CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, JUNE 18, 2018 **Time:** 7:00PM **Location:** MUNICIPAL BUILDING

300 LA CROSSE STREET, WISCONSIN DELLS, WI

MAYOR	COUNCIL MEMBERS		
ED WOJNICZ	FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
	Jesse DeFosse	Mike Freel	Ben Anderson
	Brian Holzem	Terry Marshall	Ed Fox

OPENING	
1	CALL TO ORDER & ROLL CALL
2	PLEDGE OF ALLEGIANCE
3	APPROVAL OF CONSENT AGENDA ITEMS: a. Approval of the May 21, 2018 Common Council Meeting Minutes b. Schedule of Bills Payable dated June 18, 2018 c. Applications for Bartender Licenses
4	COMMITTEE UPDATES BY CHAIRPERSONS: (PARKS & REC, LIBRARY, LEGISLATIVE, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC WORKS, DESIGN REVIEW COMMITTEE, PUBLIC SAFETY & BID)
AGENDA ITEMS	
5	APPLICATION FOR A TEMPORARY CLASS B BEER (PICNIC) LICENSE SUBMITTED BY THE KILBOURN FIRE DEPARTMENT FOR JUNE 23, 2018 – GARDING AGAINST CANCER 5K EVENT
6	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY CHULA VISTA RESORT/BADGERLAND PYROTECHNICS FOR A FIREWORKS DISPLAY AT CHULA VISTA ON SUNDAY, JULY 1, 2018
7	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY DOWNTOWN DELLS COMMITTEE FOR DOWNTOWN SIDEWALK SALES AND EVENTS SATURDAY, AUGUST 25 – SUNDAY, AUGUST 26, 2018
8	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY ED SAARI FOR A MUSCLE CAR PARADE AND PARKING SATURDAY, SEPTEMBER 29, 2018
9	APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY GSR, LLC, AARON TROXEL AGENT, FOR THE DELLS GAME SHOW, 411 BROADWAY FOR THE LICENSING PERIOD OF JUNE 19, 2018 THROUGH JUNE 30, 2018
10	APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY RIVERFRONT GREEN, LLC, JADE ROYSTON AGENT, FOR RIVERFRONT GREEN, 17-29 BROADWAY, FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019
11	APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019: a. Class A Beer License b. Class A Beer & Class A Liquor Licenses c. Class B Beer Licenses d. Class B Beer & Class C Wine Licenses e. Class B Beer & Class B Liquor Licenses

12	APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES RECEIVED FROM PLEASANT VALLEY PROPERTIES OF WISCONSIN LLC, STONECLIFF LLC, AND TVE MHP, LLC FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019
13	APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE SUBMITTED BY BRIDGEVIEW CORP. FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019
14	APPLICATIONS FOR RENEWAL OF CIGARETTE & TOBACCO PRODUCT RETAIL LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019
RESOLUTIONS	
15	RESOLUTION TO APPROVE THE REQUEST FOR A RESIDENTIAL WELL TO BE DRILLED ON COLUMBIA COUNTY PARCEL 11291-1530 IN THE FIRST ADDITION TO KILBOURN RIDGE
16	RESOLUTION TO APPROVE THE COMPLIANCE MAINTENANCE ANNUAL REPORT (CMAR) FOR SANITARY SEWER
ORDINANCES	
17	SECOND READING OF ORDINANCE TO REPEAL THE RIVER ARTS DISTRICT COMMITTEE AND EXPAND THE NUMBER OF MEMBERS ON THE BUSINESS IMPROVEMENT DISTRICT'S BOARD
18	SECOND READING OF ORDINANCE TO ALLOW THE ASSISTANT FIRE CHIEF TO ACT IN THE ABSENCE OF THE FIRE CHIEF ON THE CITY PLAN COMMISSION
19	SECOND READING OF ORDINANCE TO DEFINE SPECIFIC BUSINESS TYPES FOR CLASS A BEER AND CLASS A LIQUOR LICENSES
20	SECOND READING OF ORDINANCE TO AMEND THE FOLLOWING DESIGN STANDARDS IN THE ZONING CODE: a) ADMINISTRATION – Clarifies that design approval is required for any item that is addressed with a design standard b) OUTDOOR FOOD SERVICE VENDING UNITS - Removes requirement that outdoor vending units be associated with an on-premise business and instead allows vending units that are associated with an existing Wisconsin Dells or Lake Delton business selling similar products form a brick and mortar store.
CLOSING	
21	BUSINESS FOR REFERRAL TO COMMITTEES OR SUBSEQUENT MEETINGS
22	ADJOURNMENT
	NANCY R. HOLZEM
	CITY CLERK/COORDINATOR
	DISTRIBUTED 06/15/18

PLEASE BE ADVISED: 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.

Application for Temporary Class "B" / "Class B" Retailer's License

ITEM 5

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 5-18-2018

☐ Town ☐ Village ☑ City of WISCONSIN DELLS County of COLUMBIA

The named organization applies for: *(check appropriate box(es).)*

☑ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 06/23/2018 and ending 06/23/2018 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☑ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name KILBOURN FIRE DEPARTMENT

(b) Address 712 OAK ST, WISCONSIN DELLS WI *(Street)* ☐ Town ☐ Village ☑ City

(c) Date organized

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President CHIEF PAT GAVINSKI

Vice President ASST. CHIEF STEVE SMITH

Secretary MIKE WARNKE

Treasurer MIKE WARNKE

(g) Name and address of manager or person in charge of affair: SEAN FIELD. SAME ADRESS AS ABOVE

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 200 LACROSSE ST

(b) Lot Block

(c) Do premises occupy all or part of building? NO

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event GARDING AGAINST CANCER 5K WALK/RUN

(b) Dates of event 06/23/2018

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Kilbourn Fire Dept.
(Name of Organization)

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Date Filed with Clerk 5-18-2018

Date Reported to Council or Board

Date Granted by Council

License No.

ITEM 6

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

- Date Application Submitted: 6/7/18 Application Fee $160 Receipt No. 64704
- 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 Chula Vista Resort / Backerland Pyrotechnics

Organization/Business (if any)

Address (include city/zip) 2501 River Rd Wisconsin Dells WI 53965

Contact Phone Number 702 812 7797 Email Shows @ BackerlandPyro.com

2. Event Purpose

Event Name or Title: 4th of July Fireworks on July 1st 2018 Repeat Event? ☒Yes ☐No

Organization Associated with Event (if applicable) Non-profit Event? ☐Yes ☐No

Purpose of Event (Include detailed description of event/activities) Fireworks Display

3. Event Information & Assembly

Date(s) of the Actual Event July 1, 2018

Date/Time event will assemble July 1, 2018 Date/Time event will begin July 1, 2018

Time event will end July 1, 2018 @ Approx 2145 Time event will disband July 1, 2018 @ Approx 2145

Event website (if any) none

Name of contact person on day of event Garrett Watson Cell 702 812 7797

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:

See MAP of Chula Vista Pkwy & River Road

Number of Barricades Needed & Locations (if applicable) 2 officers w squads

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:

*Approximate maximum number in attendance at one time Approx 1000 - 3000

Attendance estimate based on? Last years Turnout

Traffic Assistance Needed: ☒Yes ☐No If yes, location and time(s): Yes, we would like to close Chula Vista Pkwy During the show at Both the River Road 4 WAY Stop and the start off of Hwy 13

4. Entertainment/Amplified Music or Announcing

Any amplified music or announcing: ☐Yes ☒No

Describe entertainment area/location (if applicable) _____

5. Public Safety

Traffic Assistance Needed: ☒Yes ☐No If yes, location and time(s): Just for Road closure

Police/Security Needed (may be assigned based on event details) ☐No ☒Yes, location & purpose Road closure

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 ____Unisex ____Handicapped Accessible

7. Vendors

Merchandise and/ or Food Vendors: X 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:

N/A

Municipal Code Chapter 24 – Special Events Regulations

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 Garrett Watson

☒ **Signature** Garrett Watson **Date** 6/4/18

FOR OFFICE USE ONLY:

Date Application Received by City Clerk: _____ Clerk's Initials_____

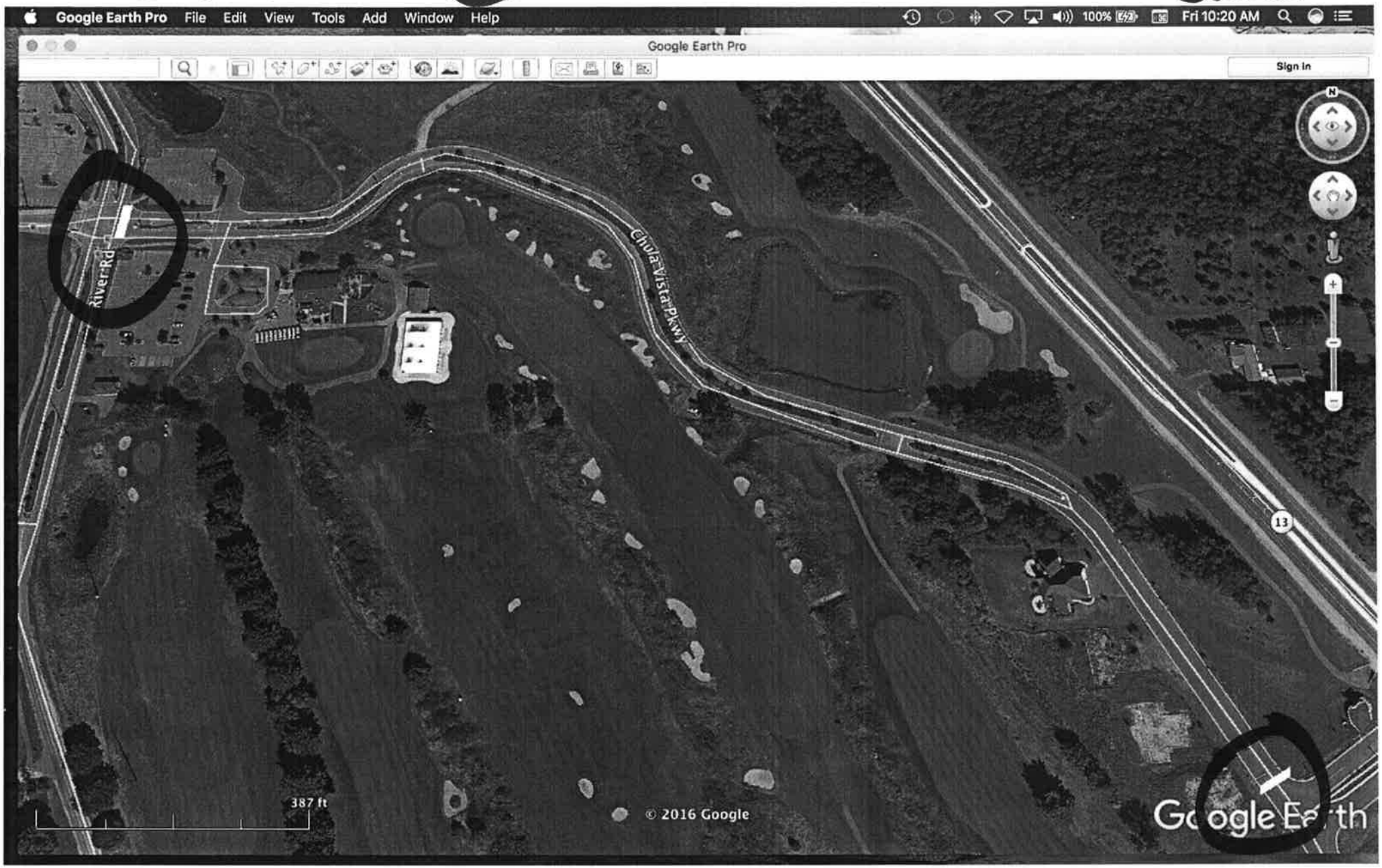
☐ Map provided ☐ Amount Due _____ Date Paid:_____

Department Routing:

☐ Police_____ ☐ Fire_____ ☐ DPW_____ ☐ EMS_____

Common Council Meeting Date _____: ☐ Approved ☐ Denied

Closed @ Approx 2115 hrs to After Show



Chula's Fireworks Show 7/1/18

TRAFFIC FLOW DURING CLOSURE

R# 64705

City of Wisconsin Dells

Application for:

FIREWORKS DISPLAY PERMIT

Fee: $125

Date and Time of Proposed Fireworks Display: 7/1/18 @ Approx 2130 hrs

Name of Company: Backerland Pyrotechnics LLC

Name of Company Owner: Garrett Watson

Address of Company: 2305 River Rd

Daytime Telephone Number: 702 812 7797

Cell Phone Number: 702 812 7797

Name of Pyrotechnician: Garrett Watson

Date of Birth (must be at least 21 years old): 02/18/77

Location of Event: Chula Vista Resort Cold Water Canyon

Type of Event: Fireworks Display

☒ Attach a Certificate of Liability Insurance in an amount not less than $1,000,000 listing the City of Wisconsin Dells as an additionally insured.

☒ Attach written proof of training by a qualified pyrotechnics instructor.

Garrett Watson

Signature of Company Owner

Subject to compliance with Wisconsin Dells Municipal Code chapter 16.20(5) and 9.11

☒ Date Approved: 6th day of June 2018 per Fire Chief Gavinski

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 09/12

BADGERLAND
PYROTECHNICS

City of Wisconsin Dells

300 Lacross st

Wisconsin Dell, WI 53965

Re: Special Events Permit request to close Chula Vista Pkwy for 30 minutes on July 1, 2018

On July 1, 2018 we are requesting the approval of a Special Events Permit to Close Chula Vista Parkway in Two places for a sho period of time (please see attached maps for layout and details). We request this due to safety guidelines listed under NFPA 1123 of our Fireworks Display starting at approx. 9:30p. We request the closure to start at 9:15p on said date to about 9:45p c earlier if the show ends before 9:45p. Currently the fireworks display is scheduled to end at approx. 9:30p.

The Two places we are requesting to close Chula Vista Pkwy are as follows:

Position #1

At the 4 way stop where River Road and Chula Vista Pkwy intersect. River Road will remain open at all time in both directions

Position #2

Start of Chula Vista Pkwy coming in off of Hwy 13. The turn around can be used to redirect traffic back out to Hwy 13 t travel North to Golden Ave, allowing accesses river road.

