Renewal of Backyard Chickens Permits			
10	Discussion/Decision on Application for Renewal of Livestock/Poultry License Submitted by Amy Palmer for the Animals at Timber Falls Adventure Park			
11	Applications for Renewal of Mobile Home Park Licenses			
<b>RESOLUTIONS</b>				
12	Resolution to Approve Additional Funding for Monitoring Well at Finnegan Avenue Remediation Site			
13	Resolution to Approve a Conditional Use Permit to Maurer's Market in order to Allow Outdoor Commercial Food & Beverage Service, Outdoor Vendors, and Itinerant Sales at 216 Washington			

14	Resolution to Approve the Site Plan Application Submitted by DNL of Wisconsin LLC to Construct a Picnic Pavilion for the Cabin Campground at 300 County A
15	Second Reading of Proposed Ordinance to Allow Instructional Facilities as a Permitted Use in the C-2 Commercial Downtown Zoning District
16	Second Reading of Proposed Ordinance to Update the Zoning Code to Reflect State Law Regarding Short-Term Rentals of Residential Properties
<b>CLOSING</b>	
17	Business for Referral to Subsequent Meetings
18	Adjourn
	<p>Nancy R. Holzem  City Clerk/Coordinator  Posted: 06/14/2019</p>
	<p>PLEASE BE ADVISED THAT UPON REASONABLE NOTICE, THE CITY OF WISCONSIN DELLS WILL FURNISH APPROPRIATE AUXILIARY AIDS AND SERVICES TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN MEETING ACTIVITIES.</p>

























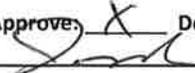




**CITY OF WISCONSIN DELLS**  
**APPLICATION FOR OPERATOR'S (BARTENDER) LICENSE**

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, 2018 to June 30, 2020      Amount Paid: \$ 60.00      Receipt No. 68913  
 Council Date Granted: \_\_\_\_\_      Police Dept Verification: 5/20/19 By: RC - CH  
 License #: \_\_\_\_\_      Date Issued: \_\_\_\_\_      Police Chief Recommendation: Approve: X Deny: \_\_\_\_\_  


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

Name Martinez Andre  
Last First Middle  
 Home Address 618 Capital St Wisconsin Dells WI 53965  
Street City State Zip

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

Date of Birth: 03/02/1999 Drivers License # 10918379720 State International

Phone Number: 608-8440411

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

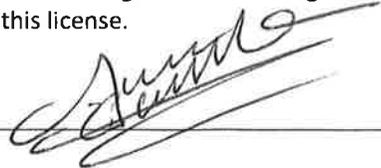
License to be used at (Name of Wisconsin Dells Business): Chula Vista Resort

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:  Date: 5/20/19



(Continued)

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

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

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

**STATE OF WISCONSIN**

**COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU**

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

Signature of Applicant: Michael Murphy Date: 5-21-19

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

(SEAL)







**CITY OF WISCONSIN DELLS  
APPLICATION FOR  
SPECIAL EVENT and /or STREET CLOSING PERMIT**

ITEM 5

- Date Application Submitted: 6.5.19 Application Fee \$160 Receipt No. 69164
- Application must be submitted to City Clerk no less than 10 days before the next Common Council meeting.
- Applications may not be amended after approval, unless done so by the Police Chief or designee.

**1. Applicant Information**

Applicant's Name KRISTIE MAURER  
 Organization/Business (if any) MAURER'S MARKET  
 Address (include city/zip) 216 Washington Ave, Wis Dells, WI 53965  
 Contact Phone Number 608 434 2372 Email kmaurer@myurbanmarket.com

**2. Event Purpose**

Event Name or Title: 4th of July Parking Lot Party Repeat Event?  Yes  No  
 Organization Associated with Event (if applicable) \_\_\_\_\_ Non-profit Event?  Yes  No

Purpose of Event (Include detailed description of event/activities) To provide a family-friendly event that draws people to the downtown. To raise money for local charities. To have a fun destination for people to watch the fireworks, and to reduce any risk of people + cars.

**3. Event Information & Assembly**

Date(s) of the Actual Event 7.4.19  
 Date/Time event will assemble 1pm - 11pm Date/Time event will begin 1pm  
 Time event will end 11pm Time event will disband 11pm  
 Event website (if any) n/a  
 Name of contact person on day of event Kristie Maurer Cell 608 434 2372

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:  
Alley behind Maurer's Market.

Number of Barricades Needed & Locations (if applicable) none

Will this event include: **Fireworks?**  Yes  No If yes, a Fireworks Display Permit is needed.  
**Beer/Wine Sales?**  Yes  No If yes, a Temporary Class B Beer/Wine License is needed.  
 If yes, please list who will be obtaining those permits/licenses: Kilbourn Fire Dept.

\*Approximate maximum number in attendance at one time 400

Attendance estimate based on? New event.

Traffic Assistance Needed:  Yes  No If yes, location and time(s): \_\_\_\_\_

**4. Entertainment/Amplified Music or Announcing**

Any amplified music or announcing:  Yes  No

Describe entertainment area/location (if applicable) DT + possible band. Will be by front middle door of Maurer's Market.

**5. Public Safety**

Traffic Assistance Needed:  Yes  No If yes, location and time(s): \_\_\_\_\_

Police/Security Needed (may be assigned based on event details)  No  Yes, location & purpose \_\_\_\_\_

EMS / Fire Dept. Needed (may be assigned based on event details)  No  Yes, location & purpose \_\_\_\_\_

**6. Sanitation & Utilities**

Temporary Electric Service needed:  Yes  No

Number of bathroom stall accommodations, if required: \_\_\_\_\_ Men \_\_\_\_\_ Women 4 Unisex \_\_\_\_\_ Handicapped Accessible

**7. Vendors**

Merchandise and/ or Food Vendors:  no \_\_\_\_\_ yes, approximate number: \_\_\_\_\_

**8. Parking Impact**

List the number of parking stalls, and/or what parking lot(s) that will be affected and during what time:

Maurer's Market parking lot will be closed from 7.3.19 @ 7pm to 7.4.19 @ 11pm

**Municipal Code Chapter 24 – Special Events Regulations**

**24.01 DEFINITIONS**

- A. Parade means any parade, march or procession of any kind and the assembly areas therefore.
- B. Highway has the meaning set forth in Sec. 340.01(22), Wis. Stats., and also includes areas owned by the City which are used principally for pedestrian or vehicular traffic.
- C. Special event shall be defined as any event whether for profit or not for profit which is to be held on any property within the control of the City of Wisconsin Dells.

**24.02 PERMIT REQUIRED**

No person shall form, direct, marshal, lead or participate in any parade on any highway under the jurisdiction of the City of Wisconsin Dells or hold a special event unless a permit has been obtained in advance as provided in this section; provided that, upon notification to the Chief of Police a parade on sidewalks and footways, in which persons move not more than two abreast and which does not substantially hinder normal use of the sidewalk or footway and conforms with traffic control devices and other traffic regulations may be conducted without a permit.

**24.03 EXEMPTIONS FROM PERMIT REQUIREMENT**

A permit is not required for assembling or movement of a funeral procession or Military Convoy. Any parade or special event sponsored by any agency of the Federal or State government, acting in its governmental capacity within the scope of its authority, shall be required to obtain a permit; however, shall be exempt from the parade permit fee contained in Section 11 of this section.

**24.04 WHEN APPLICATION MUST BE MADE**

A written application for a permit for any parade or special event shall be made by one of the organizers to the City Clerk on a form provided by the Clerk no less than 10 days in advance of the last regularly scheduled council meeting prior to the proposed event.

**24.06 RECOMMENDATIONS OF GOVERNMENTAL AGENCIES**

The Clerk shall submit a copy of the application to the Chief of Police and the Director of Public Works as well as any other affected departments. These departments shall report their findings to the Council at the next regularly scheduled Council meeting.

**24.11 FEE**

There shall be paid at the time of filing the application for a parade or special event permit a fee as established by resolution adopted pursuant to section 2.05.

24.12 CHARGE FOR INCREASED COSTS

Where the Police Chief and/or the Director of Public Works determines that the cost of municipal services incident to the staging of the parade or special event will be increased, the Council may require the permittee to pay an additional fee in the amount equal to the increased cost for the municipal services.

**Applicant Signature**

I hereby make an application for a Special Event and/or Street Closing Permit as detailed above. I agree to abide by the requirements of all City Ordinances and State Laws.

Print Name KRISTE M. MAURER

Signature Kriste M. Maurer Date 7.5.19

**FOR OFFICE USE ONLY:**

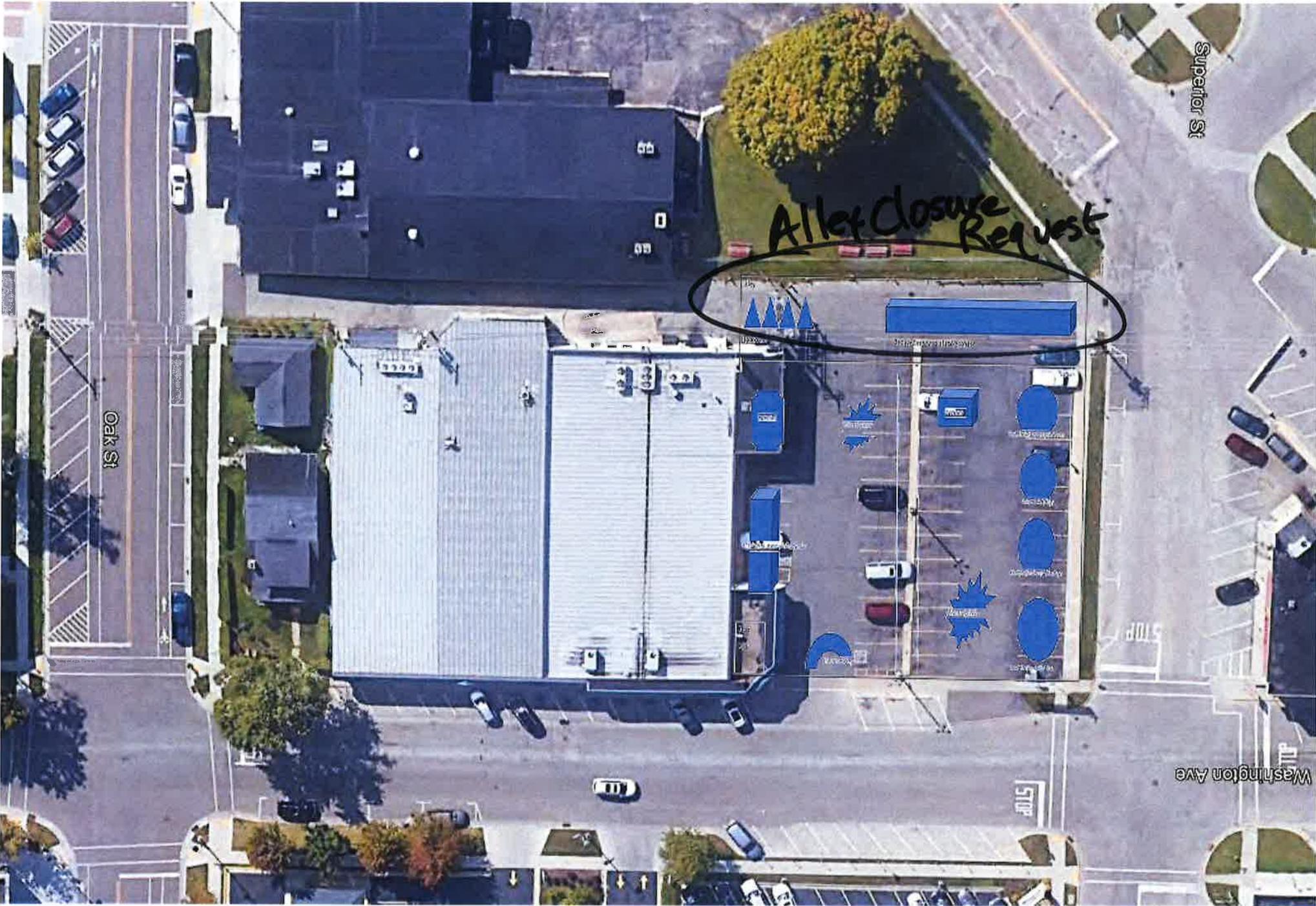
Date Application Received by City Clerk: \_\_\_\_\_ Clerk's Initials \_\_\_\_\_

Map provided  Amount Due \_\_\_\_\_ Date Paid: \_\_\_\_\_

**Department Routing:**

Police \_\_\_\_\_  Fire \_\_\_\_\_  DPW \_\_\_\_\_  EMS \_\_\_\_\_

Common Council Meeting Date \_\_\_\_\_:  Approved  Denied



Superior St

Oak St

Washington Ave

Alley Closure Request

Storage Units Only

Office

Delivery Area

Delivery Area

Delivery Area

Delivery Area

Delivery Area

Delivery Area

STOP

STOP

STOP

Alley



Bathrooms



Obstacle Course and Inflatable games

Sidewalk



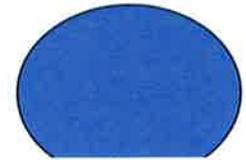
DJ Station



Unicorn Sprinkler



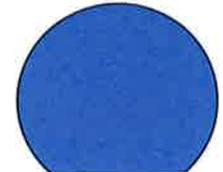
Beverages



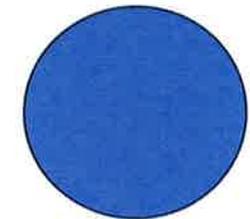
Food Station: Popcorn/Ice Cream



Pulled Pork & Chips



Food Station: Brats & Hot Dogs



Food Station: Grilled Corn



FT-shirt Area, screen printing/tye dye



Dinosaur Sprinkler



Entrance to Party

Front Door

"Quota Plus"

Quota Plus

R# 68762 ITEM 6

### Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-19 ending: 6-30-20  
(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 <u>A56-0000446486-0A</u>	
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>600.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	\$ <u>614.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DELLS RESORTS, INC. F/KIA AMERICAN WORLD, INC.