We appreciate your consideration in approving this permit as it allows us proper fallout area should winds be blowing in the direction of Chula Vista Pkwy. We have included a check for the amount of $160 along with this letter, maps and permit form. We understand that there may be additional cost of $35 per hour per officer for their time. Please make out any invoices to Badgerland Pyrotechnics LLC, P.o. Box 213 Wisconsin Dells WI, 53965 and we will be more than happy to drop off payment onc a balance is presented. Should you have any question we can be reached at 1-888-640-3211 (office) 1-702-812-7797 (cell)

Regards,

Garrett Watson

Badgerland Pyrotechnics LLC.
Address: PO Box 213 - Wisconsin Dells, WI. 53965
Email: shows@badgerlandpyro.com
Phone: 888-640-3211
www.BadgerlandPyro.com

Google Earth Pro File Edit View Tools Add Window Help
Wed 9:13 AM
Google Earth Pro
Search
chula vista resort
Search
ex: 1600 Pennsylvania Ave, 20500
Get Directions History
Chula Vista Resort - Wisconsin Dells Waterpark Resort
Modern resort with water parks & golf
2501 River Rd, Wisconsin Dells, WI 53965
(608) 678-3119
chulavistaresort.com
2,475 reviews
Sign in
Places
Circle Measure
Line Measure
Circle Measure
Line Measure
Temporary Places
Circle Measure
Polygon Measure
Layers
Primary Database
Borders and Labels
Places
Photos
Roads
3D Buildings
Ocean
Weather
Gallery
River Rd
Chula Vista Pkwy
317 ft
2018 Google
Google Earth

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

ITEM 7

- Date Application Submitted: 6-4-18 Application Fee $160 Receipt No. 64595 tm
- 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 MARK SWEET

Organization/Business (if any) DOWNTOWN DELLS COMMITTEE

Address (include city/zip) PO BOX 473 WISCONSIN DELLS 53965

Contact Phone Number (608) 253-0468 Email outofthewoods widells @ frontier . com

2. Event Purpose

Event Name or Title: DELLS RIVER WALK DAYS Repeat Event? ☒Yes ☐No

Organization Associated with Event (if applicable) Downtown Dells Committee Non-profit Event? ☒Yes ☐No

Purpose of Event (Include detailed description of event/activities)

end of the summer season sidewalk sale for downtown businesses in a fun, festive atmosphere. Plan to have face painting, caricature artist, possibly a clown and a balloon artist and other family friendly entertainment. Plan to reach out to service clubs for a food and/or beverage presence. Committee believes more businesses will participate is the Sidewalk Sale at this time of season as staffing levels are higher and lack of outside vendors (WOZHAWA). See reverse side.

3. Event Information & Assembly

Date(s) of the Actual Event SATURDAY, AUGUST 25 and SUNDAY, AUGUST 26

Date/Time event will set up regular daytime hours. Date/Time event will tear down Recommend sidewalk sales

Event start time 9 AM Event end time conclude by 7 or 8 pm.

Event website (if any) not set up specifically for this event.

Name of contact person on day of event MARK SWEET Cell (608) 772-0020

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:

none planned at this time.

Number of Barricades Needed & Locations (if applicable) none at this time -

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:

*Approximate maximum number in attendance at one time undetermined.

Attendance estimate based on?

Traffic Assistance Needed: ☐Yes ☒No If yes, location and time(s):

→ As the name "River Walk" Days implies, we see this as a potential regular end of the summer event. As a stand alone event, in the future, we would like to see it be both a celebration of the downtown business community and of the arts. (River Arts District)

in 2018, the committee asks the City Council to waive the current restriction and allow a Sidewalk Sale for downtown businesses participation only, Saturday, August 25 and Sunday, August 26.

4. Entertainment/Amplified Music or Announcing

Any amplified music or announcing: ☒Yes ☐No

Describe entertainment area/location (if applicable) use of Duchess Plaza during the weekend.

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 (as of now)

Number of bathroom stall accommodations, if required: ____Men ____Women ____Unisex ____Handicapped Accessible

7. Vendors

Merchandise and/ or Food Vendors: ____ no ___X___ yes, approximate number: _____ pending interest on part of local service clubs as per food.

Merchandise restricted to existing Downtown Businesses.

8. Parking Impact

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

none anticipated at this time.

Municipal Code Chapter 24 – Special Events Regulations

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 MARK SWEET chairman, Downtown Dells Committee

☒ **Signature** Mark Sweet **Date** 6/4/2018

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

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

ITEM 8

- Date Application Submitted: 5/30/18 Application Fee $160 Receipt No. 64670
- 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 Ed Saari

Organization/Business (if any) Chula Vista Resort

Address (include city/zip) 2501 River Rd. - Wisconsin Dells, WI 53965

Contact Phone Number 309-530-9235 Email Edsandbarb@gmail.com

2. Event Purpose

Event Name or Title: Muscle Car Adventures Repeat Event? ☒Yes ☐No

Organization Associated with Event (if applicable) Chula Vista Resort Non-profit Event? ☐Yes ☒No

Purpose of Event (Include detailed description of event/activities) Muscle Car Driving Event

3. Event Information & Assembly

Date(s) of the Actual Event SEPT 28-30 2018

Date/Time event will assemble SEPT. 29th - 4pm Date/Time event will begin SEPT 29th 5pm

Time event will end SEPT. 29th - 5:30pm Time event will disband SEPT 29th 7pm

Event website (if any) WWW MUSCLE CAR ADVENTURES.com

Name of contact person on day of event Ed Saari Cell 309-530-9235

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:

To be determined by Lt. PERRY MEYER

Number of Barricades Needed & Locations (if applicable) S/A

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:

*Approximate maximum number in attendance at one time 100 muscle cars

Attendance estimate based on? previous years attendance

Traffic Assistance Needed: ☒Yes ☐No If yes, location and time(s): Lead car plus other areas determined by Lt. Meyer

4. Entertainment/Amplified Music or Announcing

Any amplified music or announcing: ☐Yes ☒No

Describe entertainment area/location (if applicable) _____

5. Public Safety

Traffic Assistance Needed: ☒Yes ☐No If yes, location and time(s): as determined by Lt. Meyer

Police/Security Needed (may be assigned based on event details) ☐No ☒Yes, location & purpose S/A

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 ___Unisex ___Handicapped Accessible

NONE.

7. Vendors

Merchandise and/ or Food Vendors: ___X___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:

as determined by Lt. Meyer

Municipal Code Chapter 24 – Special Events Regulations

24.04 WHEN APPLICATION MUST BE MADE

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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 Ed Sacri

☒ **Signature** _____ **Date** 5-30-18

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

ITEM 9

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning ~~May~~ June 19 20 18 ;
ending June 30, 20 18

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

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

Applicant's WI Seller's Permit No.:	FEIN Number: 82-4773583
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 33.32
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 47.32

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ GSR LLC

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

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

3. Trade Name ▶ Dells Game Show Business Phone Number 608-678-2250
4. Address of Premises ▶ 411 Broadway Post Office & Zip Code ▶ 53965
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 3/18 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concessions area
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued?
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 20 18

(Clerk/Notary Public)

My commission expires 10/25/2018

TROY J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

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

COPY

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of GSR LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Dells Game Show
(trade name)

located at 411 Broadway, Wisconsin Dells, WI 53965

appoints Aaron J. Troxel dob 6/30/87
(name of appointed agent)

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

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 30 years

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

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

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

And:
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Aaron Troxel, hereby accept this appointment as agent for the
(print/type agent's name)

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

[signature], Member 5/3/18 Agent's age 30
(signature of agent) *(date)*

1035 W Haseltine St, Richland Center, WI 53581 Date of birth 6/30/87
(home address of agent)

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

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

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

To Police Dept 5/3/18

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Traxel	Aaron	J

Home Address *(street/route)*	Post Office	City	State	Zip Code
1035 W Haseltine St		Richland Ctr	WI	53581

Home Phone Number	Age	Date of Birth	Place of Birth
608-604-3191	30	6/30/87	La Crosse, WI

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

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

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

☒ Aaron Traxel *(Officer/Director/Member/Manager/Agent)* of GSR LLC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

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

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

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

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

Subscribed and sworn to before me

this 3rd day of May 20 18

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 10/25/20

(Signature of Named Individual) Member

Printed on Recycled Paper

ITEM 10

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 7-1 20 18 ;
ending 6-30 20 19

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 100
☒ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214.00

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

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

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

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

3. Trade Name ▶ Riverfront Green Business Phone Number (608) 432-2082
4. Address of Premises ▶ 17-29 Broadway Post Office & Zip Code ▶ Wis. Dells 53965
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state ____ and date ____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar on outside patio. Cooler behind. Upstairs indoor space.
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
    (b) If yes, under what name was license issued? Cheesy Tomato
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]. ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of June, 20 18

TRAVIS SANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 10/15/2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-1-2018	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Riverfront Green LLC.
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Riverfront Green
(trade name)

located at 17-29 Broadway Wisconsin Dells, WI 53965

appoints Jade Royston
(name of appointed agent)

731 1/2 Superior St. Wisconsin Dells, WI 53965
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 28 Years

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

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

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

And:
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jade Royston, hereby accept this appointment as agent for the
(print/type agent's name)

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

Jade Royston 5/31/18 Agent's age 28
(signature of agent) *(date)*

731 1/2 Superior St. Wisconsin Dells, WI 53965 Date of birth 04/27/1990
(home address of agent)

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

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

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

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* (last name)	(first name)	(middle name)		
~~Jade~~ Royston	Jade	Marcus		
Home Address *(street/route)*	Post Office	City	State	Zip Code
731 ½ Superior St.		Wisconsin Dells	WI	53965
Home Phone Number	Age	Date of Birth	Place of Birth	
608-432-2083	28	04/27/1990	Madison	

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

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

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

☒ Member *(Officer/Director/Member/Manager/Agent)* of Riverfront Green LLC, *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

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

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

Employer's Name	Employer's Address	Employed From	To
Justagame Fieldhouse	200 La Crosse St Wis Dells WI 53965	2006	Current
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me this 1st day of June

(Clerk/Notary Public)

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

My commission expires 10/25/2019

Jade Royston
(Signature of Named Individual)

Printed on Recycled Paper

ITEM 11a.

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

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

R# 64082

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☑ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456 0005118 5104	39-1882088

LICENSE REQUESTED ▶ TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114.00

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 20 18

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

Randy L Martin

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 26, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
101-18		

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

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME RANDY MARTIN LOON LAKE CIGAR STATUTE NO./LOCAL ORDINANCE _____

   CHARGE SALE TOBACCO TO MINOR WHERE CONVICTED WI DELLS

   DATE 07/17/2018 PENALTY $61.00 ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

ITEM 11 b.

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

Name of Applicant:	Kristie's Foods Dells LLC Kristina M. Maurer, Agent
Address of Applicant:	9 Oxford Place, Maple Bluff, WI 53704
Location of Premises:	Maurer's Market 216 Washington Avenue
Name of Applicant:	Travel Mart Inc Tina Peters, Agent
Address of Applicant:	PO Box 120, Wisconsin Dells, WI 53965
Location of Premises:	Broadway Travel Mart 802 Broadway
Name of Applicant:	Travel Mart Inc Darcy Cooper, Agent
Address of Applicant:	PO Box 120, Wisconsin Dells, WI 53965
Location of Premises:	Lower Dells Travel Mart 710 Trout Road
Name of Applicant:	Travel Mart Inc Joshua Stevens, Agent
Address of Applicant:	PO Box 120, Wisconsin Dells, WI 53965
Location of Premises:	R&G Travel Mart 611 N Frontage Road #2
Name of Applicant:	Travel Mart Inc Darcy Cooper, Agent
Address of Applicant:	PO Box 120, Wisconsin Dells, WI 53965
Location of Premises:	Travel Mart Shell 2415 Wisconsin Dells Parkway
Name of Applicant:	Walgreen Co Dana Weiland, Agent
Address of Applicant:	PO Box 901, Deerfield, IL 60015
Location of Premises:	Walgreens #06885 300 Hwy 13

R# 64008

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:

LICENSE REQUESTED

TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Kristies Foods 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 ▶	Kristine Marie Maurer	9 Oxford Pl.	Maple Bluff 53704
Directors/Managers	Jeffrey Patrick Maurer	S3330 Fox Hill Rd	Baraboo 53913

C. 1. Trade Name ▶ Maurer's Market Business Phone Number 608 254-8313

2. Address of Premises ▶ 216 Washington Ave. Wis 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.) 20,000 SF Supermarket

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April

Kimberly Pearson
(Clerk/Notary Public)

My commission expires 11-09-18

NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64080

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

Applicant's WI Seller's Permit No.	FEIN Number
456000057815604	391546227

LICENSE REQUESTED ▶

TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

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

C. 1. Trade Name ▶ BROADWAY TRAVEL MART Business Phone Number 608-253-2091

2. Address of Premises ▶ 802 BROADWAY Post Office & Zip Code ▶ WIS DELLS 53965

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

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

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

MARGARET CZUPRYNKO Notary Public State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko (Clerk/Notary Public)

My commission expires 9-7-18

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

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

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

TO BE COMPLETED BY CLERK

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

R# 63497

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

Applicant's WI Seller's Permit No.	FEIN Number
456000057815604	391546227

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

LICENSE REQUESTED ▶ TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

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

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

C. 1. Trade Name ▶ LOWER DELLS TRAVEL MART Business Phone Number 608-254-7097
2. Address of Premises ▶ 710 TROUT RD Post Office & Zip Code ▶ WIS DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** NEW TREASURER ☑ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

MARGARET CZUPRYNKO Notary Public State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko
(Clerk/Notary Public)

My commission expires 9-7-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
203-18		

R# 63999

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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
456000057815604	391546227

LICENSE REQUESTED ▶

TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

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

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

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

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

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

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 18

Margaret Czuprynko
(Clerk/Notary Public)

My commission expires 9-7-18

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

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

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

TO BE COMPLETED BY CLERK

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

R# 63998

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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:
456000057815604	391546227

LICENSE REQUESTED ▶

TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

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

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

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

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

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

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

MARGARET CZUPRYNKO Notary Public State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko
(Clerk/Notary Public)

My commission expires 2-7-18

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

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

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

TO BE COMPLETED BY CLERK

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

R# 63980

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ■ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

LICENSE REQUESTED ▶ TYPE	FEE
■ Class A beer	$ 100.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 500.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 614.00

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	Amelia Legutki	130 Homewood Ave.	Libertyville, IL 60048
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 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells, WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of APRIL 2018

Amelia Legutki
Assistant Secretary

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

OFFICIAL SEAL
RICARDO J. RAMIREZ
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 30, 2021

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

My commission expires ____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

ITEM 11c.

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

Name of Applicant:	Bridgeview Corporation Andrew Waterman, Agent
Address of Applicant:	PO Box 513, Wisconsin Dells, WI 53965
Location of Premises:	Timber Falls Adventure Park 1000 Stand Rock Road
Name of Applicant:	Edytka's Polish Restaurant Inc Edyta Kapusta, Agent
Address of Applicant:	3901 River Road, Wisconsin Dells, WI 53965
Location of Premises:	Edytka's Polish Restaurant 221 Broadway
Name of Applicant:	GSR LLC Aaron J Troxel, Agent
Address of Applicant:	1035 W Haseltine Street, Richland Center WI 53581
Location of Premises:	Dells Game Show 411 Broadway
Name of Applicant:	Harold B Larkin Post 187 Gary Thompson, Agent
Address of Applicant:	609 Wisconsin Avenue, Wisconsin Dells, WI 53965
Location of Premises:	American Legion Post 187 609 Wisconsin Avenue
Name of Applicant:	Juan C. Medrano
Address of Applicant:	324 ½ Broadway, Wisconsin Dells, WI 53965
Location of Premises:	Colotlan Mexican Restaurant 324 Broadway
Name of Applicant:	Sherwood Forest Dells, LLC Bradley Gussel, Agent
Address of Applicant:	1211 Stand Rock Road, Wisconsin Dells, WI 53965
Location of Premises:	Sherwood Forest Camping & RV Park 2852 Wisconsin Dells Parkway
Name of Applicant:	Stromberg Wei LLC Michael Stromberg, Agent
Address of Applicant:	W1838 Co Road J, Wisconsin Dells WI 53965
Location of Premises:	Weis Chinese Restaurant 630 S Frontage Road
Name of Applicant:	Time Fantasy Productions LLC William Nehring, Agent
Address of Applicant:	819 Elm Street, Wisconsin Dells, WI 53965
Location of Premises:	Hideaway 2255 Wisconsin Dells Parkway
Name of Applicant:	Wisconsin Dells Home Talent Baseball – Rivermen Kevin Donnelly, Agent
Address of Applicant:	3629 State Rd 13, Wisconsin Dells, WI 53965
Location of Premises:	Wisconsin Dells Rivermen-Home Talent Baseball 510 Veterans Memorial Drive
Name of Applicant:	Woodside Sports Complex Operations LLC Lance Massey, Agent
Address of Applicant:	510 Elmberta Street, Mauston WI 53948
Location of Premises:	Woodside Sports Complex 1770 S Hwy 13

RH-63910

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

Applicant's WI Seller's Permit No.	FEIN Number
456000016314604	391646468

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 513 WISCONSIN DELLS, WI

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

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

C. 1. Trade Name ▶ TIMBER FALLS ADVENTURE PARK Business Phone Number 608-254-8414

2. Address of Premises ▶ 1000 STAND ROCK ROAD Post Office & Zip Code ▶ WI DELLS 53965

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

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

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

ISABELLA GOMEZ NOTARY PUBLIC STATE OF WISCONSIN

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of April, 2018

Isabella Gomez
(Clerk/Notary Public)

My commission expires 09-27-2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-13-2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
301-18		

R# 64458

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456102918578702	81-3091166

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 221 BROADWAY 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	EDYTA KAPUSTA	653 OAK HILL LN	53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Edyta Kapusta		
Directors/Managers			

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 20 18

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN TRACI J. STANFORD

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64251

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number: 82-477-3583
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114.00

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May 2018

TRACY STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 10/25/2020

Member

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64168 $50 Late fee R# 64169

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456 0000 39 0116-02 FEIN Number: 39-0148750

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 114.00

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 197
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 600 WISC. AVE. WISC DELLS
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	COMMANDER ED FOX	1002 WASHINGTON AVE	53965
Vice President/Member	VICE COMMANDER GARY THOMPSON	S108 OLD HWY 12	53965
Secretary/Member	ADJUTANT HENRY LUKASAVAGE	370 WISC. DELLS PKY	53965
Treasurer/Member	EP LUKASZEWICZ	B8445 FOX RUN RD	53965
Agent ▶ GARY THOMPSON			
Directors/Managers			

C. 1. Trade Name ▶ AMERICAN LEGION POST 197 Business Phone Number (608) 253-5302
2. Address of Premises ▶ 600 WISC AVE Post Office & Zip Code ▶ DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY CONCRETE BUILDING
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Commander, Vice Commander ☑ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 2018

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

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

RH 64058

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☒ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1027023193 03 FEIN Number: 27-0157405

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

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

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Cement Block Building 28' x 120'

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2018

Darlene E Berry
(Clerk/Notary Public)

My commission expires 06/02/2021

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1027875246-02 FEIN Number: 30-0701949

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 2018

(Clerk/Notary Public) NOTARY PUBLIC STATE OF WISCONSIN CECILIA STAMFORD

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64150 $50 Late Fee R# 64141

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028115549-02	46-2435629

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

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

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

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

C. 1. Trade Name ▶ SHERWOOD FOREST CAMPING & RV PARK Business Phone Number 608-254-7080
2. Address of Premises ▶ 2652 WISCONSIN DELLS PKWY Post Office & Zip Code ▶ WISCONSIN DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CAMP STORE/OFFICE/POOL/CONCESSION BLDGS
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of April 20 18

TRACI STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

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

Rtk 63982

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:

LICENSE REQUESTED ▶		
TYPE		FEE
☐ Class A beer	$	
☑ Class B beer	$	100
☐ Class C wine	$	
☐ Class A liquor	$	
☐ Class A liquor (cider only)	$	N/A
☐ Class B liquor	$	
☐ Reserve Class B liquor	$	
☐ Class B (wine only) winery	$	
Publication fee	$	14
TOTAL FEE	$	114

Complete A or B. All must complete C.

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

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

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

C. 1. Trade Name ▶ Wei's Chinese Restaurant Business Phone Number 608-844-3534
2. Address of Premises ▶ 630 S. Frontage Rd Post Office & Zip Code ▶ Wisconsin Dells, WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dining area + Patio
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Owners Address ☑ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

Rt# 64104

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
EXEMPT	72 1583644

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kevin M Donnelly	3629 State Rd 13	Wis Dells WI 53965
Vice President/Member	Zach Zamzow	527 Race St Apt 7	Wis Dells WI 53965
Secretary/Member	Aaron Van Schoyck	719 Superior St	Wis Dells WI 53965
Treasurer/Member			
Agent ▶	Kevin M Donnelly		
Directors/Managers			

C. 1. Trade Name ▶ Wisconsin Dells Rivermen Business Phone Number

2. Address of Premises ▶ 510 Veterans Memorial Drive 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.) Concession Stand - Vets Park

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 20 18

(Clerk/Notary Public)

My commission expires 3-8-2019

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64079

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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.: 456-1027352045-08	FEIN Number: 90-0640113
LICENSE REQUESTED	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI

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

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

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360

2. Address of Premises ▶ 4177 S HWY 13 WISC DELLS, WI (1770 STH 13) Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of April 2018

Christina Krotzman
Notary Public
State of Wisconsin

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

Christina Krotzman
(Clerk/Notary Public)

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

My commission expires April 16, 2021

State of Wisconsin, County of Juneau

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

TO BE COMPLETED BY CLERK

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

ITEM 11d.

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

Name of Applicant:	CheeseCake Heaven Inc Nancy Kimps, Agent
Address of Applicant:	2673 Bay Port Lane, Green Bay, WI 54313
Location of Premises:	CheeseCake Heaven 231 Broadway Street, Wisconsin Dells WI 53965
Name of Applicant:	Familyland Enterprises Inc Nicolas Morse, Agent
Address of Applicant:	924 Capital Street, Wisconsin Dells WI 53965
Location of Premises:	MACS Wisconsin Dells 208 Broadway
Name of Applicant:	Hulbert Creek Lodge & Suites LLC Michael Kaminski, Agent
Address of Applicant:	995 S Grouse Lane, Wisconsin Dells, WI 53965
Location of Premises:	AmericInn Lodge & Suites 550 State Hwy 13
Name of Applicant:	Mama Z's Grill LLC Lance Massey, Agent
Address of Applicant:	1401 Valley Drive, Wisconsin Dells, WI 53965
Location of Premises:	Mama Z's Country Grill 1101 Broadway
Name of Applicant:	MZ Food LLC Miroslav Karov, Agent
Address of Applicant:	1023 Race Street, Wisconsin Dells, WI 53965
Location of Premises:	Pizza Villa 737 Superior Street
Name of Applicant:	The Pizza Lab LLC Burak Akbeg, Agent
Address of Applicant:	33A Grand Canyon Drive #212, Baraboo, WI 53913
Location of Premises:	Dells Pizza Lab 332 State Hwy 13
Name of Applicant:	Rib Kings of America Inc Leon Agami, Agent
Address of Applicant:	429 Broadway, Wisconsin Dells, WI 53965
Location of Premises:	Famous Dave's BBQ 435 Broadway
Name of Applicant:	San Antonio Mexican Restaurant LLC Luis Martinez, Agent
Address of Applicant	415 6th Avenue, Baraboo, WI 53913
Location of Premises:	San Antonio Mexican Restaurant 740 & 742 Eddy Street

R# 64028

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

456-0000553940-04

Applicant's WI Seller's Permit No.: FEIN Number: 39-1848772

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Cheese Cake Heaven, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2675 S. Oneida St. Green Bay, WI 54304

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

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

C. 1. Trade Name ▶ Cheese Cake Heaven Deli Restaurant Business Phone Number 608-253-0394

2. Address of Premises ▶ 231 Broadway St 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.) 231 Broadway / coolers behind counter & outside seating in front of store

5. Legal description (omit if street address is given above): 231 Broadway

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April, 20 18

(Clerk/Notary Public)

My commission expires 8-27-19

JACY J. RYAN
NOTARY PUBLIC
STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 23, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
501-18		

R#64165 Late Fee $ 50. R#64167

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456102816127102	461889784

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ FAMILY LAND, Enterprises INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 807 VINE ST WISC DELLS 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

C. 1. Trade Name ▶ MACS WISCONSIN DELLS Business Phone Number (608) 678-2300
2. Address of Premises ▶ 208 BROADWAY Post Office & Zip Code ▶ WISC DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) DINING ROOM PATIO, DRY/COLD STORAGE
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 2018

Tammy L Miller
(Clerk/Notary Public)

My commission expires 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

AT-115 (R. 7-15) Wisconsin Department of Revenue

R# 64256 $50 Late Fee R# 64257

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-0000833394-03 FEIN Number: 13-4233514

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

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	MIKE KAMINSKI	995 South Grouse lane	WIS Dells, WI 53965
Vice President/Member	ANN KAMINSKI	995 South Grouse lane	WIS Dells, WI 53965
Secretary/Member	JEFF KAMINSKI	1003 Hillside Court	WIS Dells, WI 53965
Treasurer/Member	JEFF KAMINSKI	"	"
Agent ▶	MIKE KAMINSKI		
Directors/Managers			

C. 1. Trade Name ▶ AMERICINN LODGE + SUITES Business Phone Number 608-254-1700
2. Address of Premises ▶ 550 HWY 13 Post Office & Zip Code ▶ BOX 45 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HOTEL, LODGE, POOL, CONFERENCE FACILITIES
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May 20 18

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
May 3, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
504-18		

AT-115 (R. 7-15) Wisconsin Department of Revenue

R#-64237 PSO late for R#-64238

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456102934406802	81-4352794

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 20 18

Christina Krotzman (Clerk/Notary Public)

My commission expires April 16, 2021

Christina Krotzman Notary Public State of Wisconsin

State of Wisconsin County of Juneau

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
May 3, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
505-18		

R# 63797

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456 1028505984 02	47-2327647

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 725 Vine st

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

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

C. 1. Trade Name ▶ Pizza Villa Business Phone Number 608-254-8394

2. Address of Premises ▶ 737 Superior st Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual 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 4th day of April 20 19

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

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

KF 63845
4-9-18

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-1028862909-02	47-4796164

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ AKBEG, BURAK	33A GRAND CANYON DR 212	BARABOO 53913
AKBEG, TRISHA	33A GRAND CANYON DR 212	BARABOO 53913

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ THE PIZZA LAB, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 332 ST HWY 13, WISDELLS 53965

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

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

C. 1. Trade Name ▶ DELLS PIZZA LAB Business Phone Number 608-253-0305

2. Address of Premises ▶ 332 ST HWY 13 Post Office & Zip Code ▶ WISDELLS 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April 2018

Tammy L Miller (Clerk/Notary Public)

My commission expires 1-21-22

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

R# 636619

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 00040000041345

Federal Employer Identification Number (FEIN): 41-1913876

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Rib Kings Of America INC

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

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

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

C. 1. Trade Name ▶ Famous Dave's BBQ Business Phone Number (608) 253-6683

2. Address of Premises ▶ 435 Broadway Wisconsin Dells Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March 20 19

Mariangela Zavala
(Clerk/Notary Public)

My commission expires 06/06/21

MARIANGELA ZAVALA NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires June 06, 2021 No. GG 112202

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

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

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

TO BE COMPLETED BY CLERK

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

R# 64153

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026198331-02	45-3462656

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ San Antonio Mexican Restaurant LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O Box 395 Wisc 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	Luis A Martinez	415 6th Ave	Baraboo WI 53913
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Luis A Martinez		
Directors/Managers			

C. 1. Trade Name ▶ San Antonio Mexican Restaurant Business Phone Number 608 254-5798
2. Address of Premises ▶ 742 Eddy St Wisc. 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.) Dinning area and the place has a storage room with keys & outdoor Patio
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of April 2018

THE STATE OF WISCONSIN NOTARY PUBLIC

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 30, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
508-18		

ITEM 11e.

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

Name of Applicant:	505 Broadway LLC *(Quota Plus)*
	Leon Agami, Agent
Address of Applicant:	429 Broadway, Wisconsin Dells, WI 53965
Location of Premises:	Carvelli's Pizza and Pasta House
	505 Broadway
Name of Applicant:	American World Inc *(Quota Plus)*
	David Makowski, Agent
Address of Applicant:	111 Sweet Briar Drive, Wisconsin Dells, WI 53965
Location of Premises:	American World Complex
	399 Hwy A & 2040 Wisconsin Dells Parkway
Name of Applicant:	Apple Hospitality Group LLC
	Aaron J. Myott, Agent
Address of Applicant:	2120 Pewaukee Road #200, Waukesha, WI 53188
Location of Premises:	Applebee's Neighborhood Grill & Bar
	340 Hwy 13
Name of Applicant:	Chula Vista Inc
	Michael Kaminski, Agent
Address of Applicant:	995 S Grouse Lane, Wisconsin Dells, WI 53965
Location of Premises:	Chula Vista Resort & Conference Center
	2501 River Road
Name of Applicant:	DeFosse Properties LLC
	Jesse DeFosse, Agent
Address of Applicant:	PO Box 92, Wisconsin Dells, WI 53965
Location of Premises:	Showboat, Tug's Kitchen, MaMa's Garage
	24, 26 & 30 Broadway/731 Eddy Street
Name of Applicant:	Douglas E. Fisher
Address of Applicant:	4191 9th Avenue, Wisconsin Dells, WI 53965
Location of Premises:	Fisher's Tavern
	719 Superior Street
Name of Applicant:	Helland Food Group LLC
	Eric Helland, Agent
Address of Applicant:	PO Box 626, Wisconsin Dells, WI 53965
Location of Premises:	Mexicali Rose/Dockside Grill
	2370-2390 Wisconsin Dells Parkway
Name of Applicant:	Hellers Ltd
	Thomas E. Heller, Agent
Address of Applicant:	PO Box 660, Wisconsin Dells, WI 53965
Location of Premises:	Monks Bar & Grill
	220 Broadway
Name of Applicant:	High Rock Inc
	Wade Bernander, Agent
Address of Applicant:	696 Gulch Avenue, Wisconsin Dells, WI 53965
Location of Premises:	High Rock Cafe
	232 Broadway