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICHARD</u>		<u>400 COUNTY RD A, 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>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>
Agent 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>
Director / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAKOWSKI</u>	<u>RICHARD</u>		<u>400 COUNTY RD A, WIS. DELLS, WI 53965</u>

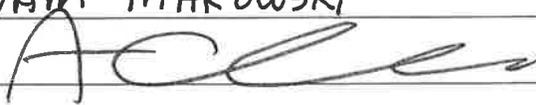
1. Trade Name DELLS RESORTS, INC. DBA HOT ROCKS + RP STORE Business Phone Number 608-253-3700  
2. Address of Premises 399 HWY A + 2040 W.D. PARKWAY Post Office & Zip Code WIS. DELLS, WI 53965

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.)  
1 STORY WOOD BUILDING & 1 STORY METAL BUILDING  
AMERICAN RESORT, BARS, BPLIQUORS & HOT ROCKS RESTAURANTS.  
AND CAMPGROUND.

4. Legal description (omit if street address is given above): \_\_\_\_\_  
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? AMERICAN WORLD, INC.  
NAME CHANGED TO DELLS RESORTS, INC.

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 1973 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <b>ADAM MAKOWSKI</b>	Title/Member <b>VP + SEC.</b>	Date <b>5-3-19</b>
Signature 	Phone Number <b>608-963-6861</b>	Email Address <b>ADAM@DILLSRESORTS.CO</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-6-2019</b>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

R# 68736

ITEM 7a

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: <u>456 00005118514 39-1882080</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) MARTIN RANDY LEE Home Address WSD64 Hwy B Rio WI Post Office & Zip Code 53960

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

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

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

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

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

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 721 SUPERIOR ST

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

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

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

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

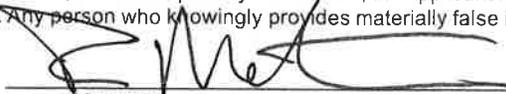
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-3-19</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 reverse side.

For the license period beginning: 07 01 2019 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 SAUK Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

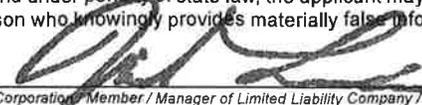
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MT OLYMPUS ENTERPRISES INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P O BOX 5, WIS DELLS WI 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	NICKOLAOS D. LASKARIS,	895 CANYON RD#301, POBOX 5 WIS DELLS	WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	AARON MATTESON,	153 KELLIE MARIE CT, REEDSBURG, WI	53959
Directors/Managers			

C. 1. Trade Name ▶ MT OLYMPUS CAMPGROUND STORE Business Phone Number 608-253-8441  
 2. Address of Premises ▶ 300 COUNTY ROAD A 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.) GENERAL STORE - CAMPGROUNDS ON HWY A
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. NEW STORE 5/1/2019  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/29/2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68154

Applicant's WI Seller's Permit No. 456000061041904	FEIN Number: 39-1516781
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input 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	\$ 2014
<b>TOTAL FEE</b>	\$ 12014

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
sole President/Member	<u>Jeffrey P. Maurer</u>	<u>53330 Fox Hill Rd.</u>	<u>Baraboo, WI 53913</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>KEVIN PEDERSON</u>	<u>W4537 Hwy G E Mauston WI</u>	<u>53948</u>
Directors/Managers	<u>KEVIN PEDERSON</u>		

C. 1. Trade Name MAURER'S MARKET Business Phone Number (608) 254-8313

2. Address of Premises 216 WASHINGTON AVE. 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.) SALES FLOOR & BASEMENT

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Jeffrey P. Maurer  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68702 ITEM 7b

Applicant's WI Seller's Permit No.: <u>456-1029167959-02</u>		FEIN Number: <u>81-4161056</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$	100	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	500	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
<b>TOTAL FEE</b>	\$	614	

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 45600057815604	
FEIN Number 391546227	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

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 TRAVEL MART INC	Address of Corporation / Limited Liability Company (if different from licensed premises) PO BOX 120 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 CAVES	(First) PAIGE	(Middle Name) MCKENZIE	Home Address (Street, City or Post Office, & Zip Code) 155 W ADAMS ST APT #3 WISCONSIN DELLS 53965
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>GUSSEL</u>	(First) <u>GARY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>25 Siskiwit Cr Madison 53512</u>
Vice President / Member Last Name GUSSEL	(First) DAVID	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) N897 1ST RD BRIGGSVILLE 53920
Secretary / Member Last Name GUSSEL	(First) JOSEPH	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 421 CHURCH ST WISCONSIN DELLS 53965
Treasurer / Member Last Name CHRISTENSEN	(First) RICHARD	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 646 GILLETTE DR WISCONSIN DELLS 53965
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 BROADWAY TRAVEL MART Business Phone Number 608-253-2091

2. Address of Premises 802 BROADWAY Post Office & Zip Code WISCONSIN DELLS 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.) CONVENIENCE STORE

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, manage 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.) <b>Christensen, Richard H</b>	Title / Member <b>CFO - TREASURER</b>	Date <b>5/2/19</b>
Signature 	Phone Number <b>608-393-6081</b>	Email Address <b>riche@travelmentinc.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-3-2019</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68730

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 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>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 <u>Gusset</u>	(First) <u>Gary</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>25 Siskiwit Cr Madison 53572</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 DR 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 RD Post Office & Zip Code WISCONSIN DELLS 53965

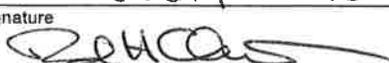
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

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

Applicant's Wisconsin Seller's Permit Number <u>456-0000578156-04</u>	
FEIN Number <u>39-1546227</u>	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

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.) <i>Christensen, Richard H</i>	Title / Member <i>TREASURER</i>	Date <i>5/2/19</i>
Signature 	Phone Number <i>608-393-6081</i>	Email Address <i>rich@travelmantic.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>5-3-2019</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68726

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 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>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>MEWS</u>	(First) <u>EMMA</u>	(Middle Name) <u>MARY</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1411 MARTINY CT APT #1 BARABOO 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>GUSSEL</u>	(First) <u>GARY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>25 Siskiwit Cr Madison 53512</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 DR 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 R&G TRAVEL MART Business Phone Number 608-254-5077

2. Address of Premises 611 N FRONTAGE RD #2 Post Office & Zip Code WISCONSIN DELLS 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.) CONVENIENCE STORE

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

Applicant's Wisconsin Seller's Permit Number <u>456-0000578156-04</u>	
FEIN Number <u>39-1546227</u>	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

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
- NEW AGENT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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.) <b>Christensen, Richard H</b>	Title / Member <b>Treasurer</b>	Date <b>5/2/19</b>
Signature 	Phone Number <b>608-393-6081</b>	Email Address <b>rich@travelmartinc.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-3-2019</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68732

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 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)
TRAVEL MART INC	PO BOX 120 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)
COOPER	DARCY		W1526 TROUT RD WISCONSIN 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)
Gussel	Gary		25 Siskiwit Cr Madison 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GUSSEL	DAVID		N897 1ST RD BRIGGSVILLE 53920
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GUSSEL	JOSEPH		421 CHURCH ST WISCONSIN DELLS 53965
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
CHRISTENSEN	RICHARD		646 GILLETTE DR WISCONSIN DELLS 53965
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 TRAVEL MART SHELL Business Phone Number 608-254-4488

2. Address of Premises 2415 WIS DELLS PARKWAY Post Office & Zip Code WISCONSIN DELLS 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.) CONVENIENCE STORE

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

Applicant's Wisconsin Seller's Permit Number 456-0000578156-04	
FEIN Number 39-1546227	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

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? [phone (608) 266-2776] . . . . .  Yes  No
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
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.) <b>Christensen, Richard H</b>	Title / Member <b>Treasurer</b>	Date <b>5/2/19</b>
Signature 	Phone Number <b>608-393-6081</b>	Email Address <b>richc@traveltourinc.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-3-2019</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68710

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901 Deerfield, IL 60015

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

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

President/Member \_\_\_\_\_

Vice President/Member \_\_\_\_\_

Secretary/Member Joseph Amsbury Jr. 354 Hirst Court Lake Bluff, IL 60044

Treasurer/Member \_\_\_\_\_

Agent ▶ Dana Weiland, Store Manager

Directors/Managers \_\_\_\_\_

C. 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

5. Legal description (omit if street address is given above): 15,120 sq ft.

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
Joseph Amsbury, Secretary

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-3-2019</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Bridgeview Corporation  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 513 Wisconsin Delles, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mr. Andrew W. Waterman</u>	<u>441 Alcan Dr.</u>	<u>Baraboo, WI 53913</u>
Vice President/Member	<u>Mrs. Judith A. Waterman</u>	<u>411 Alcan Dr.</u>	<u>Baraboo, WI 53913</u>
Secretary/Member	<u>Mr. John D. Waterman</u>	<u>1011 Weber Ave.</u>	<u>WI Delles, WI 53965</u>
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Mr. Andrew W. Waterman</u>	<u>441 Alcan Dr.</u>	<u>Baraboo, WI 53913</u>
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Timber Falls Adventure Park Business Phone Number 608-254-8414  
 2. Address of Premises ▶ 1000 Stand Rock Road Post Office & Zip Code ▶ WI Delles 53965

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

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

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Andrew W. Waterman member  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-23-19</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

#68714

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) EDYTA KAPUSTA Home Address 5653 OAKHILL LN WISCONSIN DELLS WI 53965 Post Office & Zip Code 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company EDYTKA'S POLISH REST. INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 221 BROADWAY WISCONSIN DELLS 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>EDYTA KAPUSTA</u>	<u>5653 OAKHILL LN</u>	<u>WISCONSIN DELLS WI 53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Edyta Kapusta</u>		
Directors/Managers			

C. 1. Trade Name Edy+Ka's Polish Restaurant Business Phone Number 608 253 4558  
 2. Address of Premises 221 Broadway Post Office & Zip Code 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty 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.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-3-2019</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: July 1, 2019 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 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>Lucy Hai LLC</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>Li</u>	<u>Hongyan</u>		<u>751 W Mulberry 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>Li</u>	<u>Hongyan</u>		<u>751 W Mulberry St, Baraboo WI 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Ta</u>	<u>Hai</u>		<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

1. Trade Name Wei's Chinese Restaurant Business Phone Number 608-844-3534

2. Address of Premises 630 S. Frontage Rd Post Office & Zip Code 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.)  
Restaurant, dining area 630 S. Frontage Rd  
Wisconsin Dells WI  
53965

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

R# 68791 \$50 Late Fee pd

Applicant's Wisconsin Seller's Permit Number	<u>83-2057485</u>
FEIN Number	<u>456-103034311-02</u>
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>
<b>TOTAL FEE</b>	\$ <u>114.00</u>

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.) <i>Li, Hongyan</i>	Title / Member <i>President</i>	Date <i>5-7-19</i>
Signature <i>Hongyan Li</i>	Phone Number <i>331-222-2614</i>	Email Address <i>lucy1971@icloud.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>5-8-2019</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Harold B. Larkin Post 187

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Larry Randall	4035 9th Ave Wisc. Dells	53965
Vice President/Member	Gary Thompson	S 108 Old Hwy 12 Wisc. Dells	53965
Secretary/Member	Giles Svehlek	4144 Hwy 13N Wisc. Dells	53965
Treasurer/Member	Aaron Castle	1085 Clara Ave Wisc. Dells	53965
Agent	Gary Thompson		

C.1. Trade Name ▶ American Legion Post 187

Business Phone Number 608-253-5302

2. Address of Premises ▶ 609 Wisconsin Ave, Wisc 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.) 2 Story/block block building

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-8-2019</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Medrano Juan Carlos Home Address 324 1/2 Broadway Post Office & Zip Code Wis Dells 53965

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Juan C Medrano</u>	<u>324 1/2 Broadway st</u>	<u>Wis Dells WI 53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Colotlan Mexican Restaurant Business Phone Number 608-254-8208

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Cement Block Building 28X120

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-24-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68540

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

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

R#68505

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-102963724702</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
Mielcarek Monika Amelia 651 Olive Ln Hampshire IL 60140

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

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

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

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

President/Member MONIKA AMELIA MIELCAREK 651 OLIVE LN HAMPSHIRE IL 60140

Vice President/Member \_\_\_\_\_

Secretary/Member DAMIAN MIELCAREK 651 OLIVE LN HAMPSHIRE IL 60140

Treasurer/Member \_\_\_\_\_

Agent \_\_\_\_\_

Directors/Managers \_\_\_\_\_

C. 1. Trade Name MISU FOOD INC Business Phone Number (630) 936-2134

2. Address of Premises 305 BROADWAY WISCONSIN DELLS WI Post Office & Zip Code 58905

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 THE RESTAURANT IN THE

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-22-2019</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 reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
 County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

R# 68750 \$50 Late Fee pd

Applicant's WI Seller's Permit No. FEIN Number	
456-1026396335-03 39 998 2694	
LICENSE REQUESTED ▶	
TYPE	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
<b>TOTAL FEE</b>	<b>\$ 114.00</b>

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

- A. Individual or Partnership:
- Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 Mitchell, Dennis Edward 4125 8th Ln Wisconsin Dells 53965  
 Merwin, Nicholas Ryan 876 County Rd K Wisconsin Dells 53965
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Assorted Axe Throwing  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
- | Title                 | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|--------------|------------------------|
| President/Member      | Dennis Mitchell         |              |                        |
| Vice President/Member |                         |              |                        |
| Secretary/Member      |                         |              |                        |
| Treasurer/Member      |                         |              |                        |
| Agent                 | Dennis Mitchell         |              |                        |
| Directors/Managers    |                         |              |                        |
- C. 1. Trade Name ▶ Assorted Axe Throwing Business Phone Number 608-432-5505  
 2. Address of Premises ▶ 513 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.) 513 Broadway  
 5. Legal description (omit if street address is given above):  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-6-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# 68738