PAGE 2 – "CLASS B" FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

Name of Applicant:	JAM Food & Fun Inc Jeffrey Morris, Agent
Address of Applicant:	PO Box 68, Lake Delton, WI 53940
Location of Premises:	Dells Distillery 206 Broadway
Name of Applicant:	Stage III LLC Mark Brown, Agent
Address of Applicant:	N540 County N, Wisconsin Dells, WI 53965
Location of Premises:	Chalet Lanes & Lounge 740 Elm Street
Name of Applicant:	Logging Camp Inc *(Quota Plus)* Trevor Hickey, Agent
Address of Applicant:	N9946 River Road, Wisconsin Dells, WI 53965
Location of Premises:	Paul Bunyan Restaurant 411 Hwy 13
Name of Applicant:	Skybox, LLC Antonio Angelini, Agent
Address of Applicant:	1608 Cliffview Avenue, Onalaska, WI 54650
Location of Premises:	Gino's Pizzeria & Bar 701 Broadway, Wisconsin Dells, WI 53965
Name of Applicant:	Myrt and Lucy's Chat & Chew LLC *(Quota Plus)* Marijo Zietlow, Agent
Address of Applicant:	1017 Race, Wisconsin Dells, WI 53965
Location of Premises:	Myrt and Lucy's Chat & Chew 414 Broadway
Name of Applicant:	Nigs Inc Pennelope Connors, Agent
Address of Applicant:	858 S Grouse, Wisconsin Dells, WI 53965
Location of Premises:	Nigs Bar 201 Broadway
Name of Applicant:	Polynesian Acquisition Partners LLC Robert Rognrud, Agent
Address of Applicant:	E13681 Cty Rd U, Baraboo WI 53913
Location of Premises:	Polynesian Water Park Resort 857 N Frontage Road
Name of Applicant:	RRAD Development LLC Rich Makowski, Agent
Address of Applicant:	1124 Clara Avenue, Wisconsin Dells, WI 53965
Location of Premises:	River Inn Resort 1015 River Road
Name of Applicant:	Silver Spruce Resort LLC Gary Lee Hanson, Agent
Address of Applicant:	4124 River Road, Wisconsin Dells, WI 53965
Location of Premises:	Rubbs Steakhouse 4124 River Road

PAGE 3 – "CLASS B" – FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR

Name of Applicant:	Six Ks Keg Inc Keith Koehler, Agent
Address of Applicant:	237 Capital Street, Wisconsin Dells, WI 53965
Location of Premises:	The Keg 732 Oak Street
Name of Applicant:	Travel Mart Inc *(Quota Plus)* Richard Christensen, Agent
Address of Applicant:	PO Box 120, Wisconsin Dells, WI 53965
Location of Premises:	El Asador 452 Broadway
Name of Applicant:	Timber Falls Food LLC Andrew W. Waterman, Agent
Address of Applicant:	441 Alcan, Baraboo, WI 53913
Location of Premises:	Kickers 951 Stand Rock Road
Name of Applicant:	T R Nelson Inc Patrick Steffes, Agent
Address of Applicant:	PO Box 590, Wisconsin Dells, WI 53965
Location of Premises:	Trappers Turn Golf Club 2955 Wisconsin Dells Parkway
Name of Applicant:	Uptown Sand Bar Corp William Farmer, Agent
Address of Applicant:	N8457 Fox Run Road, Wisconsin Dells, WI 53965
Location of Premises:	Uptown Sand Bar 130 Washington Avenue
Name of Applicant:	Woodside Sports Complex Operations LLC *(Quota Plus)* Lance Massey, Agent
Address of Applicant:	510 Elmberta Street, Mauston, WI 53948
Location of Premises:	Woodside Sports Complex 2100 River Road
Name of Applicant:	Y Knot 2 LLC *(Population Reserve)* Dennis Leonhardt Jr, Agent
Address of Applicant:	20 Rivers Edge Road, Wisconsin Dells, WI 53965
Location of Premises:	River Walk Pub & Restaurant 911 River Road

Quota Plus

RH 63681

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1027369809

Federal Employer Identification Number (FEIN): 32-0340770

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ 505 Broadway LLC

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

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

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

C. 1. Trade Name ▶ Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156

2. Address of Premises ▶ 505 Broadway Wisconsin Dells Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire building at 505 Broadway

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

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

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March 2018

Mariangela Zavala
(Clerk/Notary Public)

My commission expires 06 [illegible]

MARIANGELA ZAVALA NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires June 06, 2021 No. GG 112202

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-2-2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
401-18		

"Quota Plus"

#40701
4-27-18

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

Applicant's WI Seller's Permit No.	FEIN Number
456-0000444404-04	39-1162123

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ AMERICAN WORLD, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 400 COUNTY RD A., WIS. DELLS, WI 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/~~Member~~	RICHARD MAKOWSKI	400 CTY RD. A.	WIS. DELLS, WI 53965
Vice President/~~Member~~	ADAM MAKOWSKI	106 SWEET BRIAR DR.	WIS. DELLS, WI 53965
Secretary/~~Member~~	ADAM MAKOWSKI	〃	〃
Treasurer/~~Member~~	DAVID MAKOWSKI	111 SWEET BRIAR DR.	WIS. DELLS, WI 53965
Agent ▶	DAVID MAKOWSKI	〃	〃
Directors/~~Managers~~	RICHARD MAKOWSKI	400 COUNTY RD A.	WIS. DELLS, WI 53965

C. 1. Trade Name ▶ AMERICAN WORLD COMPLEX Business Phone Number 608-253-3700
2. Address of Premises ▶ 399 HWY A. & 2040 WIS. DELLS PKWY Post Office & Zip Code ▶ WIS. DELLS, WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) AMERICAN WORLD RESORT, BARS
5. Legal description (omit if street address is given above): BP LIQUORS & HOT ROCKS RESTAURANT
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** HOT ROCKS RESTAURANT ☒ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27 day of April 2018

KAREN JOHNSON NOTARY PUBLIC WISCONSIN

Karen Johnson (Clerk/Notary Public)

My commission expires 6/29/18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 27, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
402-18		

R4 63930

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-102042096002	39-1928009

LICENSE REQUESTED ▶

TYPE		FEE
☐ Class A beer	$	
✓ Class B beer	$	100
☐ Class C wine	$	
☐ Class A liquor	$	
☐ Class A liquor (cider only)	$	N/A
✓ Class B liquor	$	500
☐ Reserve Class B liquor	$	
☐ Class B (wine only) winery	$	
Publication fee	$	14
TOTAL FEE	$	614

Complete A or B. All must complete C.

A. Individual or Partnership

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Apple Hospitality Group, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 Pewaukee Rd, #200, Waukesha 53188

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

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

C. 1. Trade Name ▶ Applebee's Neighborhood Grill & Bar Business Phone Number 608-254-6900

2. Address of Premises ▶ 340 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April 20 18

MARJORIE D. WACHS NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 4/24/20

Apple Hospitality Group, LLC

By:

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

Mark Dillon, President

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 16, 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
403-18		

Exhibit A to Renewal Alcohol Beverage License Application

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

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

R# 64252 $50 Late Fee R# 64255

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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:
456-0000568508 04	39-0842365

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CHULA VISTA, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 30 WIS.DELLS, WI
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE KAMINSKI	995 SOUTH GROUSE LANE	WIS.DELLS, WI 53965
Vice President/Member	ANN KAMINSKI	995 SOUTH GROUSE LANE	WIS.DELLS, WI 53965
Secretary/Member	JEFF KAMINSKI	1003 HILLSIDE COURT	WIS.DELLS, WI 53965
Treasurer/Member	JEFF KAMINSKI	1003 HILLSIDE COURT	WIS.DELLS, WI 53965
Agent ▶	MIKE KAMINSKI		
Directors/Managers			

C. 1. Trade Name ▶ CHULA VISTA RESORT/~~COLDWATERCANYON GC~~ AND CONFERENCE CENTER Business Phone Number 608-254-8366
2. Address of Premises ▶ 2501 RIVER ROAD WIS.DELLS, WI Post Office & Zip Code ▶ 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ALL BLDGS/GROUNDS @ 2501 RIVER RD &
5. Legal description (omit if street address is given above): GOLFCOURSE & ALL CONTIGUOUS LAND/FARM (SEE MAP)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 3rd day of May, 2018
Nancy Hoban (Clerk/Notary Public)
My commission expires 10-18-2019

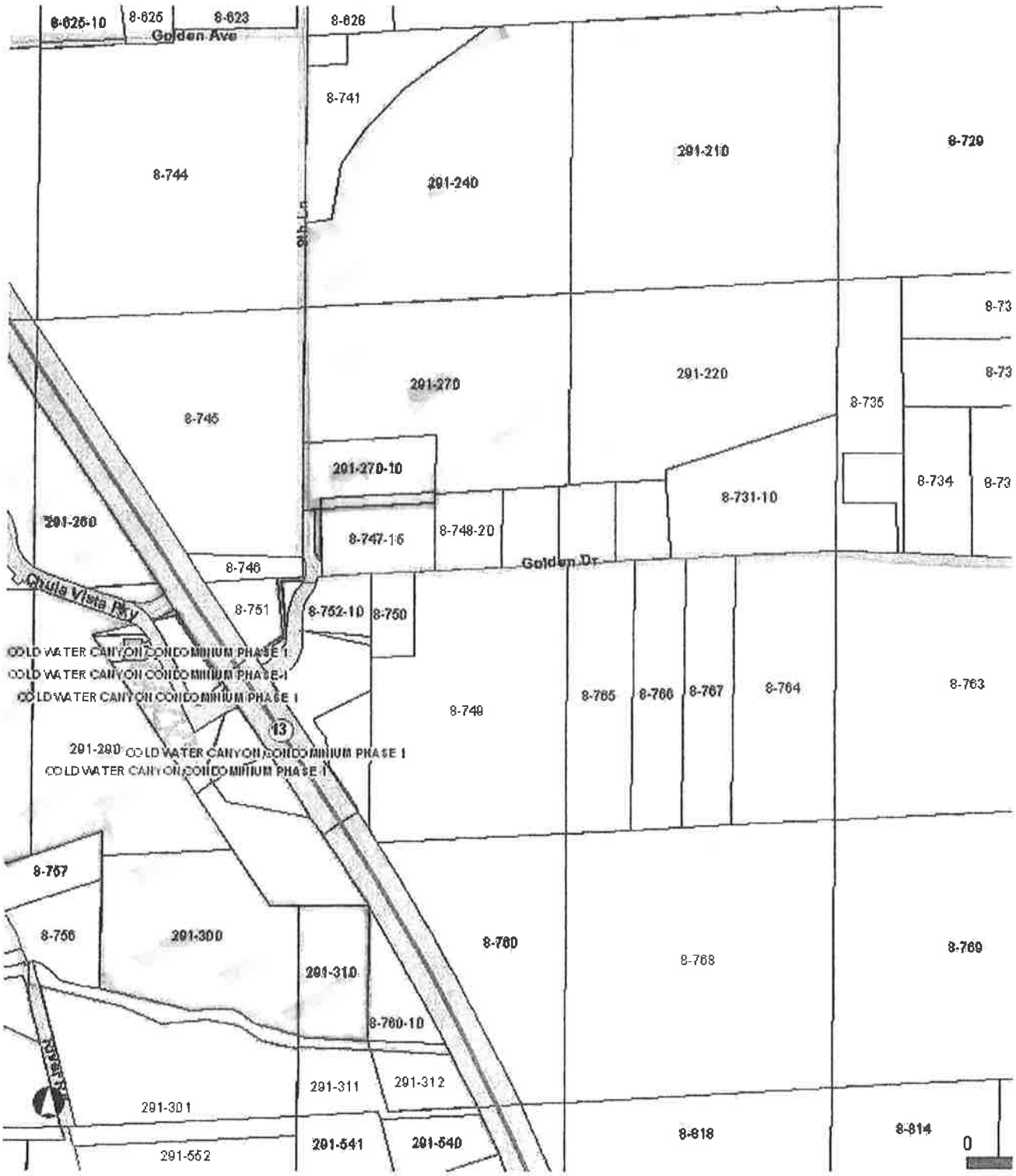
NANCY R. HOBAN NOTARY PUBLIC STATE OF WISCONSIN

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-3-18	5-21-18	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
404-18		Nancy Hoban

AT-115 (R. 7-15) Wisconsin Department of Revenue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291-270
291-220
8-73
8-745
8-735
291-270-10
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8-73
8-731-10
291-260
8-747-16
8-748-20
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Golden Dr
Chula Vista Pky
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8-752-10
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COLD WATER CANYON CONDOMINIUM PHASE 1
COLD WATER CANYON CONDOMINIUM PHASE 1
COLD WATER CANYON CONDOMINIUM PHASE 1
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8-766
8-767
8-764
8-763
13
291-290
COLD WATER CANYON CONDOMINIUM PHASE 1
COLD WATER CANYON CONDOMINIUM PHASE 1
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8-760
8-768
8-769
291-310
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8-814
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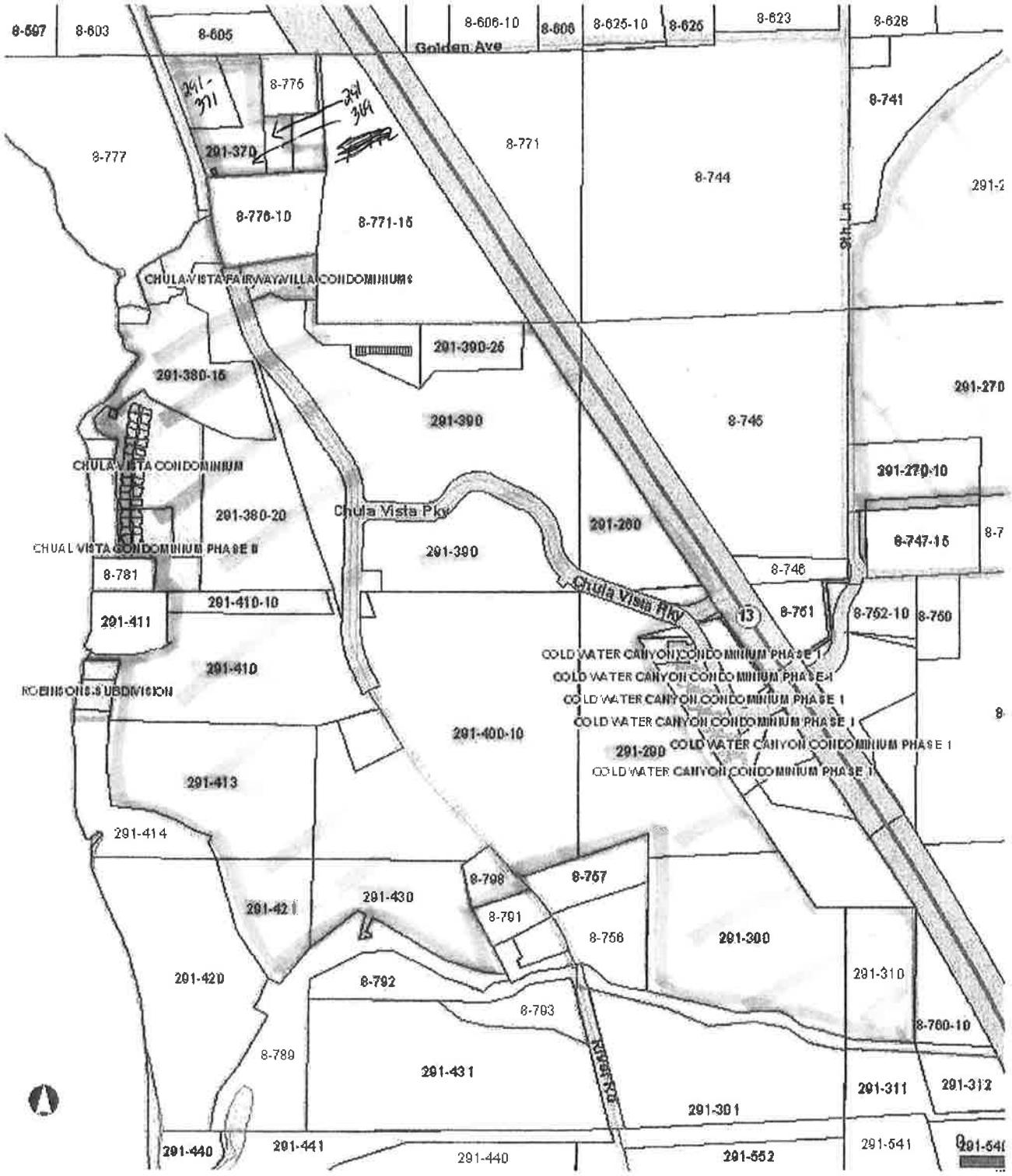
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CHULA VISTA FAIRWAY VILLA CONDOMINIUMS
291-390-25
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291-390
8-745
CHULA VISTA CONDOMINIUM
291-270-10
291-380-20
Chula Vista Pky
291-280
8-747-15
CHUAL VISTA CONDOMINIUM PHASE II
291-390
8-781
8-746
291-410-10
Chula Vista Pky
13
8-751
8-752-10
8-760
291-411
COLD WATER CANYON CONDOMINIUM PHASE I
291-410
ROBINSONS SUBDIVISION
COLD WATER CANYON CONDOMINIUM PHASE I
COLD WATER CANYON CONDOMINIUM PHASE I
COLD WATER CANYON CONDOMINIUM PHASE I
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COLD WATER CANYON CONDOMINIUM PHASE I
COLD WATER CANYON CONDOMINIUM PHASE I
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291-430
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8-756
291-300
291-420
8-792
291-310
8-793
8-760-10
8-789
291-431
River Rd
291-311
291-312
291-301
291-440
291-441
291-440
291-552
291-541