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
County of SAUK COLUMBIA Aldermanic Dist. No. (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company **SHERWOOD FOREST DELLS, LLC**

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent **BRAD GUSSEL 1211 STAND ROCK RD WIS DELLS, WI 53965**

Directors/Managers

C. 1. Trade Name **SHERWOOD FOREST CAMPING & RV PARK** Business Phone Number **608 254-7080**

2. Address of Premises **2852 WIS DELLS PKWY** 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.) **CAMP STORE, POOL**

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

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

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

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

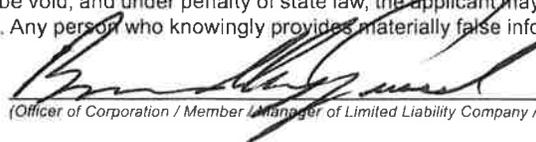
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <b>5-3-2019</b>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIME FANTASY PRODUCTIONS LLC

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

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

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

President/Member WILLIAM ALBERT NEHRING 819 ELM ST WI DELLS, WI 53965

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent ▶ WILLIAM A NEHRING

Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ HIDEAWAY Business Phone Number 608-254-4548

2. Address of Premises ▶ 2255 WI DELLS PARKWAY Post Office & Zip Code ▶ WI DELLS, WI 53965

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

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

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-1-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68635

Applicant's WI Seller's Permit No. <u>456-1027875260-00</u>	FEIN Number: <u>30-0701949</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

R# 68549

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
County of Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Wisconsin Delles Home Talent Baseball  
Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ZACHARY A. ZAMZOW	527 PACE ST. APT 7	WIS. DELLS, WI
Vice President/Member	AARON VAN SCHUOK	719 SUPERIOR ST	WIS DELLS, WI 53965
Secretary/Member	Kevin M Donnelly	624 Co Rd P	WisDelles WI 53965
Treasurer/Member			
Agent	Zachary A Zamzow		
Directors/Managers			

C. 1. Trade Name Wisconsin Delles Home Talent Business Phone Number \_\_\_\_\_  
2. Address of Premises 520 Veterans Drive 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.) Concession Stand
- 5. Legal description (omit if street address is given above): Concession Stand
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Non Profit  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

[Signature] 4-24-2019  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-25-19</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Woodside Sports Complex Operations LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2106 River Road Wis Dells 53965  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

President/Member DARON R ZUMWALT 6061 S Ft Apache Dr Ste 140 Las Vegas NV  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Michael Fadness 1111 River Road 209 Wisconsin Dells WI 53965  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Woodside Sports Complex Business Phone Number 608-316-1556

2. Address of Premises 4177 Hwy 13 Wis Dells WI Post Office & Zip Code 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bldg + Grounds @ 4177 S Hwy 13

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

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

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

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

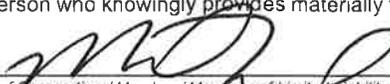
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R4-108689

Applicant's WI Seller's Permit No. <u>457-1027359045-03</u>	FEIN Number: <u>90-0640113</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
 County of COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

President/Member: Raul Quintero 6058 S. 75<sup>th</sup> Ave Summit IL 60501  
 Vice President/Member: Oscar Quintero 610 Commercial ave lot 640 Wisconsin delles 53965  
 Secretary/Memoer: Rosalba Gonzalez 6058 S. 75<sup>th</sup> Ave Summit IL 60501  
 Treasurer/Memoer: \_\_\_\_\_  
 Agent: Oscar Quintero 610 Commercial ave. lot 640 Wisconsin delles 53965  
 Directors/Managers: \_\_\_\_\_

C.1 Trade Name

Business Phone Number

2. Address of Premises

Post Office & Zip Code

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

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

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

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

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

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

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

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

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

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-8-2019</u>	Date reported to county board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68794 ITEM 7d  
 \$ 50.00 Late Fee

Applicant's WI Seller's Permit No. / FGN Number  
456-029340273-02815-408552

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

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ MORSE, NICOLAS JAMES 924 CAPITAL STREET, WISCONSIN DELLS, WI 53965

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 208 BROADWAY, WISC DELLS

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	NICOLAS JAMES MORSE	924 CAPITAL STREET WISCONSIN DELLS,	WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Nicolas Morse</u>		
Directors/Managers			

C. 1. Trade Name ▶ MACARONI AND CHEESE SHOP Business Phone Number (608) 253-0556

2. Address of Premises ▶ 208 BROADWAY, WISC 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.) DINNING ROOM, PATIO, DRY/COLD STORAGE,

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

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of May, 2019

[Signature]  
(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68700

Applicant's WI Seller's Permit No.: 456102816127102	FEIN Number: 4618889784
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

*RA 68624*

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

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HULBERT CREEK LODGE + SUITES, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MIKE KAMINSKI</u>	<u>995 South George Lane - WD WI</u>	
Vice President/Member	<u>ANN KAMINSKI</u>		
Secretary/Member	<u>JEFF KAMINSKI</u>		
Treasurer/Member	<u>JEFF KAMINSKI</u>		
Agent ▶	<u>MIKE KAMINSKI</u>		
Directors/Managers	_____		

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-1-2019</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 reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company mama's Grill LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1101 BROADWAY WIS DELLS WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DAMON ZUMWALT</u>	<u>6061 S FT APACHE DR STE 140 LAS VEGAS NV</u>	<u>89146</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>MICHAEL FADNESS</u>	_____	_____
Directors/Managers	<u>MICKEY FADNESS</u>	<u>1111 RIVER RD 209 WIS DELLS</u>	<u>53965</u>

C. 1. Trade Name MAMA 2'S COUNTRY GRILL Business Phone Number \_\_\_\_\_  
 2. Address of Premises 1101 BROADWAY WIS DELLS, WI Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS : GROUNDS @ 1101 BROADWAY
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MZ Food LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 225 Vine St. Wisc. Dells, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MIROSLAV T. KAROV</u>	<u>1023 Race St, Wisc. Dells, WI</u>	<u>53965</u>
Vice President/Member	<u>ZDRAVKO A. NIZAMOV</u>	<u>225 Vine St, Wisc. Dells, WI</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	▶ <u>MIROSLAV T. KAROV</u>		
Directors/Managers			

C. 1. Trade Name ▶ PIZZA VILLA Business Phone Number 608-259-8394

2. Address of Premises ▶ 137 Superior St, Wisc. Dells, WI Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68404

Applicant's WI Seller's Permit No.: <u>456102850598402</u>	FEIN Number: <u>47 232 7647</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) AKbeg, Burak Home Address 33A Grand Canyon Dr #212 Baraboo, WI Post Office & Zip Code 53913

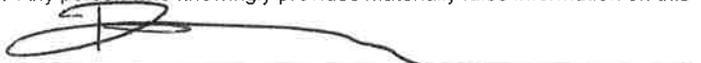
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Pizza Lab (DBA "Dells Pizza Lab")  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member AKbeg, Burak 33A Grand Canyon #212 WisDells 53913  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Above AKbeg, Burak  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Dells Pizza Lab Business Phone Number 608-253-0305  
 2. Address of Premises 332 St Hwy 13 Post Office & Zip Code WisDells 53913

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-24-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68536

Applicant's WI Seller's Permit No. <u>456 1028862909-02</u>	FEIN Number: <u>47-4796165</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RIB KINGS OF AMERICA INC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>LEON AGAMI</u>	<u>429 BROADWAY WISCONSIN DELLS WI</u>	<u>53965</u>
Vice President/Member	<u>SHLOMI FEDIDA</u>	<u>429 BROADWAY WISCONSIN DELLS WI</u>	<u>53965</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>LEON AGAMI</u>	<u>429 BROADWAY WISCONSIN DELLS WI</u>	<u>53965</u>
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ FAMOUS DAVE'S BBQ Business Phone Number (608) 253-6683

2. Address of Premises ▶ 435 BROADWAY WISCONSIN DELLS Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ENTIRE BUILDING AT 435 BROADWAY

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-8-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68330

Applicant's WI Seller's Permit No./FEIN Number: <u>456-0000041345-0441-1913876</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 1.00
<input checked="" type="checkbox"/> Class C wine	\$ 1.00
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>214</u>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 Columbia Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 731 1/2 Superior St.

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Kyler David Royston</u>	<u>1103 River Rd #108</u>	<u>53965</u>
Vice President/Member	<u>Sade Marcus Royston</u>	<u>731 1/2 Superior St.</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Sade Royston</u>		
Directors/Managers	<u>Allison Rose Schultz</u>		

C. 1. Trade Name Riverfront Terrace Business Phone Number (608) 253-6787  
 2. Address of Premises 27 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.) Two outdoor bars (same as 2018) walk in cooler behind lower bar. Locked cooler/refrigerator behind upper bar.
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-4-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68290

Applicant's WI Seller's Permit No. / FEIN Number <u>456-1029942165-02 / 83-0750649</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>



www.mbecpa.com

To Whom it May Concern,

My client's restaurant, Riverfront Green LLC dba Riverfront Terrace put a business plan together quickly and opened last July 1.

Their food operation took longer to get operational than their beverage. As a seasonal business, they were only open three months. With the delays they faced in getting food operations up and running their 2018 wine sales did slightly exceed their food sales.

That being said, looking at the last month of their sales in 2018, considering they will have their food service operational to start the 2019 season, and they will be opening a breakfast and lunch cafe as part of their business: I have no reason to doubt that their food sales will overtake wine sales early in the 2019 season.

I am comfortable swearing that will be the case and recommend you renew their license.

Feel free to contact me with questions or concerns at the email address provided here.

Sincerely,

A handwritten signature in black ink that reads "Dana Marshall". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

Dana Marshall

dmarshall@mbecpa.com

Baraboo  
608.356.7733

Dells/Delton  
608.253.3773

Mauston  
608.847.1040

Reedsburg  
608.524.8998

Sun Prairie  
608.837.2584

Tomah  
608.372.4829

Wausau  
715.355.4401

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Martinez Luis A. Home Address 415 6th Ave Post Office & Zip Code 53913

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company San Antonio Mexican Restaurant LLC

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

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

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

C. 1. Trade Name San Antonio Mexican Restaurant Business Phone Number 608 254-5798

2. Address of Premises 742 Eddy St Wisconsin 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.) The place has a storage room with keys.

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

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

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

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

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

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

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

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

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68645

Applicant's WI Seller's Permit No. <u>456102619833102</u>	FEIN Number: <u>45-3462656</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

R# 68630 ITEM 7e

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 SAUK Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: <u>456102042096002139-1928009</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Apple Hospitality Group, LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 Pewaukee Rd, Ste. 200, Waukesha, WI 53188  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mark Louis Dillon</u>	<u>34737 Elm Street</u>	<u>Oconomowoc, WI 53066</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Aaron Joseph Myott</u>	<u>1877 11th Avenue</u>	<u>Friendship, WI 53934</u>
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Applebee's Neighborhood Grill & Bar Business Phone Number 608-254-6900  
2. Address of Premises ▶ 340 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.) See attached Exhibit A
- 5. Legal description (omit if street address is given above): \_\_\_\_\_
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If **yes**, complete reverse side  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If **yes**, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If **yes**, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-1-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Exhibit A to Renewal Alcohol Beverage License Application

Applebee's, 340 Hwy 13, Wisconsin Dells, WI

5,127 SF of mall space, outdoor patio and the sidewalk path to, and including, the dedicated "Carside ToGo" parking stalls for fulfillment of carry-out orders of food and beverage, including packaged alcoholic beverages delivered by restaurant employees to customers in their parked cars; liquor stored in locked cabinet within the Premises interior.

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 <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>
---	---

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>
------------------------------------	---------------------------	----------------------------------	--

**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/CONVENTION CENTER/CONDOS/GOLFCOURSE/FARM/WATERPARK/ETC...

SEE INCLUDED HIGHLIGHTED MAP

Applicant's Wisconsin Seller's Permit Number <u>456-0000568508-04</u>	
FEIN Number <u>39-0842365</u>	
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>14.00</u>
<b>TOTAL FEE</b>	\$ <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

OFFICERS CHANGED IN THE COMPANY -

MIKE-CHAIRMAN    JEFF-PRESIDENT    KRISSEY-VP    ANN-SECRETARY    TREASURER

\*PREVIOUSLY -    MIKE-PRESIDENT    ANN-VP    JEFF-SECRETARY/TREASURER\*

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

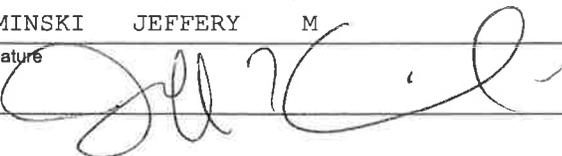
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]

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

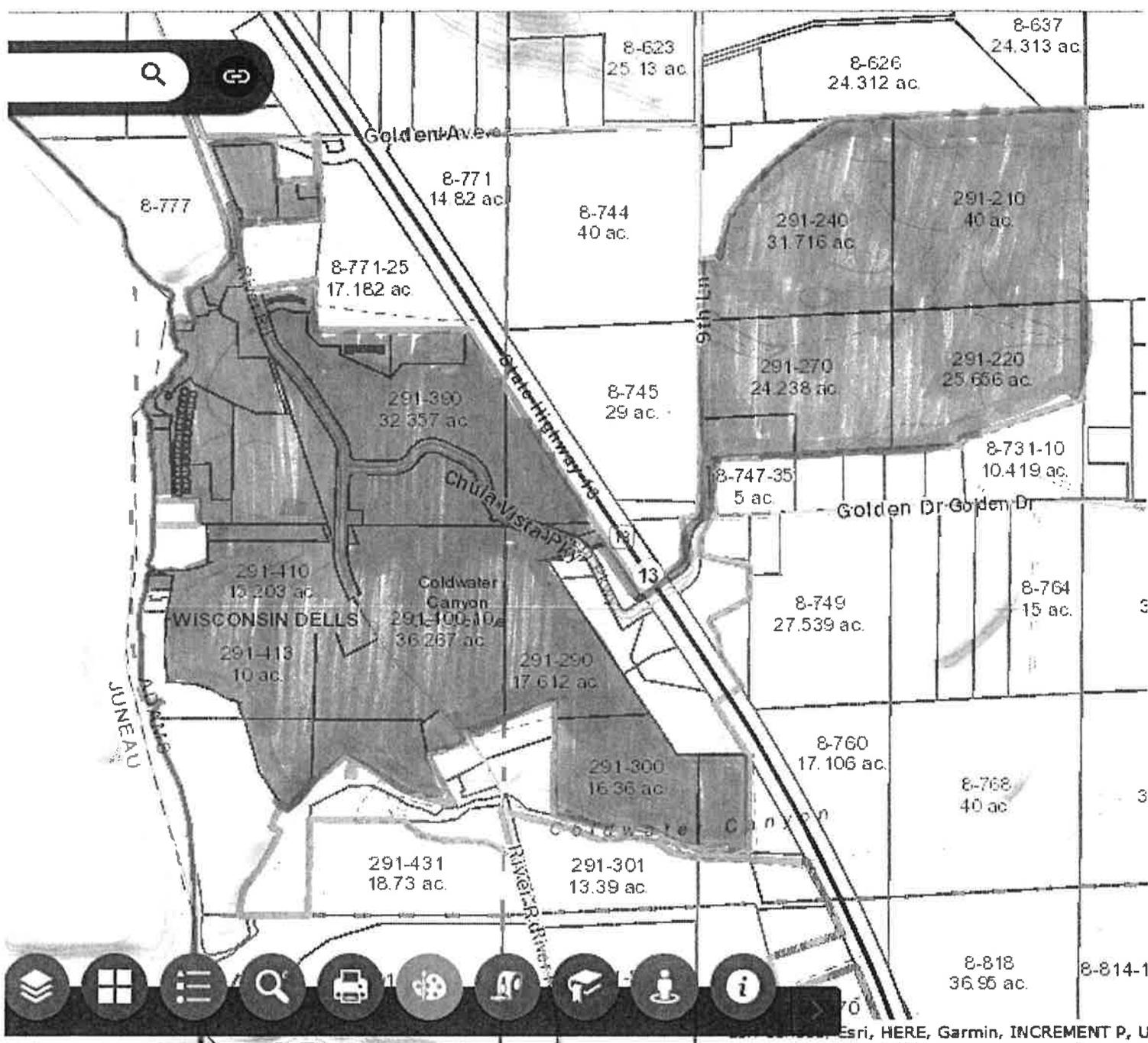
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**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 05/03/2019
Signature 	Phone Number 608-448-9622	Email Address jeffk@chulavistaresort

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-6-2019	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

R# 68705

Applicant's WI Seller's Permit No.:	FEIN Number:
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** DeFosse Jesse Raymond **Home Address** 502 Washington Ave Wisconsin Dells, WI **Post Office & Zip Code** 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DeFosse Properties LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

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

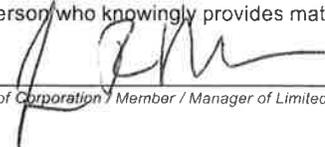
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Jesse Raymond DeFosse</u>	<u>502 Washington Ave. Wisconsin Dells, WI</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Jesse Raymond DeFosse</u>		
Directors/Managers	_____		

C. 1. Trade Name Showboat Saloon, Tug's Kitchen, M-M's Grays Business Phone Number 608-345-0143  
 2. Address of Premises 24830 Broadway, 731 24th St Post Office & Zip Code Wisconsin Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All properties, including all floors and outdoor areas.  
 5. Legal description (omit if street address is given above): \_\_\_\_\_

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

Date received and filed with municipal clerk <u>5-1-2019</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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) FISHER DOUGLAS E. Home Address 4191 NINTA AVE WISC. DELLS, WI Post Office & Zip Code 53965

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

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

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

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

C. 1. Trade Name ▶ FISHER'S TAVERN Business Phone Number 608-253-7049

2. Address of Premises ▶ 719 SUPERIOR ST. Post Office & Zip Code ▶ 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.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

5. Legal description (omit if street address is given above): FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

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

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

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

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

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

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

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

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-26-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68554

Applicant's WI Seller's Permit No.: <u>456-0000370862-04</u>		FEIN Number: <u>39-1642804</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ 500		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 14		
<b>TOTAL FEE</b>	<b>\$ 614</b>		

R\*68733

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 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 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 456-0000253825-04	
FEIN Number 26-2125964	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

### 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 Helland Food Group LLC	Address of Corporation / Limited Liability Company (if different from licensed premises) 31 Broadway, 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 Helland	(First) Eric	(Middle Name) C	Home Address (Street, City or Post Office, & Zip Code) 205 Windy Hill Rd, Wis. Dells 53965
----------------------------	-----------------	--------------------	---

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

President / Member Last Name Helland	(First) Eric	(Middle Name) C	Home Address (Street, City or Post Office, & Zip Code) 205 Windy Hill Rd Wisconsin Dells, 53965
Vice President / Member Last Name Helland	(First) Mary	(Middle Name) J	Home Address (Street, City or Post Office, & Zip Code) 205 Windy Hill Rd, Wis Dells 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 Mexicali Rose & Dockside Grill Business Phone Number 608.254.6036

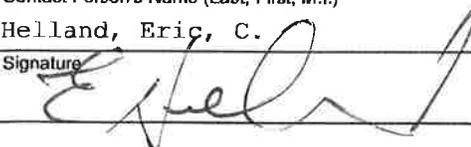
2. Address of Premises 2370-2390 Wis Dells Pkwy Post Office & Zip Code Wis. Dells 53965

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.) All buildings and land area of "Lower Dells Boat Landing" including outside service areas

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  
 Changed listing for registered principal address to 31 Broadway, Wis. Dells  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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.) Helland, Eric, C.	Title / Member Managing Member	Date 05/03/2019
Signature 	Phone Number 608.963.1630	Email Address ehelland2011@gmail.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-3-2019	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 reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HELLERS LTD  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS, WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	THOMAS E HELLER	1201 ELM ST, WIS DELLS, WI	53965
Vice President/Member			
Secretary/Member	JANE M HELLER	1201 ELM ST, WIS DELLS, WI	53965
Treasurer/Member			
Agent	THOMAS E HELLER		
Directors/Managers	N/A		

C. 1. Trade Name ▶ MONKS BAR & GRILL Business Phone Number 608-254-8386  
 2. Address of Premises ▶ 220 BROADWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Thomas E Heller **PRESIDENT**  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk - <u>4-12-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68380

Applicant's WI Seller's Permit No.: 45600000639704		FEIN Number: 39-1407875
LICENSE REQUESTED ▶		
TYPE	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$ 100	
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A	
<input checked="" type="checkbox"/> Class B liquor	\$ 500	
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$ 14	
<b>TOTAL FEE</b>	<b>\$ 614</b>	

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Wade L. Bernander</u>	<u>696 Gulch Ave Wis Dells</u>	<u>53965</u>
Vice President/Member	<u>Justin B. Propper</u>	<u>4189 River Road Wis Dells</u>	<u>53965</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Wade Bernander</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ High Rock Lake Business Phone Number 608 254 5677  
 2. Address of Premises ▶ 232 Broadway Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Basement, 1st floor, 2nd floor, outside deck
5. Legal description (omit if street address is given above): 232 Broadway, 741 oak st., 737 oak st.
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-4-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 60279

Applicant's WI Seller's Permit No.: <u>456-1026297384-02</u>	FEIN Number: <u>30-0709616</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

R# 68735

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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 456102791169803	
FEIN Number 46-2087797	
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
<b>TOTAL FEE</b>	<b>\$ 614</b>

**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 &amp; 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

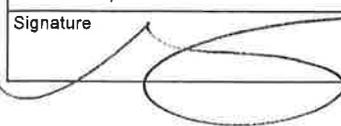
2. Address of Premises 206 BROADWAY Post Office & Zip Code 53965

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK

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 of 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.) MORRIS, MARCI A	Title / Member OWNER	Date 05/01/2019
Signature 	Phone Number 608 254-8100	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-3-19	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

# 68364  
4-11-19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Logging Camp Inc  
Address of Corporation/Limited Liability Company (if different from licensed premises) 411 Hwy 13 Wis Delles, WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mary Hickey	N9946 River Rd, Wis Delles, WI	53965
Vice President/Member	Trevor A Hickey	N9946 River Rd, Wis Delles, WI	53965
Secretary/Member			
Treasurer/Member			
Agent	Trevor A Hickey		
Directors/Managers	Trevor & Mary Hickey		

C. 1. Trade Name Paul Bagnasco Rest & Delles Lumberjack show Business Phone Number 608 254 8717  
2. Address of Premises 411 Hwy 13 Wis Delles WI Post Office & Zip Code 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-11-19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. / FEIN Number <u>4560000454379-04 / 39024 2594</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2019 ending: 6/30/2020  
(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.**

### 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>Myrt and Lucy's chat &amp; Chew LLC</u>	<u>414 Broadway 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>Zietlow</u>	<u>Marijo</u>	<u>Jean</u>	<u>1017 Race St. Wi 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)
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 Myrt and Lucy's chat & Chew Business Phone Number 6082530888

2. Address of Premises 414 Broadway Post Office & Zip Code Wi 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.) Restaurant, Walk in Cooler, office, Bar, patio and plaza

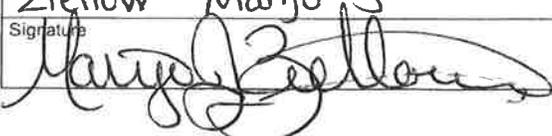
4. Legal description (omit if street address is given above): Restaurant Bar ~~Hotel~~ Plaza

R# 68758      \$50 Late Fee

Applicant's Wisconsin Seller's Permit Number	
<u>456102902971502</u>	
FEIN Number	
<u>475425352</u>	
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
<b>TOTAL FEE</b>	<b>\$ 614.00</b>

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.) <b>Zietlow Marijo J</b>	Title / Member <b>owner</b>	Date <b>5/6/2019</b>
Signature 	Phone Number <b>608-253-0888</b>	Email Address <b>myrtandlucy@gmail.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-7-2019</b>	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 reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
~~\_\_\_\_\_~~ Nias Inc Penelope Connors P.O. Box 94 Wis Dells

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Nias Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Penelope Connors P.O. Box 94 Wis Dells  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Penelope Connors  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Nias Bar Business Phone Number 608-432-2212  
 2. Address of Premises 201 Broadway Wis 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.) 201 Broadway Corner Broadway & River Rd

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-7-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68775 \$50 Late Fee pd

Applicant's WI Seller's Permit No.	FEIN Number
<u>45600042066604</u>	<u>39-1845103</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 SAUK Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full 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 #101 Myrtle Beach SC 29572  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member MBR:PAP HOLDING, LLC 9654 N Kings Hwy #101 Myrtle Beach SC 29572  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ROBERT ROGNRUD, 857 N. FRONTAGE RD, WISCONSIN DELLS, WI 53965  
 Directors/Managers MGR: CAPITAL VACATIONS 9654 N KINGS HWY #101 MYTRLE BEACH, SC 29572

C. Trade Name POLYNESIAN WATER PARK RESORT Business Phone Number 608-254-2883  
 Address of Premises 857 N. FRONTAGE RD, WISCONSIN 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.) RESTAURANT, BARS, WATERPARK, HOTEL, POOL
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee or any member officer, director, manager or agent for either a limited liability company licensee, corporation licensee or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7 Except for questions 6a and 6b have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Section B: Ownership of Management Company has changed  Yes  No
- 8 Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not explain  Yes  No
- 9 Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
- 10 Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING.** Under penalty provided by law the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-13-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk Deputy Clerk

# 68831 \$50 Late Fee - owes

Applicant's WI Seller's Permit No. <u>456-1028659361-02</u>	FEIN Number <u>46-5429152</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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 COLUMBIA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RRAD DEVELOPMENT, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>RICHARD MAKOWSKI</u>	<u>400 COUNTY RD A</u>	<u>WIS. DELLS, WI 53965</u>
Vice President/Member	<u>ADAM MAKOWSKI</u>	<u>100 SWEET BRIAR DR.</u>	<u>WIS. DELLS, WI 53965</u>
Secretary/Member	<u>RICH V. MAKOWSKI</u>	<u>112A CLARA AVE.</u>	<u>WIS. DELLS, WI 53965</u>
Treasurer/Member	<u>DAVID MAKOWSKI</u>	<u>111 SWEET BRIAR</u>	<u>WIS. DELLS, WI 53965</u>
Agent	<u>RICH V. MAKOWSKI</u>	<u>112A CLARA AVE.</u>	<u>WIS. DELLS, WI 53965</u>
Directors/Managers			

C. 1. Trade Name ▶ VUE RESORT DBA THE VUE Business Phone Number 608-753-1231  
 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 BLDG - ALL FLOORS
5. Legal description (omit if street address is given above): THE VUE COMPLEX ON BOTH SIDES OF RIVER ROAD
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** VUE RESORT DBA THE VUE RESTAURANTS  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

RICH V. MAKOWSKI

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-8-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

#68713

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. FEIN Number: <u>456-102734 7065-089 2015305</u>	
<b>LICENSE REQUESTED</b>	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 600
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

A. Individual or Partnership:

<b>Full Name(s) (Last, First and Middle Name)</b>	<b>Home Address</b>	<b>Post Office &amp; Zip Code</b>
---	---------------------	-----------------------------------

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Silver Spruce Resort, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary Lee Hanson</u>	<u>4124 River Road</u>	<u>Wis Dells WI 53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Gary Hanson</u>		
Directors/Managers			

C. 1. Trade Name Rubbs Steakhouse Business Phone Number 608 2531818  
 2. Address of Premises 4124 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.) Bar, walk in cooler #2, Ltg. Storage Room
5. Legal description (omit if street address is given above): Office, Beer cooler, Banquet Hall, Poolside Bar, Record Storage
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-3-2019</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 reverse side.