R# 64027

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☒ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000545518-04	47-0863736

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Jesse Raymond DeFosse	502 Washington Ave	Wisconsin Dells, WI 53965

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wisconsin Dells, WI 53965

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

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

C. 1. Trade Name ▶ Showboat, Tugs Kitchen, McMcs Garage Business Phone Number 608-253-2628

2. Address of Premises ▶ 24, 26 Broadway #739 2nd St. Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Properties or Addresses on C2

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2018

(Clerk/Notary Public)

My commission expires 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-23-2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
405-18		

R# 64045

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☒ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-0002370862-04	39-1642804

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ FISHER DOUGLAS E.	719 NINTH AVENUE	WISC. DELS, WI 53965

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

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

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

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

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

2. Address of Premises ▶ 719 SUPERIOR ST. Post Office & Zip Code ▶ WISC. DELS, WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2018

STATE OF WISCONSIN NOTARY PUBLIC

(Clerk/Notary Public)

My commission expires 10/25/2019

Douglas Fisher

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 24, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
406-18		

R# 64180 Late Fee -$50 R# 64181

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456 0000 2538 2504	26-3125964

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Helland Food Group LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 626 Wis Dells WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Eric Cross Helland	205 Windy Hill Rd	Wisconsin Dells 53965
Vice President/Member	Mary Joan Helland	205 Windy Hill Rd	Wisconsin Dells 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Eric C. Helland		
Directors/Managers			

C. 1. Trade Name ▶ Mexicali Rose/Dockside Grill Business Phone Number (608) 254-6036

2. Address of Premises ▶ 2376-2396 Wis. Dells Pkwy Post Office & Zip Code ▶ Wis. Dells 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 2018

Patricia Holte
(Clerk/Notary Public)

My commission expires June 6, 2021

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
May 2, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
407-18		

R#63955

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456000000639704	39-1407875

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HELLERS LTD
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS,WI 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

C. 1. Trade Name ▶ MONKS BAR & GRILL Business Phone Number 608-254-8386
2. Address of Premises ▶ 220 BROADWAY Post Office & Zip Code ▶ WIS DELLS,WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY BRICK BUILDING (WITH
5. Legal description (omit if street address is given above): BASEMENT AND 3 SERVING LEVELS)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME, Columbia County
this 6 day of April, 2018

(Clerk/Notary Public)

My commission expires 5-4-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 16, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
408-18		

R# 63970

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-1026287384-02	30-0709616

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 Broadway

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Wade L Bernander	696 Gulch Ave	W.S Dells 53965
Vice President/Member	Justin B Draper	1111 Capital St.	W.S Dells 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Wade L Bernander		
Directors/Managers			

C. 1. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677

2. Address of Premises ▶ 232 Broadway Post Office & Zip Code ▶ W.S. Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 232 Broadway, 741 oak st, 737 oak st, outdoor deck

5. Legal description (omit if street address is given above): Upstairs, street level, and basement, in all buildings

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April 2018

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 19, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
409-18		

R#63817

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456102791169803	46-2087797

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JAM FOOD & FUN, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 68, LAKE DELTON, WI 53940
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY MORRIS	204 SARRINGTON ROAD	WI DELLS WI 53965
Vice President/Member	MARCI MORRIS	204 SARRINGTON ROAD	WI DELLS WI 53965
Secretary/Member	MARCI MORRIS	204 SARRINGTON ROAD	WI DELLS WI 53965
Treasurer/Member	JEFFREY MORRIS	204 SARRINGTON ROAD	WI DELLS WI 53965
Agent ▶	JEFFREY MORRIS	204 SARRINGTON ROAD	WI DELLS WI 53965
Directors/Managers			

C. 1. Trade Name ▶ DELLS DISTILLERY Business Phone Number 608-254-8100
2. Address of Premises ▶ 206 BROADWAY Post Office & Zip Code ▶ 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of April 2018

Jessy Ballweg
(Clerk/Notary Public)

My commission expires 04/09/21

JESSY BALLWEG NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-6-2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
410-18		

R# 64014

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 81-3056634	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK BROWN	N540 County N	Wis Dells 53965
Vice President/Member	SARAH BROWN	" "	"
Secretary/Member			
Treasurer/Member			
Agent ▶	MARK BROWN		
Directors/Managers			

C. 1. Trade Name ▶ CHALET LANES Business Phone Number 608 254 8727
2. Address of Premises ▶ 740 ELM ST Post Office & Zip Code ▶ 53965 (PO BOX 17)
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Chalet Lanes located @ 740 ELM ST
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April 2018

_____ (Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
411-18		

"Quota Plus"

R# 64037

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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.: 4560000 454 379-0439	FEIN Number: 094 2594
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

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 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	Mary C Hickey	N9946 River Rd	Wis Dells, WI 53965
Vice President/Member	Trevor A Hickey	N9946 River Rd	Wis Dells, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Trevor A Hickey		
Directors/Managers	Trevor + Mary Hickey		

C. 1. Trade Name ▶ Paul Bunyans Rest. + Dells Lumberjack show Business Phone Number 608 254 8717

2. Address of Premises ▶ 411 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.) Refrig, lockup drylock Cabinetry camera

5. Legal description (omit if street address is given above): monitoring + concession secure storage + fenced area

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty 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.)

TRACY J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April 2018

[signature] (Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 23 2018		
License number issued 412-18	Date license issued	Signature of Clerk / Deputy Clerk

R#636966

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-1029268647-02	81-4440717

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SKYBOX, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1608 CLIFFVIEW AVE ONALASKA WI 54650
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANTONIO ANGELINI	1608 Cliffview Ave	Onalaska, 54650
Vice President/Member	JOHN MARSHALL MATOUSEK	N5338 Camden Ct	BRF, WI 54615
Secretary/Member			
Treasurer/Member			
Agent ▶	ANTONIO ANGELINI	as above	
Directors/Managers			

C. 1. Trade Name ▶ GINO'S PIZZERIA & BAR Business Phone Number 608-678-2299
2. Address of Premises ▶ 701 BROADWAY ST Post Office & Zip Code ▶ WI DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR + DINING, KITCHEN, BASEMENT, OUTSIDE PATIO
5. Legal description (omit if street address is given above): ____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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 for Limited Liability Companies must sign.)

RACHEL WYTTENBACH NOTARY PUBLIC STATE OF WISCONSIN

SUBSCRIBED AND SWORN TO BEFORE ME
this 12 day of APRIL, 20 18

(Clerk/Notary Public)
My commission expires AUGUST 14, 2021

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-18-18		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
413-18		

Quota Plus

R# 64012

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Zietlow, Marijo Jean	414 Broadway	Wisconsin Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Myrt and Lucy's Chat & Chew LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Marijo Jean Zietlow	1017 Race St	Wi Dells WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Marijo Jean Zietlow		
Directors/Managers			

C. 1. Trade Name ▶ Myrt and Lucy's Chat & Chew Family Restaurant Business Phone Number 6082530888

2. Address of Premises ▶ 414 Broadway Post Office & Zip Code ▶ Wi Dells WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 414 Broadway, walk-in cooler, office, Bar

5. Legal description (omit if street address is given above): Restaurant, Patio, Plaza

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April 2018

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

Marijo Zietlow

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
414-18		

R#64154 $50 Lak Fee R# 64155

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456 0004206666 04	39-1845103

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

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
▶ Pennelope M Connors	8505. Grouse CT.	Wis Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Wigs 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	Pennelope M Connors	8505. Grouse CT.	Wis Dells WI
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Pennelope M Connors	8505 Grouse	WD
Directors/Managers			

C. 1. Trade Name ▶ Wigs Bar — Business Phone Number 608-253-6992

2. Address of Premises ▶ 201 Broadway — Post Office & Zip Code ▶ P.O. Box 94 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April 2018

(Clerk/Notary Public)

My commission expires 10/25/2019

Pennelope M. Connors
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 30, 2018		
License number issued 415-18	**Date license issued**	**Signature of Clerk / Deputy Clerk**

R# 64242 $50 Late Fee R# 64243

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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. 4561028659361 02 FEIN Number 46-5429152

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

Polynesian Aquisition Partners, LLC

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MBR:PAP HOLDING, LLC	1331 4th AVE N, #102 MYRTLE BEACH	SC 29577
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	ROBERT ROGNRUD, 857 N. FRONTAGE RD, WISCONSIN DELLS, WI 53965		
Directors/Managers	MGR: SHF MANAGER, LLC 1331 4th AVE N, # 102 MYRTLE BEACH, SC 29577		

C. 1. Trade Name ▶ POLYNESIAN WATER PARK RESORT Business Phone Number 608-254-2883

2. Address of Premises ▶ 857 N. FRONTAGE RD, WISCONSIN DELLS Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 20 18

(Clerk/Notary Public)

My commission expires 10/25/2019

5.3.18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
May 3, 2018		
License number issued 416-18	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-15) Wisconsin Department of Revenue

K# 64100
4-27-18

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number: #83-0365632
456-0000 44 0486-09	

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
~~President~~/Member	RICHARD MAKOWSKI	400 CTY RD. A.	WIS. DELLS, WI 53965
~~Vice President~~/Member	ADAM MAKOWSKI	106 SWEET BRIAR DR.	WIS. DELLS, WI 53965
~~Secretary~~/Member	RICH V. MAKOWSKI	1124 CLARA AVE.	WIS. DELLS, WI 53965
~~Treasurer~~/Member	DAVID MAKOWSKI	111 SWEET BRIAR DR.	WIS. DELLS, WI 53965
Agent ▶	RICH V. MAKOWSKI	1124 CLARA AVE.	WIS. DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ RIVER INN RESORT D/B/A DRINKERS LANDING Business Phone Number 608-253-1231
2. Address of Premises ▶ 1015 RIVER ROAD Post Office & Zip Code ▶ WIS. DELLS, WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5 STORY BUILDING & 2 STORY BLD. ALL FLOORS
5. Legal description (omit if street address is given above): RIVER INN COMPLEX ON BOTH SIDES OF RIVER ROAD
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** RIVER INN RESORT D/B/A DRINKERS LANDING ☒ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 25th day of April, 20 18
Jackie M. Myers
(Clerk/Notary Public)
My commission expires 1-11-22

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/individual)
RICH V. MAKOWSKI
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 27, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
417-18		

R# 644088

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

County of 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.: 456102734065-1239 FEIN Number: 47-2015305

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Hanson Gary Lee	4124 River Road	Wisconsin Dells WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Silver Spruce Resort LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 4124 River Road

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

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

C. 1. Trade Name ▶ Rubbs Steak House Business Phone Number 608 253 1818

2. Address of Premises ▶ 4124 River Road Post Office & Zip Code ▶ Wisconsin Dells 53965

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

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

5. ~~Legal description (omit if street address is given above)~~: Beer cooler, Banquet Hall, poolside Bar, Records Storage, grounds, Rooms,

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

Gary Lee Hanson

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 26, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
418-18		

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-0003218330-04	39-1808415

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

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	KEITH GLEN KOEHLER	237 CAPITAL ST	WI DELLS 53965
Vice President/Member			
Secretary/Member	REBECCA LEE KOEHLER	1144 GALE AVE	WI DELLS 53965
Treasurer/Member			
Agent ▶	KEITH KOEHLER	237 CAPITAL ST	WI DELLS 53965
Directors/Managers			

C. 1. Trade Name ▶ THE KEG Business Phone Number (608) 254-7477
2. Address of Premises ▶ 732 OAK ST Post Office & Zip Code ▶ WI DELLS 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 732, 720, 716 OAK ST indoor, outdoor
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ADDS 716 OAK ST ☐ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 18

(Clerk/Notary Public)

My commission expires 1.21.22

STATE OF WISCONSIN NOTARY PUBLIC TRAVIS M. ZOLL

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 25, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
419-18		

"Quota Plus"

R# 64001

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456000057815604	391546227

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

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

C. 1. Trade Name ▶ EL ASADOR Business Phone Number 708-228-0073

2. Address of Premises ▶ 452 BROADWAY Post Office & Zip Code ▶ WIS DELLS 53965

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

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

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

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

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

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

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

MARGARET CZUPRYNKO Notary Public State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 18

Margaret Czuprynko
(Clerk/Notary Public)

My commission expires 9-7-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 20, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
420-18		

RH-64075

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: 456-1028939328-0047-4293643

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIMBER FALLS FOOD, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK RD

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C. SCHMITZ	140 WHITLOCK	WIS DELLS, 53965
Vice President/Member	PHILLIP JUDE SCHMITZ	370 ALCAN	BARABOO, WI 53913
Secretary/Member	ANDREW W. WATERMAN	441 ALCAN	BARABOO, WI 53913
Treasurer/Member			
Agent ▶	ANDREW W. WATERMAN	441 ALCAN	BARABOO, WI 53913
Directors/Managers	JOHN D. WATERMAN	1011 WEBER AVE.	WIS DELLS, 53965