For the license period beginning: 7/1/2019 ending: 6/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Six K's Keg Inc

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Keith G Koehler</u>	<u>237 Capital St Wisconsin Dells</u>	<u>53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	<u>Roberta Koehler</u>	<u>1144 Gale Ave Wisconsin Dells</u>	<u>53965</u>
Treasurer/Member	_____	_____	_____
Agent	<u>Keith G Koehler</u>	<u>237 Capital St Wisconsin Dells</u>	<u>53965</u>
Directors/Managers	_____	_____	_____

C.1. Trade Name ▶ The Keg Bar & Grill/Kilbourn Cork

Business Phone Number 608-254-7475

2. Address of Premises ▶ 716-732 Oak St

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.) All of 716, 720 & 732 Oak St

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-22-2019</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: 7/1/2019 ending: 6/30/2020  
(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>Skybox, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>1608 Cliffview Ave Onalaska, WI 54650</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>Angelini</u>	(First) <u>Antonio</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1608 Cliffview Ave Onalaska, WI 54650</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>Angelini</u>	(First) <u>Antonio</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1608 Cliffview Ave Onalaska, WI 54650</u>
Vice President / Member Last Name <u>Matousek</u>	(First) <u>John</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>N5338 Camden Ct Black River Falls, WI 54615</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 Gino's Chicago Deep Dish Business Phone Number 608-678-2299

2. Address of Premises 701 Broadway Street Post Office & Zip Code Wisconsin Dells, WI 53965

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

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

outside patio

*R4-68929 \$50 Late Fee - pd*

Applicant's Wisconsin Seller's Permit Number <u>456-1029268647-02</u>	
FEIN Number 81-4440717	
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 checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>614-</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? [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.) Angelini, Antonio	Title / Member Owner	Date 5/16/2019
Signature 	Phone Number 608-487-5333	Email Address wop2@msn.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-20-2019	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: 7/1/2019 ending: 6/30/2020  
(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)
Brown	Mark	C	N540 Cnty rd N 53965 Wisconsin Dells WI

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Stage III 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Brown	Mark	C	N540 Cnty rd N 53965 Wisconsin Dells WI

## 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 Chalet Lanes Business Phone Number 608 254 8727

2. Address of Premises 740 Elm St Wisconsin 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.) The bar area for sales

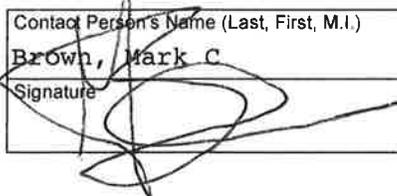
and coolers for storage. In the basement

R4-68751      \$50 Late Fee pd

Applicant's Wisconsin Seller's Permit Number 4561029236449902	
FEIN Number 813056635	
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
<b>TOTAL FEE</b>	<b>\$ 614.00</b>

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.) Brown, Mark C	Title / Member Owner	Date 05/06/2019
Signature 	Phone Number 608.408.4322	Email Address omegamarkos1@gmail.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 5-6-2019	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 reverse side.

RH-68535

Applicant's WI Seller's Permit No. / FEIN Number: 456-1028939328-0847-4293643	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

For the license period beginning: 07 01 2019 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 Sauk Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIMBER FALLS FOOD, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK ROAD  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MARK C. SCHMITZ</u>	<u>140 WHITLOCK WIS DELLS,</u>	<u>53965</u>
Vice President/Member	<u>PHILIP J. SCHMITZ</u>	<u>29152 Fairway Drive, Reedsburg</u>	<u>53959</u>
Secretary/Member	<u>ANDREW W. WATERMAN</u>	<u>441 ALCAN DRIVE BARABOO,</u>	<u>53913</u>
Treasurer/Member	_____		
Agent ▶	<u>ANDREW W. WATERMAN</u>	<u>441 ALCAN DRIVE BARABOO,</u>	<u>53913</u>
Directors/Managers	<u>JOHN D. WATERMAN</u>	<u>1011 WEBER AVE. WIS DELLS,</u>	<u>53965</u>

C. 1. Trade Name ▶ KICKERS Business Phone Number 605-253-0921  
 2. Address of Premises ▶ 951 STAND ROCK ROAD Post Office & Zip Code ▶ WIS DELLS 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-24-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456000045569304

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

PA 68703

Applicant's WI Seller's Permit No.:	FEIN Number:
	39-147507
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } WISCONSIN DELLS  
County of SAUK Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ T.R. NELSON, INC  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 590, WIDELLS WI 53965  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	TODD R. NELSON	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53965
Vice President/Member	SHARI L. NELSON	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53965
Secretary/Member	STEVEN M PINE	407 CLARA AVE #104	WISCONSIN DELLS, WI 53965
Treasurer/Member	MARY BONTE SPATH	W8497 NORTH 2ND CT	OXFORD, WI 53952
Agent	PATRICK STEFFES	833 HWY H UNIT 13	WISCONSIN DELLS, WI 53965

C.1. Trade Name ▶ TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000  
2. Address of Premises ▶ 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code ▶ 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.) CLH, MOBILE & STATIONARY BEV CARTS
- 5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-2-2019	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ Farmer, William Brian N8457 Fox Run Road Wisc Delles WI 53965  
Malina, Joseph E 25 Sweetbriar Wisc Delles WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar Corp  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 130 Washington Ave  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>William Brian Farmer</u>	<u>N8457 Fox Run Rd</u>	<u>Wisc Delles 53965</u>
Vice President/Member	<u>Joseph E. Malina</u>	<u>25 Sweetbriar</u>	<u>Wisc Delles 53965</u>
Secretary/Member	<u>William Brian Farmer</u>	<u>N8457 Fox Run Rd</u>	<u>Wisc Delles 53965</u>
Treasurer/Member	<u>Joseph E Malina</u>	<u>25 Sweetbriar</u>	<u>Wisc Delles 53965</u>
Agent ▶	<u>William B. Farmer</u>		
Directors/Managers	<u>Joseph Malina</u>		

C. 1. Trade Name ▶ Sand Bar Business Phone Number 608 253-3075  
 2. Address of Premises ▶ 130 Washington Ave P.O. Box 598 Post Office & Zip Code ▶ Wisc Delles WI 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

William B. Farmer  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-1-2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Woodside Sports Complex Operations LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) 2100 River Road Wis Dells WI  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53965

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

President/Member Damon R Zurnwalt 6061 S. Ft Apache Dr Ste 140 Las Vegas NV  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_

Agent Michael Fadness 1111 River Road 209 Wisconsin Dells WI 53965  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name Woodside Sports Complex Business Phone Number 608-316-1556

2. Address of Premises 2100 River Road Wis Dells WI Post Office & Zip Code 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bldgs - Grounds @ 2100 River Rd.

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

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

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

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

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

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

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

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

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 68688

Applicant's WI Seller's Permit No. <u>456-102735 2045-03</u>	FEIN Number: <u>90-0640113</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 600
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

Population Reserve

R# 68520

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456 102671688-03</u> FEIN Number: <u>26-3582390</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) LEONHARDT, DIONNE Home Address 20 RIVERS EDGE RD, WISCONSIN DELLS, 53965 Post Office & Zip Code 53965

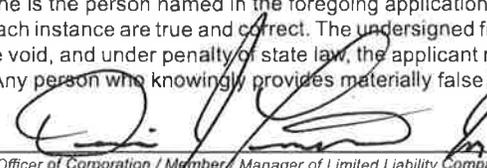
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Y Knot 2 LLC, DBA: Riverwalk Pub & Restaurant  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Dennis J Leonhardt Jr</u>	<u>20 Rivers Edge Rd, Wisconsin Dells</u>	<u>53965</u>
Vice President/Member	<u>Dionne Leonhardt</u>	<u>20 Rivers Edge Rd, Wisconsin Dells</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Dennis J Leonhardt</u>	<u>20 Rivers Edge Road, Wisconsin Dells</u>	<u>53965</u>
Directors/Managers			

C. 1. Trade Name Y Knot 2 LLC, DBA: Riverwalk Pub Business Phone Number 608 254 8215  
 2. Address of Premises 911 River Road Post Office & Zip Code WISCONSIN DELLS, 53965

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-23-2019</u>	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

\$ 100 MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

License Number
Period Covered 7/1/19 - 6/30/2020
Date of Issuance

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

Organization (check one)

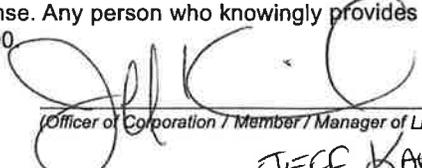
- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 01/01/1951
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

R# 69062

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
 456-102717/619-03

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

License Number
Period Covered 7/1/2019-6/30/2020
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) JOSEPH DANDU			Federal Employer Identification No. (FEIN) 31-1795105		
Trade or Business Name (if different than Legal Name) PURPLE PLANET			Telephone Number (805) 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 APT 302 4-SOUTH AVENTURA			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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

**\$100 MUNICIPAL USE ONLY**

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000 446486-0A**

← This must be issued in the same Legal Name of the licensee below. *RH 68764*

License Number
Period Covered 7/1/2019-6/30/2020
Date of Issuance

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

Organization (check one)

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

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*David Makowski*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
**DAVID MAKOWSKI**

# Application for Cigarette and Tobacco Products Retail License

R# 68737

\$100 MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2019-6/30/2020
Date of Issuance

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456 000511851-04

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Randy L Martin			Federal Employer Identification No. (FEIN) 39-1882088	
Trade or Business Name (if different than Legal Name) Loon Lake Cigar Co			Telephone Number (608) 254-8598	
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 (608) 254-8598
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS	
Mailing Address (if different than Business Address)		Municipality	County Columbin	State WI
			Zip Code 53965	

Organization (check one)

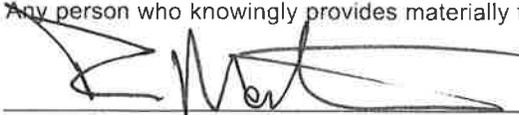
- Sole Proprietor
- Partnership
- Other (describe) \_\_\_\_\_
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$100.00  
R# 68155

MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2019 - 6/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000610419-04
--

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) MT OLYMPUS ENTERPRISES INC			Federal Employer Identification No. (FEIN) 39-1516781		
Trade or Business Name (if different than Legal Name) MT OLYMPUS CAMPGROUND STORE			Telephone Number (608) 253-8441		
Business Address (License Location) 300 COUNTY ROAD A			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality WISCONSIN DELLS		State WI	Zip Code 53965	of: WISCONSIN DELLS	
Mailing Address (if different than Business Address) P O BOX 5			Municipality WISCONSIN DELLS	State WI	Zip Code 53965
Business Telephone (608) 253-8441			County SAUK		

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 05/01/1985
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

100 MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

License Number
Period Covered 7/1/19-6/30/2020
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) BROADWAY TRAVEL MART			Telephone Number (608) 253-2091		
Business Address (License Location) 802 BROADWAY			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 COLUMBIA
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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

**\$100 MUNICIPAL USE ONLY**

License Number
Period Covered 7/1/19-6/30/2020
Date of Issuance

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) LOWER DELLS TRAVEL MART			Telephone Number (608) 254-7097	
Business Address (License Location) 710 TROUT RD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

100 MUNICIPAL USE ONLY

License Number
Period Covered 7/1/19-6/30/2020
Date of Issuance

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) R&G TRAVEL MART			Telephone Number (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	of: WISCONSIN DELLS		
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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

100 MUNICIPAL USE ONLY

License Number
Period Covered 7/1/19-6/30/2020
Date of Issuance

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

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC		Federal Employer Identification No. (FEIN) 39-1546227	
Trade or Business Name (if different than Legal Name) TRAVEL MART SHELL		Telephone Number (608) 254-4488	
Business Address (License Location) 2415 WISC 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	Business Telephone ( )
Mailing Address (if different than Business Address) PO BOX 120		County SAUK	
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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 68704  
\$100  
MUNICIPAL USE ONLY

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

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

License Number
Period Covered 07-01-19 - 06-30-20
Date of Issuance

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

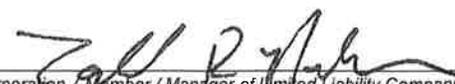
Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

# Application for Cigarette and Tobacco Products Retail License

R# 68628

\$100 MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0003194655-03

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

License Number
Period Covered 7/1/2019-6/30/2020
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		
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	Business Telephone (608) 253-3073		
Mailing Address (if different than Business Address) P.O. Box 598			County Columbia		
Municipality Wisc DellS			State WI	Zip Code 53965	

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 05/07
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No
- Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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

# Application for Cigarette and Tobacco Products Retail License

R# 68711  
\$100-

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

License Number
Period Covered <b>07/01/19-06/30/20</b>
Date of Issuance

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

Organization (check one)

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

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
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- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

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 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
**Joseph Amsbary, secretary**

CITY OF WISCONSIN DELLS  
PERMIT APPLICATION FOR:  
BACKYARD CHICKENS

ITEM 9

Date Submitted: 3-29-19

Fee \$15 Annually

Receipt No. 68151  
HS

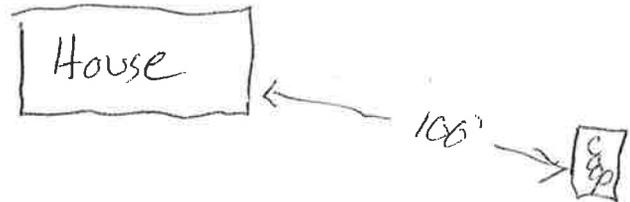
Name of Applicant: Brian Landers

Address of Applicant: 333 Glenwood Ln.