C.1. Trade Name ▶ KICKERS Business Phone Number 608-253-0921

2. Address of Premises ▶ 951 Stand Rock Road Post Office & Zip Code ▶ WIS DELLS 53965

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

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

5. Legal description (omit if street address is given above): SERVED IN RESTAURANT & OUTDOOR PATIO

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of April, 2018

KATHLEEN P GRUMAN Kath. P Gruman
(Clerk/Notary Public)

My commission expires 2/17/2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 26, 2018		
License number issued 421-18	Date license issued	Signature of Clerk / Deputy Clerk

R# 63983

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

Applicant's WI Seller's Permit No.	FEIN Number:
456000045569304	39-1475071

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

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	TODD R. NELSON	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53965
Vice President/Member	SHARI L. NELSON,	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53935
Secretary/Member	STEVEN M PINE,	407 CLARA AVE #104	WISCONSIN DELLS, WI 53965
Treasurer/Member	MARY BONTE SPATH,	W8497 NORTH 2ND CT	OXFORD WI 53952
Agent ▶	PATRICK STEFFES,	833 HWY H UNIT 13,	WISCONSIN DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000
2. Address of Premises ▶ 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CLH, MOBILE & STATIONARY BEV CARTS
5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 18 day of April, 20 18
Mary Bonte Spath
(Clerk/Notary Public)
My commission expires 9/4/2020

NOTARY PUBLIC MARY BONTE SPATH STATE OF WISCONSIN

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 19 2018		
License number issued 422-18	Date license issued	Signature of Clerk / Deputy Clerk

Rn 64080

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

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

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. ____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-0003194655-05	

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Farmer William B	N8457 Fox Run Rd	Wisc Dells 53965
Malina Joseph E	25 Sweetbriar	Wisc Dells 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar Corp

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 130 Washington Ave Wisc Dells 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: p.o Box 598

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	William Farmer	N8457 Fox Run Rd	Wisc Dells 53965
Vice President/Member	Joseph E Malina	25 Sweetbriar	Wisc Dells 53965
Secretary/Member	William B Farmer		
Treasurer/Member	Joseph E Malina		
Agent ▶	William B Farmer		
Directors/Managers	William Farmer + Joseph Malina		

C. 1. Trade Name ▶ Sand Bar Business Phone Number 608 253-3073

2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ Wisc 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.) 3 Floor + Deck Brick Building

5. Legal description (omit if street address is given above): 130 Washington Ave 598 P.O Box

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April 20 18

(Clerk/Notary Public)

My commission expires 10/25/2020

RACHEL STOFFORD NOTARY PUBLIC STATE OF WISCONSIN

William B Farmer Pres

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Joseph Malina VP

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 26, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
423-18		

"Quota Plus"

R# 64078

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2018 (MM DD YYYY) ending: 06 30 2019 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of 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:
452-1027855045-03	90-0640113

LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	6061 S FT APACHE DR STE 140	LAS VEGAS, NV 89148
Vice President/Member	LANCE MASSEY	510 ELMBERTA ST	MAUSTON, WI 53948
Secretary/Member			
Treasurer/Member			
Agent ▶	LANCE MASSEY		
Directors/Managers			

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360

2. Address of Premises ▶ 2100 RIVER RD WISC DELLS, WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 2100 RIVER RD

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME this 25 day of April 2018

Christina Krotzman
(Clerk/Notary Public)

My commission expires April 16, 2021

Christina Krotzman
Notary Public
State of Wisconsin

Lance Massey
(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)

State Wisconsin & County of Juneau

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 26, 2018		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
424-18		

"Population Reserve"

R# 63957

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2018 (MM DD YYYY) ending: 06 30 2019 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of Wisconsin Dells

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1026716838-03	
Federal Employer Identification Number (FEIN): 26-3582390	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
Publication fee	$ 14
TOTAL FEE	$ 614.00

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 ▶ Y KNOT 2 LLC-DBA RIVERWALK PUB & RES.
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 LEONHARDT JR.	20 RIVERS EDGE RD	WIS. DELLS, 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	DENNIS LEONHARDT JR		
Directors/Managers			

C. 1. Trade Name ▶ RIVERWALK PUB & RESTAURANT Business Phone Number (608) 254-8215
2. Address of Premises ▶ 911 RIVER RD. Post Office & Zip Code ▶ WIS. DELLS, 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) OUTSIDE DECK & PATIOS HOLLO' LOG & WOOD-2 LEVELS-BEER GARDEN
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April, 20 18

(Clerk/Notary Public)

My commission expires 10/25/2019

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
April 17, 2018		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
425-18		

AT-115 (R. 1-12) Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

ITEM 12

R#64254

$100

MUNICIPAL USE ONLY

License Number	901-18
Period Covered	7/1/2018 - 6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000568508-04 ← This must be issued in the same Legal Name of the licensee below.

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: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS	Business Telephone: (608) 254-8366
City: WISCONSIN DELLS	State: WI	ZIP Code: 53965		County: ADAMS
Mailing Address *(if different than Business Address)*: P.O. BOX 30			City: WISCONSIN DELLS	State: WI / ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 01/01/1951

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

_____ *(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)*

SUBSCRIBED AND SWORN TO BEFORE ME this 3rd day of May 20 18

_____ *(Clerk / Notary Public)*

My commission expires 10/25/2019

NOTARY PUBLIC STANFORD STATE OF WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 64382 MUNICIPAL USE ONLY $100

License Number	902-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1027171619-03 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): JOSEPH DANON			Federal Employer Identification No. (FEIN): 31-1795105
Trade or Business Name *(if different than Legal Name)*: PURPLE PLANET			Telephone Number: (608) 253 3200
Business Address (License Location): 207 BROADWAY	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 253 3200
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: Columbia
Mailing Address *(if different than Business Address)*: 18041 BISCAYNE BL APT 302 4-S	City: AVENTURA	State: FL	ZIP Code: 33160

Organization *(check one)*

☒ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☒ YES ☐ NO

☐ Other *(describe)* _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

_____ *(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)*

SUBSCRIBED AND SWORN TO BEFORE ME this 16 day of MAY 20 18

_____ *(Clerk / Notary Public)*

My commission expires 10/25/2021

TRACY STANFORD NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number	903-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

R#64013

Applicant's Wisconsin 15-digit Sales Tax Account Number: 45-102923644990 2 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): STAGE III LLC			Federal Employer Identification No. (FEIN): 81 3056634
Trade or Business Name *(if different than Legal Name)*: CHALET LANES			Telephone Number: (608) 408 4322
Business Address (License Location): 740 ELM ST	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 254 8727
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: Columbia
Mailing Address *(if different than Business Address)*	City	State	ZIP Code

Organization *(check one)*

☒ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

_____ *(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)*

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 18

_____ *(Clerk / Notary Public)*

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN TRACI J. STANCHFIELD

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 64083

MUNICIPAL USE ONLY

License Number	Period Covered	Date of Issuance
904-18	7/1/2018 - 6/30/2019	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000511851-04 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
RANDY L MARTIN				39-1882088
Trade or Business Name *(if different than Legal Name)*				Telephone Number
LOON LAKE CIGAR CO				(608) 254-8591
Business Address (License Location)			Business Located In ☑ City ☐ Village ☐ Town	Business Telephone
721 SUPERIOR ST				(608) 254-8591
City	State	ZIP Code	of: WISCONSIN DELLS	County
WISCONSIN DELLS	WI	53965		COLUMBIA
Mailing Address *(if different than Business Address)*			City	State / ZIP Code
W5064 HWY B			RIO	WI 53960

Organization *(check one)*

☑ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Randy L Martin

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 26th day of April 2018

(Clerk / Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	Period Covered	Date of Issuance
905-18	7/1/2018-6/30/2019	6-19-2018

R#64002

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)*: BROADWAY TRAVEL MART				Telephone Number: ( )
Business Address (License Location): 802 BROADWAY			Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS	Business Telephone: (608) 253-2091
City: WISCONSIN DELLS	State: WI	ZIP Code: 53965		County: COLUMBIA
Mailing Address *(if different than Business Address)*: PO BOX 120			City: WISCONSIN DELLS	State: WI / ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES	☐ NO	1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
☑ YES	☐ NO	2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
☑ YES	☐ NO	3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
☑ YES	☐ NO	4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)
☑ YES	☐ NO	5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
☑ YES	☐ NO	6. Does the applicant understand that they may not sell single cigarettes?
☑ YES	☐ NO	7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
☑ YES	☐ NO	8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko
(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number	906-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2019

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.

R# 64081

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 PO Box 598		Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS	Business Telephone: (608) 253-3073
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: Columbia
Mailing Address (*if different than Business Address*): P.O Box 598	City: Wisconsin Dells	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 4/07

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

William B. Tavern Pres
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 26th day of April, 2019

(Clerk / Notary Public)

My commission expires 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

R# 64007

MUNICIPAL USE ONLY $100

Submit to municipal clerk.

License Number	907-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
Kristie's Foods Dells, LLC				
Trade or Business Name *(if different than Legal Name)*				Telephone Number
Maurer's Market				(608) 254-8313
Business Address (License Location)			Business Located In ☑ City ☐ Village ☐ Town	Business Telephone
216 Washington Ave.				( )
City	State	ZIP Code	of: WISCONSIN DELLS	County
WISCONSIN DELLS	WI	53965		Columbia
Mailing Address *(if different than Business Address)*			City	State / ZIP Code

Organization *(check one)*

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 6/2016

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Mary P. Maurer
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 20th day of April, 20 18

Kimberly Pearson
(Clerk / Notary Public)

My commission expires 11-09-18

KIMBERLY PEARSON NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

KP 07102
4-27-18

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number: 908-18
Period Covered: 7/1/2018-6/30/2019
Date of Issuance: 6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000446486-04 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): AMERICAN WORLD, INC.			Federal Employer Identification No. (FEIN): 39-1162123
Trade or Business Name *(if different than Legal Name)*: AMERICAN WORLD BP			Telephone Number: (608) 432-7246
Business Address (License Location): 2040 WIS. DELLS PARKWAY	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 253-3700
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: SAUK
Mailing Address *(if different than Business Address)*: 400 COUNTY RD A.	City: WISCONSIN DELLS	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 1972
☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO
☐ Other *(describe)* _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

_____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME
this 27 day of April, 2018
Karen Johnson
(Clerk / Notary Public)
My commission expires 6/29/18

KAREN JOHNSON NOTARY PUBLIC WISCONSIN

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number	909-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

R# 64136

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1028115549-02 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
SHERWOOD FOREST DELLS, LLC				46-2435629
Trade or Business Name *(if different than Legal Name)*				Telephone Number
SHERWOOD FOREST CAMPING & RV PARK				( )
Business Address (License Location)			Business Located In ☑ City ☐ Village ☐ Town	Business Telephone
2852 WISCONSIN DELLS PKWY				(608) 254-7080
City	State	ZIP Code	of: WISCONSIN DELLS	County
WISCONSIN DELLS	WI	53965		SAUK
Mailing Address *(if different than Business Address)*			City	State / ZIP Code

Organization *(check one)*

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 4/3/2013

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☒ YES	☐ NO	1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
☒ YES	☐ NO	2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
☒ YES	☐ NO	3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
☒ YES	☐ NO	4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)
☒ YES	☐ NO	5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
☒ YES	☐ NO	6. Does the applicant understand that they may not sell single cigarettes?
☒ YES	☐ NO	7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
☒ YES	☐ NO	8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of the license.

_____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 30th day of April 2018

_____
(Clerk / Notary Public)

TRACY STANFORD NOTARY PUBLIC STATE OF WISCONSIN

My commission expires 10/25/2019

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number: 910-18

Period Covered: 7/01/2018-6/30/2019

Date of Issuance: 6-19-2018

R# 63984

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.

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: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 253-7000
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: SAUK
Mailing Address *(if different than Business Address)*: P.O. BOX 590	City: WISCONSIN DELLS	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 1984

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 18th day of April, 2018

(Clerk / Notary Public)

NOTARY PUBLIC MARY BONTE SPATH STATE OF WISCONSIN

My commission expires 9/4/2020

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number 911-18

Period Covered 7/1/2018-6/30/2019

Date of Issuance 6-19-2018

R# 64005

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000578156-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): TRAVEL MART INC			Federal Employer Identification No. (FEIN): 39-1546227
Trade or Business Name *(if different than Legal Name)*: LOWER DELLS TRAVEL MART			Telephone Number: ( )
Business Address (License Location): 710 TROUT RD	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 254-7091
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: SAUK
Mailing Address *(if different than Business Address)*: PO BOX 120	City: WISCONSIN DELLS	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 18

Margaret Czuprynko
(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 64003

MUNICIPAL USE ONLY

License Number	912-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000578156-04 ← 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: ( )
Business Address (License Location): 611 N FRONTAGE RD #2		Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS	Business Telephone: (608) 254-5077
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: SAUK
Mailing Address *(if different than Business Address)*: PO BOX 120	City: WISCONSIN DELLS	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko
(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

CTP-200 (R. 7-17)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	913-18
Period Covered	7/1/2018-6/30/2019
Date of Issuance	6-19-2018

R# 64004

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: ( )
Business Address (License Location): 2415 WISCONSIN DELLS PARKWAY	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS		Business Telephone: (608) 254-4448
City: WISCONSIN DELLS / State: WI / ZIP Code: 53965			County: SAUK
Mailing Address *(if different than Business Address)*: PO BOX 120	City: WISCONSIN DELLS	State: WI	ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

Margaret Czuprynko
(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number: 914-18

Period Covered: 07/01/18-06/30/19

Date of Issuance: 6-19-2018

R#63979

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Walgreen Co.				Federal Employer Identification No. (FEIN): 36-1924025
Trade or Business Name *(if different than Legal Name)*: Walgreens #06885				Telephone Number: (847) 527-4897
Business Address (License Location): 300 Hwy 13			Business Located In: ■ City ☐ Village ☐ Town of: Wisconsin Dells	Business Telephone: (608) 254-5760
City: Wisconsin Dells	State: WI	ZIP Code: 53965		County: Sauk
Mailing Address *(if different than Business Address)*: PO Box 901			City: Deerfield	State: IL / ZIP Code: 60015

Organization *(check one)*

☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ■ Out-of-State Corporation – Are you registered to do business in Wisconsin? ■ YES ☐ NO

☐ Other *(describe)* _____

■ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

■ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

■ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

■ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

■ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

■ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

■ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

■ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory 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.

Amelia Legutki
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Assistant Secretary

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of APRIL, 20 18

(Clerk / Notary Public)

My commission expires _____

OFFICIAL SEAL
RICARDO J. RAMIREZ
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 30, 2021

City of Wisconsin Dells
Application for:
Mobile Home Park License

ITEM 13

Date Submitted: 3/28/2018 Fee: $350.00 First 25 Sites or less $ 725.00
$ 25.00 Each Additional Site
Receipt No. 636226 DS

Name of Applicant: Pleasant Valley Properties of WI LLC

Address of Applicant: N7240 810th St. Elk Mound, WI 54739

Daytime Telephone Number: (715) 879-5179

Evening Telephone Number: ( )

Driver's License Number: _____ State: _____

Legal Description/Address of the Park: 610 Commercial Ave.

On-Site Manager's Name: Office - Jordan Bennett

On-Site Manager's Address & Lot Number: _____

On-Site Manager's Telephone Number: 715-879-5179

*A complete site plan must be attached to the application.