Telephone Number: (608) 393-3491

Attach Coop Site Plan Showing the Following:

- Description of coop, cages or outdoor enclosures
- Dimensions
- Location, as it relates to property lines/adjacent properties



Coop is on wooded lot that I own and central between other lots I own as well. Coop/hen house is 4x8x8 with adequate ventilation, roof, and security against predators.

[Signature]  
Signature of Applicant

Brian Landers  
Printed Name

License subject to compliance with Wisconsin Dells Code Section 16.025

Date Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_

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

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

CITY OF WISCONSIN DELLS  
PERMIT APPLICATION FOR BACKYARD CHICKENS

- DATCP Registered
- 25' from occupied neighboring structure - Over 200' away from neighbors
- 5' from side-yard or rear-yard lot line - On wooded lot I own.
- Not visible from front public right of way - Not visible at all from neighbors or P.O.W.
- Feed storage - Stored inside garage.

If this is rental property, owner must sign, giving consent for keeping of chickens.

I \_\_\_\_\_ am the owner of \_\_\_\_\_  
Street Address

In the City of Wisconsin Dells and give my consent to \_\_\_\_\_  
Name of Tenant  
to keep chickens at this premise.

X \_\_\_\_\_  
Owner Signature and Date

CITY OF WISCONSIN DELLS  
PERMIT APPLICATION FOR:  
BACKYARD CHICKEN

Date Submitted: 5/3/19

Fee \$15 Annually

Receipt No. 68761

Name of Applicant: Lucjan (Lou) Tyminski

Address of Applicant: 1631 Dee Ann Ct.

Telephone Number: 608 852-6611

Attach Coop Site Plan Showing the Following:

- Description of coop, cages or outdoor enclosures
- Dimensions
- Location, as it relates to property lines/adjacent properties

Signature of Applicant

Lucjan Tyminski  
Printed Name

License subject to compliance with Wisconsin Dells Code Section 16.025

Date Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

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

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

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. 5/2018

# City of Wisconsin Dells

ITEM 10

Application for:

## LIVESTOCK/POULTRY LICENSE

Date: April 17<sup>th</sup>, 2019

FEE \$3.00 per animal

Receipt No. 68524  
4-23-19

Name of Applicant: Amy Palmer

Address of Applicant: P.O. Box 513, Wisconsin Dells, WI 53965

Name of Business: Timber Falls Adventure Park

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

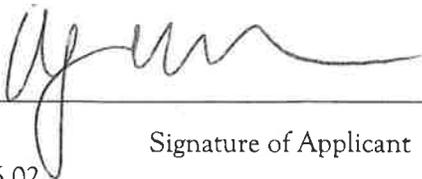
Daytime Telephone Number: (608) 254-8414 Cell Phone: (608) 434-0838

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

Information on where livestock/poultry will be kept and maintained: On the Mini Golf property in the fenced in area.

Amy Palmer

Printed Name of Applicant



Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

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

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

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

# City of Wisconsin Dells

ITEM 11

## Application for: Mobile Home Park License

Date Submitted: 3/25/2019 Fee: \$350.00 First 25 Sites or less <sup>725</sup> Receipt No. 68148  
\$ 25.00 Each Additional Site

Name of Applicant: Pleasant Valley Properties of WI LLC

Address of Applicant: N1240 810th St. Elk Mound, WI 54739

Daytime Telephone Number: (715) 879-5179

Evening Telephone Number: ( )

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

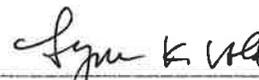
Legal Description/Address of the Park: 610 Commercial Ave WI Dells

On-Site Manager's Name: Richard Bennett

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

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 \_\_\_\_\_, 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.

[Type text]

640

638

636

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622

Road

Fairway Mobile Home Park

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637

635

633

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616

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612

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606

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602

Road

[Type text]

619

617

615

613

611

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601

# City of Wisconsin Dells

## Application for: Mobile Home Park License

Date Submitted: 4-20-19 Fee: \$350.00 First 25 Sites or less 525 Receipt No. 68451  
\$ 25.00 Each Additional Site

Name of Applicant: Dan Gidette

Address of Applicant: Po Box 74, Boraboo

Daytime Telephone Number: ( ) 608-772-0234

Evening Telephone Number: ( ) -1

Driver's License Number: 6430-1726-073-07 State: WI

Legal Description/Address of the Park: Plum + Illinois STS.

On-Site Manager's Name: Mark Corb

On-Site Manager's Address & Lot Number: Same 1094 ILL

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: Mobile Home Park License

Date Submitted: 4/30/2019 Fee: \$350.00 First 25 Sites or less \$ 350.00 Receipt No. 68623  
\$ 25.00 Each Additional Site

Name of Applicant: Stonecliff, LLC

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

Daytime Telephone Number: (608) 254-7500

Evening Telephone Number: (608) 254-7500

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

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

On-Site Manager's Name: Al Rice OR Dominic Flath % Stonecliff, LLC

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

On-Site Manager's Telephone Number: 608-254-8336 (Office) 608-963-4394 (Cell)

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

See attached drawing.

A/c 8768000509 - \$350.00  
per Eric Helland  
4/30/19

Dominic Flath, Manager  
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

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

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

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

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

TO HIGHWAY 12  
←

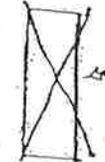
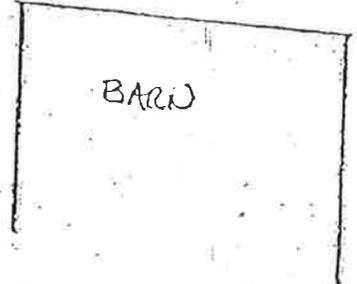
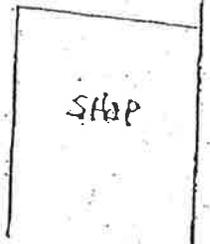
PIONEER DRIVE

ENTRANCE

ENTRANCE  
DRIVE

TO SAND ROCK  
ROAD →

\* TRAILER



TRAILER

**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 10, 2019 meeting;

IT APPROVES additional funding for a monitoring well at Finnegan Avenue Remediation Site, estimated around \$7000.

\_\_\_\_\_  
Edward E. Wojnicz, Mayor

Attest:

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes; \_\_\_\_\_ nays  
Date Introduced: June 17, 2019  
Date Passed:  
Date Published:

## David Holzem

---

**From:** Lynn Bradley [lbradley@generalengineering.net]  
**Sent:** Tuesday, May 28, 2019 4:53 PM  
**To:** David Holzem  
**Subject:** Drilling Finnegan Avenue, Wisconsin Dells

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Green Category

David,

Per our telephone conversation, the Wisconsin Department of Natural Resources (WDNR) is requiring additional soil borings and monitoring wells to delineate the extent of groundwater contamination associated with the petroleum investigation at the site. The hope is that with the installation of these wells, the extent will be defined, and the WDNR will issue closure with all petroleum contamination associated with the bulk plants at the site. The City will be responsible for the 2% of costs as they have been in the past.

This being said, the WDNR has also requested a well on the southern/southwestern portion of the property. Because monitoring wells B & C did not contain petroleum contamination, the PECFA program will not pay for this well. This well primarily be utilized to assess the Chlorinated solvent investigation that will need to be defined in the future. By advancing this well when the drill rig is already mobilized (Plus consulting costs), it is estimated to save you over \$1000. In addition, we can monitor this well along with the others, again saving the City with consulting costs. The cost of the well is estimated to be \$6,000 to \$7000. Please let me know if you would like me to move forward with this well in hopes it will expedite closure for both the petroleum and also the chlorinated solvent investigations. Thank you again Dave, and as always, call me with any questions or concerns. I hope you have a nice evening.

Lynn M. Bradley  
Environmental Project Manager | General Engineering Company  
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901  
P 608-742-2169 | F 608-742-2592 | C 608-617-7729  
[lbradley@generalengineering.net](mailto:lbradley@generalengineering.net)  
[www.generalengineering.net](http://www.generalengineering.net)

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**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 10, 2019 meeting;

It APPROVES the application for a Conditional Use Permit submitted by Maurer's Market in order to allow Outdoor Commercial Food & Beverage Service, Outdoor Vendors, and Itinerant Sales at 216 Washington Avenue with the following contingencies:

1. Property is to be well maintained, well managed and not allowed to be the source of a nuisance.
2. Applicant obtains any other licenses and/or required permits.
3. Applicant is subject to fees for any additional city services that may be required, for example extra garbage pick-up.
4. Applicant cooperates with the city to address any concerns that may arise.

\_\_\_\_\_  
Edward E. Wojnicz, Mayor

Attest: \_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes and \_\_\_\_\_ nays  
Date Introduced: June 17, 2019  
Date Passed:  
Date Published:

# CONDITIONAL USE APPLICATION

## Wisconsin Dells, Wisconsin

Version: July 23, 2011

**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	
Receipt number	
Application number	

**1. Applicant Information**

Applicant name Maurer's Market  
 Street address 216 Washington Ave.  
 City Wisconsin Dells  
 State and zip code WI 53965  
 Daytime telephone number 608-963-1171  
 Fax number, if any \_\_\_\_\_  
 E-mail, if any jmaurer@myurbanmarket.com

**2. Subject property information**

Street address	<u>216 Washington Ave Wisconsin Dells</u>	
Parcel number	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>Supermarket</u>	

**3. Proposed use.** Describe the proposed use.

Close our store at 4pm on 4<sup>th</sup> of July and use our parking lot as an entertainment venue while people watch the firework display. We plan to have our food for sale - hope to have fire dept. serve beer and games for kids

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

4pm - 11pm on 4<sup>th</sup> July 2019

**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
Version: July 23, 2011

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.

Noise from potential band and participants

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

Yes

- b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

None

- c. The suitability of the subject property for the proposed use

Create a community event where people can come together to enjoy food-games-fireworks

- d. Effects of the proposed use on the natural environment

None

- e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

More people in the Washington/Superior area

- f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

None

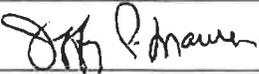
- g. Effects of the proposed use on the city's financial ability to provide public services

None

**CONDITIONAL USE APPLICATION**  
**Wisconsin Dells, Wisconsin**  
 Version: July 23, 2011

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: 8 1/4" x 11", 11" x 17", or 24" x 36".

8. **Applicant certification**

<ul style="list-style-type: none"> <li>◆ I certify that the application is true as of the date it was submitted to the City for review.</li> <li>◆ I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below.</li> </ul>	
	5/14/19

Applicant Signature

Date

<b>Governing Regulations</b>	The procedures and standards governing this application process are found in Chapter 19, Article 4, Division 6, of the City's Municipal Code.
------------------------------	---

**Reimbursement Agreement for Application Review Costs**

**A. Payment for Eligible Costs.**  
 By submitting this application for review, the applicant agrees to pay all administrative costs incurred by the City in the processing, study, and review of the application including costs for planning, legal, engineering, and related services, referred to herein as eligible costs.

**B. Guarantee of Payment.**  
 To guarantee reimbursement, the applicant shall submit one of the following along with this application:

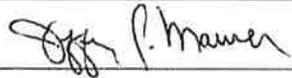
1. an irrevocable letter of credit in the name of the City in an amount as set by the zoning administrator; or
2. a cash deposit in an amount as set by the zoning administrator.

If a cash deposit is used to guarantee reimbursement, the City will periodically deduct from the cash account such amounts necessary to pay for eligible costs and submit a written statement to the applicant. If a letter of credit is used, the applicant agrees to pay such amounts as invoiced within 7 days of the invoice date. An interest rate of 1 1/2 percent shall be charged on invoices not paid within 30 days of the invoice date. The City shall access the letter of credit to pay for overdue invoices, including late penalty charges, and submit a written notice to the applicant.

If remaining monies in the cash account are insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to deposit additional monies into the cash account in an amount as set by the zoning administrator. If the principal amount of the irrevocable letter of credit is insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to submit a second letter of credit in an amount as set by the zoning administrator. The applicant may withdraw this application prior to final action by the City Council by submitting a written letter to the City. Upon such notice, the City shall cease all work related to the review of the application. However, withdrawal of this application does not terminate this reimbursement agreement.

If the applicant does not pay for eligible costs, the City Clerk/Treasurer shall add the outstanding balance to the tax roll as a special assessment against the subject property. In addition, the City may pursue other legal means to obtain the outstanding balance as allowed by law.

**C. Termination of Guarantee.**  
 If a cash deposit is used to guarantee reimbursement, the City agrees to reimburse the applicant any unused monies in the cash account, including earned interest, within 60 days of the date when the City Council takes final action on the application. If a letter of credit is used, the City shall send a written letter to the applicant releasing the applicant from the letter of credit when all outstanding invoices have been paid.