Lynn Knoll
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

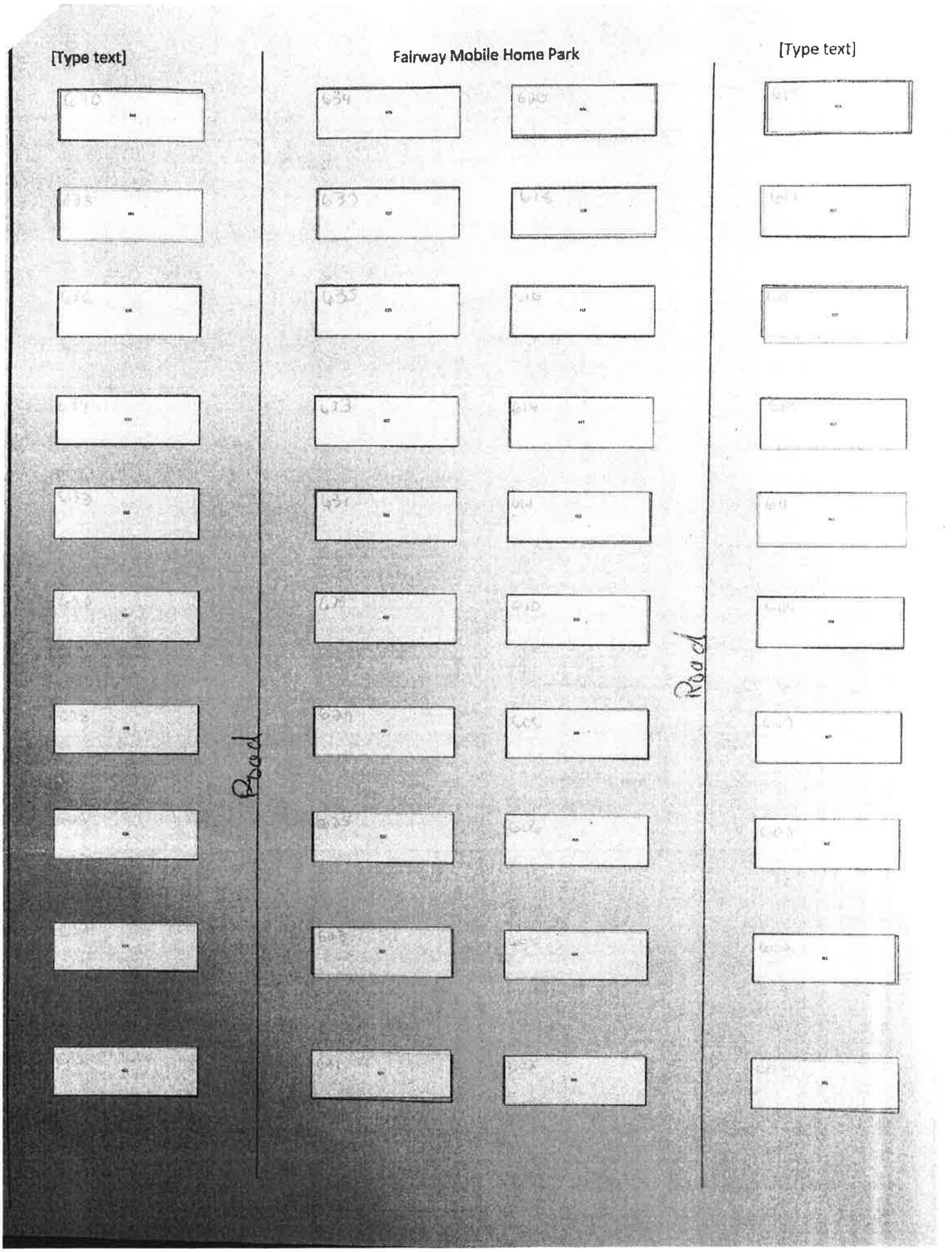
- ☐ Date Approved: _____ Conditions (if any): _____
- ☐ Date Denied: _____ Reason(s): _____

* License valid from _____, 20___ through June 30, 2019

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10

Fairway Mobile Home Park



City of Wisconsin Dells
Application for:
Mobile Home Park License

Date Submitted: 3/23/2018 Fee: $350.00 First 25 Sites or less $350.00 Receipt No. 63593
$ 25.00 Each Additional Site

Name of Applicant: 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 c/o Stonecliff, LLC

On-Site Manager's Address & Lot Number: Trailer North of Greenhouse

On-Site Manager's Telephone Number: 608-254-8336

*A complete site plan must be attached to the application.

A/C 8768000509 - $175.00
A/C 0821010501 - $175.00
$350.00

Dominic Tuttle, Manager
Signature of Applicant

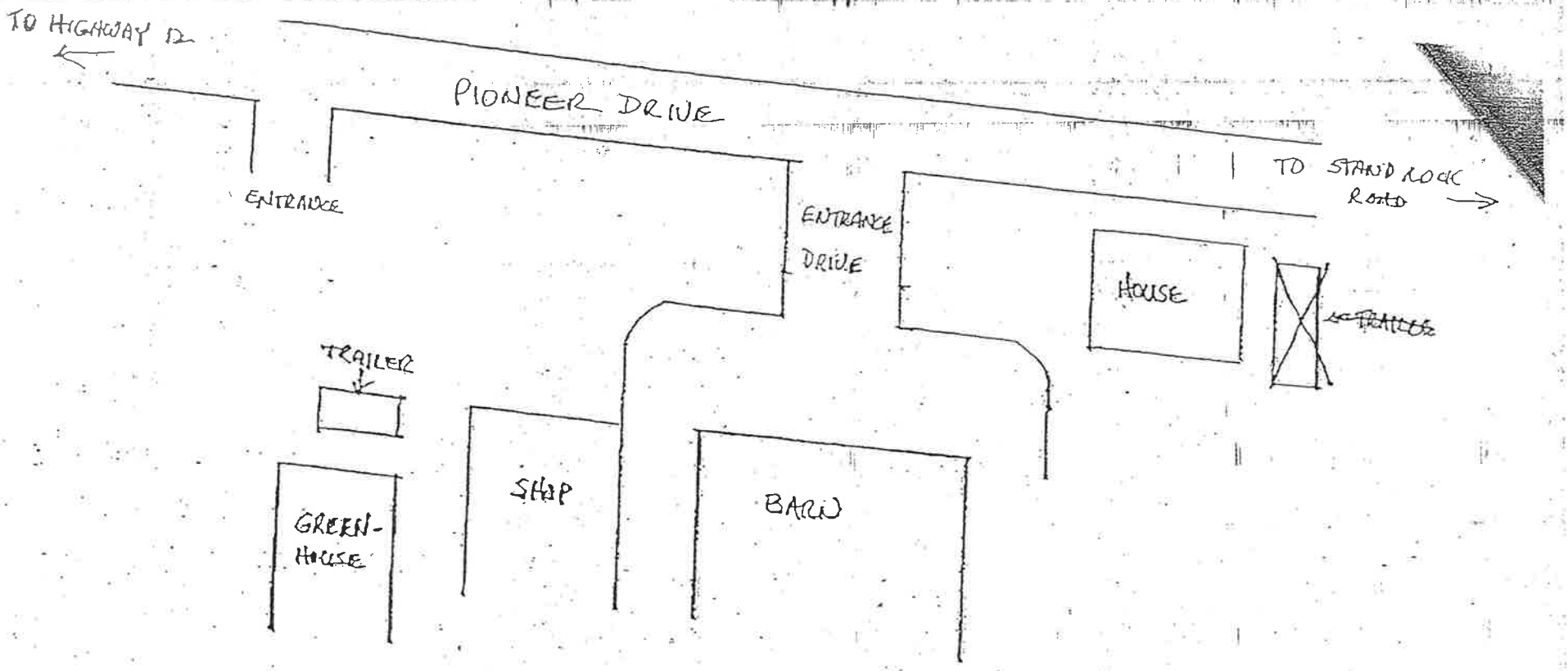
License subject to compliance with Wisconsin Dells Code Section 16.03

- ☐ 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.

Rev 01/10


TO HIGHWAY 12
PIONEER DRIVE
TO STAND ROCK ROAD
ENTRANCE
ENTRANCE DRIVE
HOUSE
TRAILER
TRAILER
GREEN-HOUSE
SHOP
BARN

City of Wisconsin Dells

Application for:
Mobile Home Park License

Date Submitted: 6-5-18 Fee: $350.00 First 25 Sites or less $700 Receipt No. 64728
$ 25.00 Each Additional Site
x8

Name of Applicant: JOE mhp LLC

Address of Applicant: Po Box 74

Daytime Telephone Number: (608 772-0234

Evening Telephone Number: ( )

Driver's License Number: G430-1726-0173-07 State: WI

Legal Description/Address of the Park: Plum + Illinois

On-Site Manager's Name: Same

On-Site Manager's Address & Lot Number:

On-Site Manager's Telephone Number:

*A complete site plan must be attached to the application.

- on file.

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

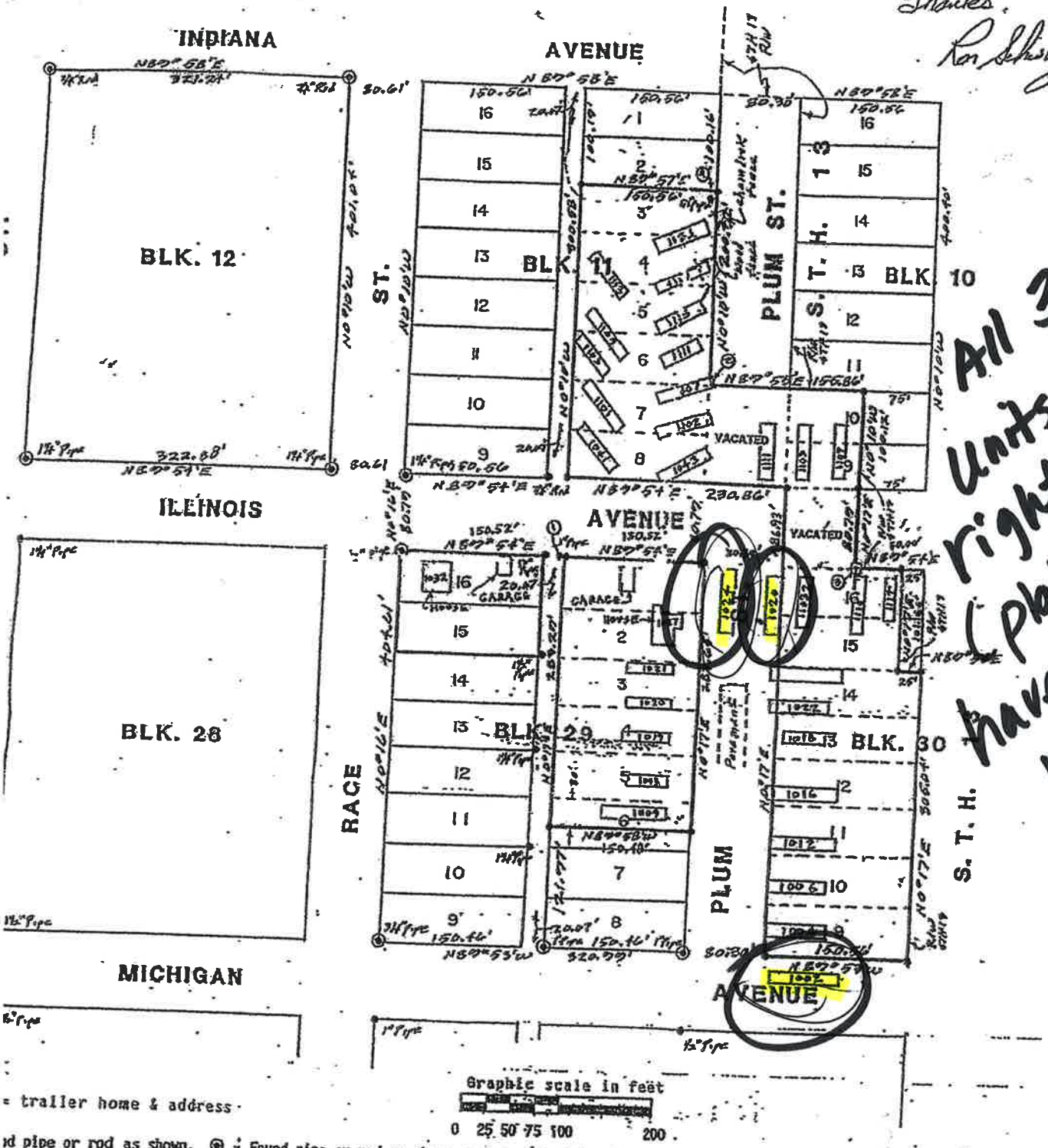
- ☐ Date Approved: _____ Conditions (if any): _____
- ☐ Date Denied: _____ Reason(s): _____

* License valid from _____, 20___ through _____, 20___

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10

Please return to me
Thanks.
Ron Schwingh



All 3 units in the right-of-way (platted street) have been removed.

= trailer home & address

d pipe or rod as shown. ⊙ = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found were not used
' various dimensional differences with those shown. o = Set 3/4"x24" round iron rod weighing 1.5#/lineal foot.

re referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear N0°10'W. Nearest minute.

to east of found and used pipes and rods are made to fit the commonly used mutiplier of 1.0037 times the platted distance.

pipe is N79°44'W 1.06' from new rod. ②= Rod not set because house trailer sits over corner. Southeast corner of trailer is
and 5.3' east of where rod should be. ③= Chisled cross in concrete in front of trailer #1110. ④= Found pipe is S38°31'W.
new rod.

Pioneer Mobile Homes, 4454 S. 13th St., Milwaukee, WI, 53221

City of Wisconsin Dells

Application for:
LIVESTOCK/POULTRY LICENSE

ITEM 14

Date: April 25, 2018 FEE $3.00 per animal Receipt No. 64115

Name of Applicant: Kevin Gruber

Address of Applicant: PO Box 298, Wisconsin Dells, WI 53965

Name of Business: Timber Falls Adventure Park

Address of Business: 1000 Stand Rock Road, Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-8414 Cell Phone: 608-963-0941

Number and type of livestock or poultry to be kept: 1 Donkey and 10 goats ($33 Fee)

Information on where livestock/poultry will be kept and maintained: On the mini golf property in the fenced in area

Kevin Gruber

Printed Name of Applicant

Kevin Gruber

Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

Licensing period runs July 1st through June 30th of each year.