	5/14/19
---	---------

Applicant Signature

Date

216 Washington  
Conditional Use Permit –  
Staff Report for Plan Commission, 06/10/19

The Planning & Zoning office has received a Conditional Use Permit application from Maurer's Market for: Outdoor Commercial food and beverage service, Outdoor Vender, and Itinerant Sales in the parking lot of Maurer's Market at 216 Washington Ave, tax parcel 11291-158, which is in the C-2 Commercial – Downtown Zoning District. Maurer's would like to close the store in the evening of July 4<sup>th</sup>, barricade off their parking lot, and set up an Outdoor Entertainment Venue that would include Outdoor food service from a number of different stands, but all serviced with food from Maurer's themselves. They would also like to include as well as a band or DJ, and kids games and inflatable play structures. There is the potential use of the Kiwanis July 4<sup>th</sup> Vending and beer sales through a local service group (possibly the Fire Department),. Access would remain into the store bathrooms, and they would bring in portable bathrooms for the event. They would like to utilize a portion of the adjacent City alley to place the portable bathrooms and an inflatable play structures. It is noted that a portion of the alley will likely be disturbed as part of the Superior St. construction. Any use of the alley would need to stay out of the construction area.

All Outdoor sales areas must be approved by the Design Review Committee. The applicant has received conceptual approval from the DRC, especially for the 2019 event, given the construction going on. There may be a desire to review and revise the design of the event for future years. The applicant has found that their parking lot is overrun during the City 4<sup>th</sup> of July celebration, and they are unable to effectively operate the store during that time. The applicant would like to hold this event every year. This would be a one a year 4<sup>th</sup> of July event only.

As a separate item, the applicants State retail food license allows for a certain amount outdoor sales as a normal part of the operation of a grocery. The previous owner did some amount of outdoor sales, but it appears Maurer's has increased the frequency of their outdoor sales promotional events. It seems prudent for approval of this application to include official recognition of the applicant's right to engage in outdoor sales that are permitted under their State grocery license.

**Suggested Conditional to any approval:**

- 1) The property is well maintained, well managed, and not allowed to be the source of a nuisance.
- 2) The applicant obtains and be in good standing with any other licenses and/or permits required.
- 3) The applicant is subject to fees for any additional City services that may be required for this event (e.g. extra garbage pick-up)
- 4) The applicant cooperates with the City to address any concerns that may arise.

Prepared by:  
Chris Tollaksen  
City of Wisconsin Dells

**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 10, 2019 meeting;

It APPROVES the Site Plan application submitted by DNL of Wisconsin, LLC for the construction of picnic shelter behind the cabins located at 300 County A.

\_\_\_\_\_  
Edward E. Wojnicz, Mayor

Attest:

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

Vote: \_\_\_\_\_ ayes and \_\_\_\_\_ nays

Date Introduced: June 17, 2019

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
Receipt number	_____
Application number	_____

**1. Applicant information**

Applicant name DNL of Wisconsin LLC  
 Street address P.O. Box 5  
 City Wisconsin Dells  
 State and zip code WI 53965  
 Daytime telephone number 608-253-8441  
 Fax number, if any 608-253-7703  
 E-mail, if any beth@mtolympuspark.com

**2. Subject property information**

Street address	<u>300 County Rd A</u>	
Parcel number	<u>291 0142-00000</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>Vacant</u>	

**3. Proposed use.** Describe the proposed use.

Pavilion for Cabin Campground

**4. Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

May - September campground customer usage

**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 - off main roadway behind camp store

**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

provide a shelter for customers to enjoy as part of their camping experience.

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

d. Effects of the project on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

None

e. The overall appearance of the project

Open air Roofed pavilion with picnic tables

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards: *NA*

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.

Open air pavilion - picnic area

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.

NA

5. Private waterways, including pools, streams and fountains, may be used to satisfy not more than fifty (50%) percent of the required open space.

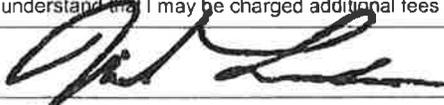
NA

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.



6/5/19

Applicant Signature

Date

Site Plan Application

Picnic Shelter

Staff Report for Plan Commission, 06/10/19

The City has received a Site Plan application from the DNL of Wisconsin LLC to construct a picnic shelter in the behind the camp cabins located at 300 CTH A. All commercial buildings require site plan approval.

This picnic shelter will be 40 ft x 50 ft and will be located approx 50' from the main commons building in the center of the camp cabins. The shelter will consist of a concrete pad, open sides and a metal roof.

This picnic shelter is to be located in an existing campground area. This structure is intended to provide shelter for the occupants of the cabins. Parking and solid waste for this area will be handled same as it currently is.

Chris Tollaksen

City of Wis Dells



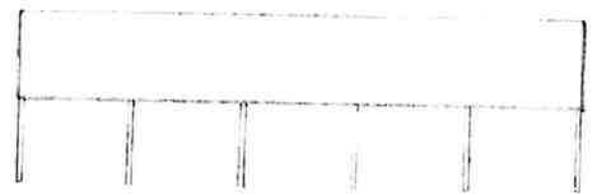
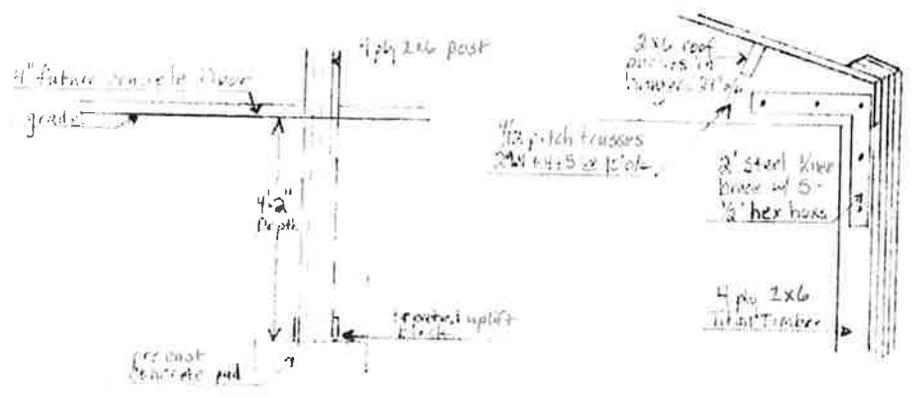
**40X50 pavilion**

**50ft Between Buildings**

**310 COUNTY RD A**



**300 County A Campground Pavilion**  
DNL of Wisconsin LLC  
Parcel: 291 142-00000  
300 County Road A, Wisconsin Dells, WI  
June 5, 2019



**ORDINANCE NO. \_\_\_\_\_**  
 (Zoning Update - Instructional Facilities)

**ITEM 15**

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

**SECTION I: PURPOSE**

To allow "Instructional Facilities" as a permitted use in C-2 Commercial Downtown Zoning District.

**SECTION II: PROVISION AMENDED**

Exhibit 5-1 Principal Uses by District

**SECTION III: PROVISION AS AMENDED**

Exhibit 5-1 Principal Uses by District is amended to permit 15.4 - Instructional Facilities in the C-2 Commercial Downtown Zoning District.

**5-1. Principal Uses by District**

		D-1													
		A-1	A-2	[1]	R-1	R-2	R-3	R-5	R-9	C-1	C-2	C-3	C-4	M-1	I-1
<b>15.0</b>	<b>Education</b>														
15.1	Commercial education facility	-	-		-	-	-	-	-	C	C	P	-	C	-
15.2	Educational facility (K-12)	-	-		C	C	C	C	-	C	-	P	-	C	-
15.3	Educational facility (higher education)	-	-		-	-	-	-	-	-	-	P	-	C	-
15.4	Instructional facility	-	-		-	-	-	-	-	C	(P)	P	C	C	-

**SECTION IV: VALIDITY**

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

**SECTION V: CONFLICTING PROVISIONS REPEALED**

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

**SECTION VI: EFFECTIVE DATE**

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

**SECTION VII: PART OF CODE**

This ordinance becomes a part of Wisconsin Dells Code Chapter 19

\_\_\_\_\_  
 Edward E. Wojnicz, Mayor

\_\_\_\_\_  
 Nancy R. Holzem, Clerk/Coordinator

First Reading: May 20, 2019

Second Reading:

Published: May 30, 2019

## ORDINANCE NO. A-846

## Short Term Rentals

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

SECTION I: PURPOSE

Wisconsin law does not allow municipalities to prohibit the short term rental of residential dwellings. Such rentals, however, may be regulated. This ordinance amends the zoning and business regulation codes to implement the state mandate. Short term rentals of residential dwellings are permitted as an accessory use in all zoning districts subject to regulation as tourist rooming houses; and, further subject to the limitation that the total number of days of operation within any calendar year shall not exceed 180 days which must be consecutive and must be specified in advance.

SECTION II: PROVISION AFFECTED

Wisconsin Dells Code Sec. 19.100(2) is amended.

Wisconsin Dells Code Sec. 19.111.30 is created.

Wisconsin Dells Code Sec. 16.35(1a) is created.

Wisconsin Dells Code Sec. 16.35(2)(k) is repealed and recreated.

SECTION III: PROVISION AS CREATED:

A. The following is made part of "General Definitions" sec. 19.100(2):

"Residential Dwelling" is any building or structure with facilities for living, cooking, sanitary and sleeping that is used or intended to be used by the owner as the owner's primary or secondary home, residence or sleeping place by one person or by two (2) or more persons maintaining a common household to the exclusion of others.

Note: This provision specifically defines the type of accommodations permitted by right in all zoning districts; i.e. residential, not commercial.

B. Code Sec. 19.111.30 is created:

Short term rental: A residential dwelling offered or occupied for rent for a fee or similar consideration for more than six but fewer than 29 consecutive days.

Note: This creates a specific land use definition.

C. Code sec. 19.630 delineates "Allowable uses within zoning districts". Exhibit 5-2 is a table which specifies "Allowable uses by district". That table is amended to create accessory use 20.30, "Short term rentals" as permitted by right in all zoning districts subject to the standards of Code sec. 16.35.

D. Code sec. 16.35(1a) is created:

(1 a) Short Term Rentals.

Short term rentals, a form of Tourist Room House, are permitted by right as an accessory use in all zoning districts subject to the regulatory provisions of this Section 16.35; and, further subject to the limitation that the total number of days of operation within any calendar year shall not exceed 180 days which must be consecutive and must be specified in advance.

Note: This makes clear that short term rentals are subject to the Tourist Rooming House regulations.

E. Code Sec. 16.35(2)(k) is repealed and recreated:

Short term rental: A residential dwelling offered or occupied for rent for a fee or similar consideration for more than six but fewer than 29 consecutive days.

Note: This makes the definition of short term rental consistent in the zoning and business regulation codes.

#### SECTION IV: VALIDITY

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

#### SECTION V: CONFLICTING PROVISIONS REPEALED

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

#### SECTION VI: EFFECTIVE DATE

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

#### SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code Chapters 16 & 19.

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Edward E. Wojnicz, Mayor

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Nancy R Holzem, Clerk/Coordinator

First Reading: May 20, 2019

Second Reading:

Published: May 30, 2019

Chapter 19 – Wisconsin Dells Zoning Code

Exhibit 6-2. Accessory uses by district

20.0	Accessory Use	Standard
20.1	Adult family home	On-site parking not required
20.2	Amateur radio station	On-site parking not required
20.3	ATM, exterior	On-site parking not required
20.3	ATM, interior	On-site parking not required
20.4	Bed and breakfast	1 space for each room
20.5	Boat dock	On-site parking not required
20.6	Drive-up service window	On-site parking not required
20.625	Exterior Activity Area	1 space per 3 patrons or 1 space for each 300 square feet of area devoted to patrol service, whichever is greater; plus 1 space for each employee dedicated to the accessory use.
20.7	Family day care home	On-site parking not required
20.8	Fence	On-site parking not required
20.9	Foster home and treatment foster home	On-site parking not required
20.10	Garage, nonresidential	On-site parking not required
20.11	Garage, residential	On-site parking not required
20.12	Home occupation	1 space for a company vehicle; plus 1 space when sufficient on-street parking is not available
20.13	Outdoor commercial food and beverage service	1 space for each 3 patron seats or 1 space for each 300 square feet of area devoted to patron service, whichever is greater; plus 1 space for each employee on the largest work shift
20.135	Small scale outdoor commercial food and beverage	1 space for each 3 patron seats or 1 space for each 300 square feet of area devoted to patron service, whichever is greater; plus 1 space for each employee on the largest work shift
20.14	Outdoor display incidental to indoor sales	On-site parking not required
20.15	Outdoor furnace	On-site parking not required
20.16	Parking lot, on-site	On-site parking not required
20.17	Play structure (residential)	On-site parking not required
20.18	Private kennel	On-site parking not required
20.19	Private stable	On-site parking not required
20.20	Roadside produce market	1 space for each 300 square feet of display area (enclosed and unenclosed)
20.21	Standby electrical power generator	On-site parking not required
20.22	Storage container	On-site parking not required
20.23	Swimming pool (residential)	On-site parking not required
20.24	Upper-floor residential	2 spaces for each dwelling unit (The plan commission may waive this requirement in whole or in part in the C-2 district when ample public parking is available.)
20.25	Walk-up service window	On-site parking not required
20.26	Wharf	On-site parking not required
20.27	Wind energy system	On-site parking not required
20.28	Yard shed (residential)	On-site parking not required
20.29	Industrial District Retail	1 space per 3 seats or 1 space or 1 space per 300 square feet whichever is greater; plus 1 space per employee
20.38	Short Term Rental	1.25 spaces for each 4 occupants based upon maximum occupancy.