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 06/13

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

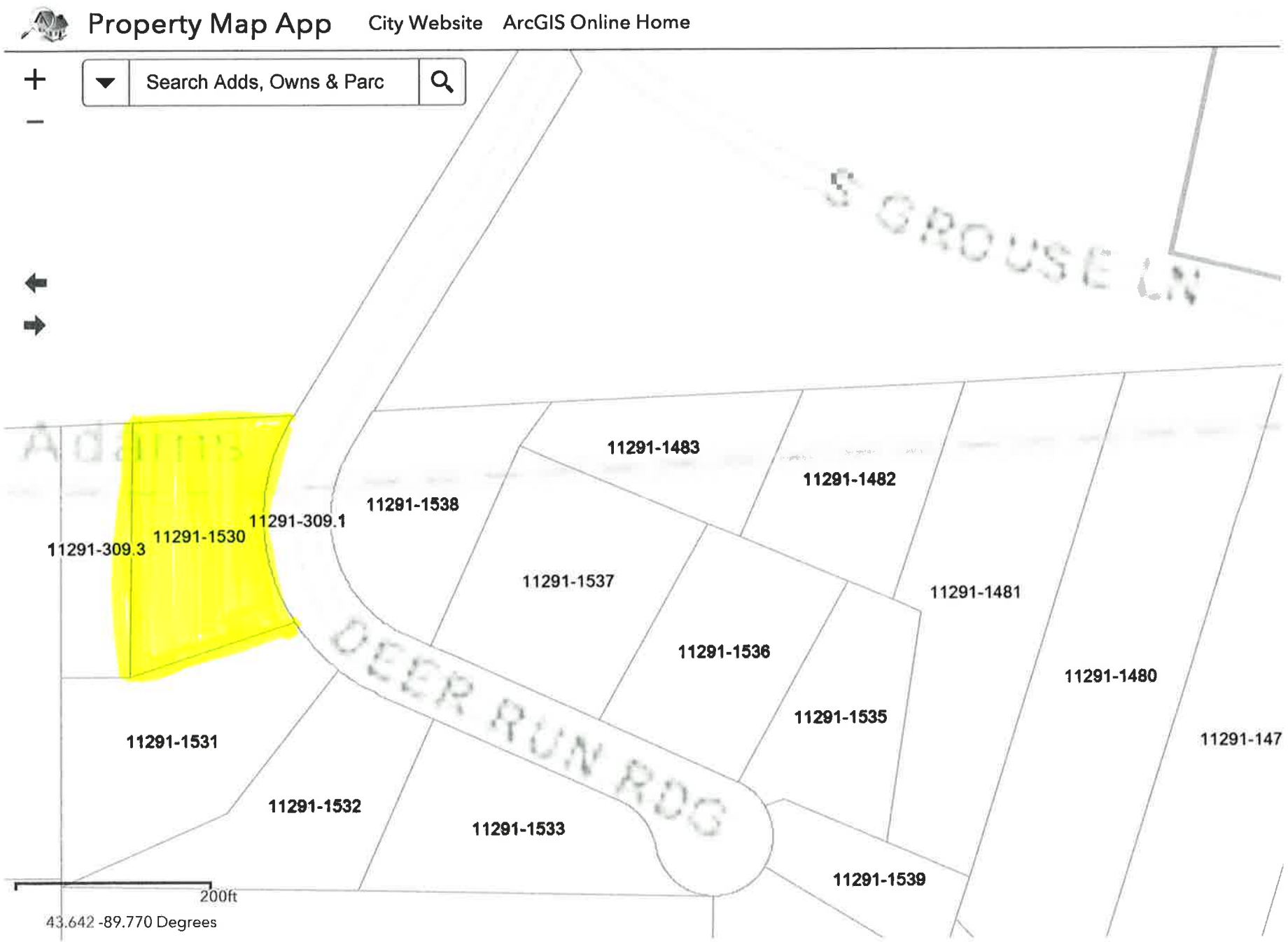
BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Works Committee from their June 11, 2018 meeting;

IT APPROVES the request of Patrice Thomas to have a residential well drilled within the city limits on Columbia County parcel 11291-1530, which is Lot 22, First Addition to Kilbourn Ridge. Currently the city does not provide water service to that area.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 18, 2018
Date Passed:
Date Published:


Property Map App
City Website
ArcGIS Online Home
Search Adds, Owns & Parc
S GROUSE LN
11291-1483
11291-1482
11291-1538
11291-309.1
11291-309.3
11291-1530
11291-1537
11291-1481
11291-1536
11291-1480
DEER RUN RDG
11291-1535
11291-1531
11291-147
11291-1532
11291-1533
11291-1539
200ft
43.642 -89.770 Degrees

RESOLUTION NO. _____ ITEM 16

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Works Committee from their June 11, 2018 meeting;

IT APPROVES the Compliance Maintenance Annual Report (CMAR) for the Sanitary Sewer with an A grade for both Financial Management and Collection Systems.

_____
Edward E. Wojnicz, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 18, 2018
Date Passed:
Date Published:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

Financial Management

1. Provider of Financial Information

Name: Karen Terry

Telephone: 608-254-2012 (XXX) XXX-XXXX

E-Mail Address (optional): kterry@dellscitygov.com

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- ● Yes (0 points)
- ○ No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year: 2016

- ● 0-2 years ago (0 points)
- ○ 3 or more years ago (20 points)
- ○ N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- ● Yes (0 points)
- ○ No (40 points)

0

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year: 2016

- ● 1-2 years ago (0 points)
- ○ 3 or more years ago (20 points)
- ○ N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$ 402,252.93
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	$ 2,300.28
3.2.3 Adjusted January 1st Beginning Balance		$ 404,553.21
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$ 23,674.00

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - $ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year $ 428,227.21

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund? $ 217,320.00 **0**

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- ● Yes
- ○ No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- ● Yes - If Yes, please provide major project information, if not already listed below.
- ○ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Potential new Lift Station along with second Force Main. Tentative at best, pending economic development.	2000000	2020
2	Potentially construct a Bio solids processing facility for our treatment plant. We share ownership w/ Village of Lake Delton and are working through the CWFP process w/ Lake Delton and consulting engineers. This project is underway.	2850000	2018
3	Upgraded (replacement) of Lift Station # 18 (Chula Vista Employee Housing). Due to be completed in 2018.	100,000.00	2018

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 19

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	20,390	250
February	21,034	182
March	18,128	173
April	21,395	63
May	18,453	44
June	20,171	18
July	23,644	12
August	26,169	14
September	23,877	10
October	13,569	35
November	16,061	158
December	15,418	232
Total	**238,309**	**1,191**
Average	**19,859**	**99**

6.1.2 Comments:

Electricity consumed includes some kWh's used for other purposes, such as heating, etc.. Some natural gas consumption is for NG powered back-up generation.

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- ☒ Comminution or Screening
- ☐ Extended Shaft Pumps
- ☒ Flow Metering and Recording
- ☐ Pneumatic Pumping
- ☒ SCADA System
- ☒ Self-Priming Pumps
- ☒ Submersible Pumps
- ☒ Variable Speed Drives
- ☐ Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

- ● No
- ○ Yes

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

None specifically. Every time we do pump work or station maintenance, we consider efficiencies that might be gained by replacing equipment w/ newer, more efficient models.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- ● Yes
- ○ No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- ● Yes
- ○ No (30 points)
- ○ N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

☒ Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Working w/ MSA of Baraboo on GPS/GIS upgrades and finalizing our FSP. These should be completed in 2018.

Did you accomplish them?

- ○ Yes
- ● No

If No, explain:

As stated above, our expectations are to finalize in 2018. GPS'ing our assets has taken considerably more effort than first anticipated. We are hopeful we can implement this system into an asset management program that allows for greater detail and management of our assets.

☒ Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- ☒ Organizational structure and positions (eg. organizational chart and position descriptions)
- ☒ Internal and external lines of communication responsibilities
- ☒ Person(s) responsible for reporting overflow events to the department and the public

☒ Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

WPDES # 0031402, Wis. Dells Ord. # 7.04

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 12/30/2015

Does your sewer use ordinance or other legally binding document address the following:

- ☒ Private property inflow and infiltration
- ☒ New sewer and building sewer design, construction, installation, testing and inspection
- ☒ Rehabilitated sewer and lift station installation, testing and inspection
- ☒ Sewage flows satellite system and large private users are monitored and controlled, as necessary
- ☒ Fat, oil and grease control
- ☒ Enforcement procedures for sewer use non-compliance

☒ Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

☒ Equipment and replacement part inventories
☒ Up-to-date sewer system map
☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
☒ A description of routine operation and maintenance activities (see question 2 below)
☐ Capacity assessment program
☐ Basement back assessment and correction
☒ Regular O&M training

☒ Design and Performance Provisions [NR 210.23 (4) (e)]

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
☒ Construction, Inspection, and Testing
☐ Others:

☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)] **0**

Does your emergency response capability include:

☒ Responsible personnel communication procedures
☒ Response order, timing and clean-up
☒ Public notification protocols
☒ Training
☐ Emergency operation protocols and implementation procedures

☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]

☒ Special Studies Last Year (check only those that apply):

☐ Infiltration/Inflow (I/I) Analysis
☐ Sewer System Evaluation Survey (SSES)
☐ Sewer Evaluation and Capacity Managment Plan (SECAP)
☐ Lift Station Evaluation Report
☒ Others:

Working w/ MSA to finalize FSP. Once complete, we our planning to work on a sewer evaluation and capacity management plan.

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	10	% of system/year
Root removal	5	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1	% of system/year
Manhole inspections	10	% of system/year
Lift station O&M	12	# per L.S./year
Manhole rehabilitation	1	% of manholes rehabbed
Mainline rehabilitation	.5	% of sewer lines rehabbed

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

Private sewer inspections	.5	% of system/year
Private sewer I/I removal	.02	% of private services
River or water crossings	1.34	% of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

Root saw mechanical issues reduced amount of root sawing we accomplished. Concentrated on rodding. We have remedied the mechanical issue and added staff w/ the hope of increasing our cleaning numbers in 2018.

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

40.52	Total actual amount of precipitation last year in inches
34.75	Annual average precipitation (for your location)
25	Miles of sanitary sewer
19	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
6	Number of basement backup occurrences
6	Number of complaints
.530	Average daily flow in MGD (if available)
.838	Peak monthly flow in MGD (if available)
0	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.24	Basement backups (number/sewer mile)
0.24	Complaints (number/sewer mile)
1.6	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
0.0	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS REPORTED **			
Date	Location	Cause	Estimated Volume (MG)
None reported			

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

○ Yes

● No

If Yes, please describe:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018 Reporting For: **2017**

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- ○ Yes
- ● No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

Reconstructed 1.5 blocks of Bauer Street including all associated sanitary sewer elements.

5.4 What is being done to address infiltration/inflow in your collection system?

Tightened Sanitary sewer specifications on rebuilds include mandatory installation of chimney seals. Constant monitoring of system.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018

Reporting For: **2017**

Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			**4**	**16**
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:
A = Voluntary Range (Response Optional)
B = Voluntary Range (Response Optional)
C = Recommendation Range (Response Required)
D = Action Range (Response Required)
F = Action Range (Response Required)

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 6/13/2018

Reporting For: **2017**

Resolution or Owner's Statement

Name of Governing Body or Owner: City of Wisconsin Dells Common Council

Date of Resolution or Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 4.00

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-830
Repeals River Arts District Committee
Expands Business Improvement District Board

ITEM 17

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to repeal the River Arts District Committee and expand the Business Improvement District Committee membership

SECTION II: PROVISIONS AFFECTED

A. Wisconsin Dells Code sec. 1.11(3) is amended
B. Wisconsin Dells Code sec. 1.12 is repealed

SECTION III: PROVISIONS AS AFFECTED:

A. 1.11 BUSINESS IMPROVEMENT DISTRICT

(3) The board shall consist of ~~seven (7)~~ ***ten (10)*** members appointed by the Mayor and confirmed by the Common Council. ~~Six (6)~~ ***Nine (9)*** of the members shall serve staggered terms of three years; and, a member of the Common Council shall be appointed annually. A majority of the board shall own or occupy real property in the district.

B. 1.11 RIVER ARTS DISTRICT COMMITTEE - **Repealed**

~~(1) Committee Established. The City shall have a "River Arts District Committee".~~
~~(2) Members/Officers. The Rivers Arts District Committee shall have six (6) members as follows:~~

~~(a) A member of the common council who shall serve as chairperson of the committee, the entertainment coordinator of the Wisconsin Dells Visitors and Convention Bureau; and four (4) public members.~~
~~(b) The members of the committee shall be appointed annually by the Mayor and confirmed by the Common Council.~~
~~(c) Two (2) of the public members may be non-residents of the City. The public members shall have backgrounds in the fields of tourism, arts or entertainment.~~

~~(3) Without limitation the Committee shall oversee, plan and manage the following:~~

~~(a) River Arts District entertainment venues including Duchess Plaza.~~

~~(b) Busker program.~~
~~(c) Network with state, local and national artists for events and opportunities in the River Arts District.~~

~~(d) River Arts District trademark and trade name.~~
~~(e) Seek and coordinate funding and sponsorship of cultural and historic art opportunities.~~
~~(f) Other such responsibilities as designated by the Mayor and/or Common Council~~.

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 1.

_____ _____

Edward E. Wojnicz, Mayor Nancy R. Holzem, Clerk/Coordinator

First Reading Passed: May 21, 2018
Second Reading Passed:
Publication: May 31, 2018

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-831

ITEM 18

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to allow the Assistant Fire Chief to serve on the City Plan Commission in the absence of the Fire Chief.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 19.203(5) is created.

SECTION III: PROVISIONS AS CREATED

19.203(5) The Fire Chief may designate the Assistant Fire Chief to act in the absence of the Chief.

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 as provided by state law.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 19.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, City Clerk

First Reading Passed: May 21, 2018
Second Reading passed:
Published: May 31, 2018

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-832

ITEM 19

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

Current city code does not specifically delineate establishments which may sell alcohol beverages for off-premises consumption; i.e. Retail Class A Licenses. This ordinance creates two categories for potential Class A licenses.

SECTION II: PROVISION AFFECTED AND CREATED

Wisconsin Dells Code Sec. 16.12(14) is renumbered to 16.12(17)
Wisconsin Dells Code Sec. 16.14 is created.

SECTION III: PROVISIONS AS CREATED

16.12 (14) Retail Class A Licenses:

(a) Retail Class A Beer and/or Liquor Licenses may be issued to, subject to appropriate site by site limitations and/or restrictions:

1. Liquor Stores
2. Drug Stores/Pharmacies
3. Department Stores (i.e. Wal-Marts)
4. Convenience Stores with/without gasoline
5. Grocery Stores

(b) Retail Class A Beer and/or Liquor Licenses may be issued, on a case by case discretionary basis, to specialty retail establishments where the sale of select "Class A' products will complement and enhance the sale of specific products and product lines; or contribute to a unique retail shopping concept; subject to appropriate site limitations and/or restrictions.

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 as provided by state law.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 16.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, City Clerk

First Reading Passed: May 21, 2018
Second Reading passed:
Published: May 31, 2018

CITY OF WISCONSIN DELLS
ORDINANCE NO. A-833

ITEM 20

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

This ordinance amends Downtown Design Standards associated with the Zoning Code.

SECTION II: PROVISION AMENDED

Designs Standards Associated with Wisconsin Dells Code Sec. 19.261(5)

SECTION III: PROVISIONS AS AMENDED

Administration: Clarifies that design approval is required for any item that is addressed with a design standard.

Outdoor Food Service – Vending Unit: Removes requirement that outdoor vending units be associated with an on-premise business and instead allows vending units that are associated with an existing Wisconsin Dells or Lake Delton business selling similar products from a brick and mortar store.

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 as provided by state law.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 19.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, City Clerk

First Reading Passed: May 21, 2018
Second Reading passed:
Published: May 31, 2018