Exhibit 6-3. Temporary uses by district

21.0	Temporary Use	Standard
21.1	Circus	1 space for each 3 patron seats
21.2	Farmers' market	1 space for each 2 vendor spaces when sufficient on-street parking is not available
21.3	Itinerant outdoor sales	1 space for each 100 feet of outdoor display area when sufficient on-street parking is not available
21.4	On-site construction office	On-site parking not required
21.5	On-site real estate sales office	2 spaces
21.6	Outdoor vendor	On-site parking not required
21.7	Seasonal product sales	1 space for each 100 feet of outdoor display area when sufficient on-street parking is not available
21.8	Sidewalk café	On-site parking not required
21.9	Snow disposal site	On-site parking not required
21.10	Street performance	On-site parking not required

Chapter 19 – Wisconsin Dells Zoning Code

Exhibit 5-2. Accessory uses by district

20.0	Accessory Use	A-1	A-2	D-1	R-1	R-2	R-3	R-5	R-9	C-1	C-2	C-3	C-4	M-1	I-1	Special Standards
20.1	Adult family home	-	-	-	P	P	P	P	P	P	-	-	-	P	-	19.800
20.2	Amateur radio station	-	-	-	P	P	P	P	P	-	-	-	-	P	-	19.801
20.3	ATM, exterior	-	-	-	-	-	-	-	-	C	P	-	P	-	-	19.802
20.3	ATM, interior	-	-	-	-	-	-	-	-	C	P	-	P	-	-	-
20.4	Bed and breakfast	-	-	-	C	C	-	-	-	-	-	-	-	C	-	19.803
20.5	Boat dock	C	C	C	C	C	C	C	C	C	C	C	C	C	C	-
20.6	Drive-up service window	-	-	-	-	-	-	-	-	C	C	C	C	C	C	19.804
20.625	Exterior Activity Area	P	P	-	C	C	C	C	C	P	P	P	P	P	C	19.8045
20.7	Family day care home	-	-	-	P	P	P	P	P	P	P	P	P	P	-	19.805
20.8	Fence	P	P	P	P	P	P	P	P	P	P	P	P	P	P	19.806
20.9	Foster home and treatment foster home	P	P	-	P	P	P	P	P	P	-	-	-	P	-	19.807
20.10	Garage, nonresidential	P	P	-	-	-	-	-	-	-	-	-	-	-	C	19.808
20.11	Garage, residential	-	-	-	P	P	P	P	P	P	-	-	-	P	-	19.809
20.12	Home occupation	-	-	-	C	C	-	-	-	C	C	C	C	C	-	19.810
20.13	LRG Scale Private outdoor food & bev. service	-	-	-	-	-	-	-	-	C	P	P	P	P	C	19.811A
20.135	SM Scale Private outdoor food & bev. service	-	-	-	-	-	-	-	-	C	P	P	P	P	C	19.811B
20.14	Outdoor display incidental to indoor sales	-	-	-	-	-	-	-	-	-	P	P	P	P	-	19.812
20.15	Outdoor furnace	P	P	C	C	C	C	C	C	C	C	C	C	C	C	19.813
20.16	Parking lot, on-site	P	P	C	-	-	-	-	-	-	-	-	-	-	P	-
20.17	Play structure (residential)	P	P	-	P	P	P	P	P	P	P	P	P	P	-	19.814
20.18	Private kennel	P	P	-	P	P	P	P	P	P	-	-	-	P	-	19.815
20.19	Private stable	P	P	-	-	-	-	-	-	-	-	-	-	-	-	19.816
20.20	Roadside produce stand	P	P	-	-	-	-	-	-	-	-	-	-	-	-	19.817
20.21	Standby electrical power generator	P	P	P	P	P	P	P	P	P	P	P	P	P	P	19.818
20.22	Storage container	-	-	-	-	-	-	-	-	-	C	C	C	C	P	19.819
20.23	Swimming pool (residential)	P	P	-	P	P	P	P	P	P	-	-	-	P	-	19.820
20.24	Upper-floor residential	-	-	-	-	-	-	-	-	-	C	C	C	C	C	-
20.25	Walk-up service window	-	-	-	-	-	-	-	-	-	C	C	C	C	C	19.821
20.26	Wharf	C	C	C	C	C	C	C	C	C	C	C	C	C	C	-
20.27	Wind energy system	P	P	C	C	C	C	C	C	C	C	C	C	C	C	19.822
20.28	Yard shed (residential)	P	P	-	P	P	P	P	P	P	-	-	-	P	-	19.823
20.29	Industrial District Retail	-	-	-	-	-	-	-	-	-	-	-	-	-	C	19.825
20.30	Short Term Rentals	P	P	P	P	P	P	P	P	P	P	P	P	P	P	19.826

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Key to table:

- The use is not permitted in the district
- C The use is allowed through the conditional use process
- P The use is permitted provided the standards are met, if any

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Exhibit 5-3. Temporary uses by district

21.0	Temporary Use	A-1	A-2	D-1	R-1	R-2	R-3	R-5	R-9	C-1	C-2	C-3	C-4	M-1	I-1	Special Standards
21.1	Circus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19.901
21.2	Farmers' market	C	C	-	-	-	-	-	-	P	C	C	C	C	-	19.902
21.3	Itinerant sales	-	-	-	-	-	-	-	-	-	C	C	C	C	-	19.903
21.4	On-site construction office	-	-	-	-	C	C	-	-	-	C	C	C	C	-	19.904
21.5	On-site real estate sales office	-	-	-	C	C	C	C	-	-	-	-	-	-	-	19.905
21.6	Outdoor vendor	-	-	-	-	-	-	-	-	-	C	C	C	C	-	19.906
21.7	Seasonal product sales	P	P	-	-	-	-	-	-	C	P	P	P	P	P	19.907
21.8	Public Sidewalk café	-	-	-	-	-	-	-	-	C	-	-	-	C	-	19.907
21.9	Snow disposal site	P	P	-	-	-	-	-	-	-	P	-	-	-	P	19.908
21.10	Street performance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19.909

Key to table:

- The use is not permitted in the district
- C The use is allowed through the conditional use process
- P The use is permitted provided the standards are met, if any

- 20.25 Walk-up service window An opening in a building through which patrons are served while standing outside of the building.
- 20.26 Wharf A structure adjoining a shoreline along its length that provides a berth for watercraft or is used for loading or unloading cargo or passengers onto or from watercraft.
- 20.27 Wind energy system A structure designed to generate electricity from wind.
- 20.28 Yard shed An accessory building designed to store yard furniture and tools, equipment, and supplies normally associated with lawn and garden care.
- 20.29 Industrial District Retail Retail sales and activities related to the products manufactured on premises.
- 20.30 Short-Term rental *A residential dwelling offered or occupied for rent for a fee or similar consideration for more than six but fewer than 29 consecutive days.*

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#### **21.0 TEMPORARY USES**

- 21.1 Circus A place and/or building, or portion thereof, with entertainment consisting of a variety of performances by trained animals, acrobats, clowns, or other trained performers.
- 21.2 Farmers' market A place and/or building, or portion thereof, where agricultural producers gather on a regular basis to sell agricultural products directly to retail consumers.
- 21.3 Itinerant sales An outdoor area used or is intended for retail sales over a limited duration. The merchandise may be offered by one or more vendors and be displayed out of doors and/or within a nonpermanent structure, such as a trailer or tent. The term includes flea markets, bazaars, and the like. The term does not include seasonal product sales, rummage sales, or roadside farmer markets.
- 21.4 On-site construction office A building placed on a construction site used by the contractor as a field office and removed when construction is complete.
- 21.5 On-site real estate sales office A residential dwelling in a residential development temporarily used as a sales office for other on-site residential dwellings.
- 21.6 Outdoor vendor Any commercial activity that occurs outside of the building that hosts the principal commercial use. The term includes sketch artists, food vendors, and retail sales.
- 21.7 Seasonal product sales An outdoor area where merchandise typically associated with a seasonal holiday or festival is displayed and sold immediately before the event. Examples include Christmas trees and wreaths for Christmas and pumpkins for Halloween. The term does not include fireworks sales for the Fourth of July.
- 21.8 Sidewalk café An outdoor dining area located upon public property, including a sidewalk, and operated as an integral part of an adjacent restaurant where food and beverages are sold or served primarily for consumption on the premises.
- 21.9 Snow disposal site A place where snow that accumulates on another site is stored and allowed to melt naturally.
- 21.10 Street performance Any public performance conducted within a street right-of-way or public park for the enjoyment of passersby and others. Examples include jugglers, mimes, street musicians, and face painters.

19.112 to 19.199 reserved

**Plan commission** The plan commission created by the common council pursuant to state law.

**Playhouse A** small, freestanding accessory building, either at ground level or elevated, used exclusively by children for play.

**Pollution or pollutants** The presence in the outdoor atmosphere, ground, or water of any substance, contaminant, noise, or any other manmade or man-induced alteration of the chemical, physical, biological, or radiological integrity of air, soils, or water, in quantities or at levels which are or may be potentially harmful or injurious to human health or welfare, animal or plant life, or property, or unreasonably interfere with the enjoyment of life or property.

**Porch** A part of a building with a roof of its own that covers an entrance.

**Principal building** The primary building or structure on a lot housing a principal use.

**Principal land use** See land use, principal

**Public notice** The way in which a government uses or is required to use to formally notify people of a proposed governmental hearing or action.

**R**

**Recharge area** The area which encompasses all areas or features that, by surface infiltration of water that reaches the zone of saturation of an aquifer (i.e., supplies groundwater to a well).

**Recreational vehicle** A vehicular type unit primarily designed as a temporary living quarters for recreational, camping, or travel use that either has its own motor power or is mounted on or drawn by another vehicle.

**Recreational vehicle park** A tract of land available to and principally used by the public for camping, where people can park recreational vehicles for camping and sleeping purposes.

**Recreational vehicle space** A designated portion of a recreational vehicle park designed for the placement of a single recreational vehicle for the exclusive use of the occupants.

**Regulated substances** A chemical or chemical mixture that is a health hazard. Health hazards for chemicals and chemical mixtures are typically identified on Material Safety Data Sheets (MSDS) available from the substance manufacturer or supplier. Substances packaged for consumption for humans or animals are not considered regulated substances. Regulated substances include (1) chemicals for which there is scientific evidence that acute or chronic health effects may result from exposure including carcinogens, toxic and highly toxic agents, irritants, corrosives, sensitizers, hepatotoxins, agents that act on the hematopoietic system, reproductive toxins, and agents which damage the lungs, skin, eyes, or mucous membranes as defined in 29 CFR 1910.1200, Appendix A, Health Hazard Definitions (Mandatory); (2) mixtures of chemicals which have been tested as a whole and have been determined to be a health hazard; (3) mixtures of chemicals which have not been tested as a whole but which contain any chemical which has been determined to be a health hazard and comprises 1.0 percent or greater of the composition on a weight per unit weight basis; (4) mixtures of chemicals which include a carcinogen if the concentration of the carcinogen in the mixture is 0.1 percent or greater of the composition on a weight per unit weight basis; (5) ingredients of mixtures prepared within the groundwater protection overlay district in cases where such ingredients are health hazards but comprise more than 0.1 percent of the mixture on a weight per unit weight basis if carcinogenic, or more than one (1.0) percent of the mixture on a weight per unit weight basis if noncarcinogenic; and (6) petroleum and non-solid petroleum derivatives (except non-PCB dielectric fluids used in equipment or for transmission of electric power to homes and businesses).

**Residential Dwelling** Is any building or structure with facilities for living, cooking, sanitary, and sleeping that is used or intended to be used by the owner as the owner's primary or secondary home, residence or sleeping place by one person or by two (2) or more persons maintaining a common household to the exclusion of others.

**Residential zoning district** A zoning district established by this code that has an "R" followed by a number as its abbreviation (e.g., R-1).

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**19.819 Storage container**

- (1) **Location.** A storage container on a commercially-zoned parcel shall:
  - (a) not be located in a parking area required by this chapter;
  - (b) only be located between the back of the building and rear lot line;
  - (c) observe the setback requirements for the district in which located; and
  - (d) not be located in a buffer as may be required by this code.
- (2) **Number.** No more than one storage container shall be located on a commercially-zoned parcel.
- (3) **Character.** A storage container shall be structurally sound and in good repair.
- (4) **Signage.** A storage container may not be used for signage.

**19.820 Swimming pool**

- (1) **Location.** A swimming pool shall not be located in a front yard.
- (2) **Decking.** Decking is considered an integral part of the swimming pool and shall comply with all setback requirements.
- (3) **Drainage.** Water that is drained out of a swimming pool shall not be allowed to flow onto adjoining property or into a city sewer without the approval of the public works director for the city.
- (4) **Area.** The area occupied by a swimming pool shall not exceed 30 percent of the required yard area.
- (5) **Outdoor lighting.** Outdoor lighting shall not shine onto adjoining property.
- (6) **Design specifications.** A swimming pool shall meet the most current standards published by the National Spa and Pool Institute (NSPI) and the American National Standards Institute (ANSI) including those for plumbing, electrical service, sanitation, fencing, security, and safety.

**19.821 Walk-up service window**

A walk-up service window shall not be located within 8 feet of a required yard area, except as provided herein. In the Downtown Commercial District (C-2) along Broadway Avenue between the Wisconsin River and Church Street, a walk-up service window may front directly on a public sidewalk.

**19.822 Wind energy system**

- (1) **Use.** A wind energy system shall be used primarily to produce electricity for on-site use.
- (2) **Minimum lot size.** A wind energy system shall be located on a lot that is 3 acres or larger.
- (3) **Placement.** The base of the unit shall be placed no closer to a property boundary line than two times the height of the unit. For example, a 75-foot high unit needs to be at least 150 from any property boundary line.

**19.823 Yard shed**

A yard shed shall not be located in a front yard.

**19.824 Reserved**

**19.825 Industrial District Retail**

The retail sales and activities shall be ancillary and related to the products manufactured on premises and subject to such conditions as imposed by the city, including without limitation, are of retail space, hours of operation, parking and traffic flow. Any use accessory to the Industrial District Retail use, such as outdoor commercial activities, will be required to obtain permits or other approvals consistent with the requirements in the C-4 Commercial-Large Scale Zoning District.

**19.826 Short Term Rentals**

Short Term rentals shall be subject to the provisions of City Ordinance Chapter 16.35

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**19.826 to 19.899 reserved**