

# CITY OF WISCONSIN DELLS MEETING AGENDA

**MEETING DESCRIPTION:** LEGISLATIVE COMMITTEE

**DATE:** Monday, June 8, 2020      **TIME:** 5:45pm      **LOCATION:** Municipal Building  
Common Council Chambers - 300 La Crosse Street, Wisconsin Dells, WI 53965

COMMITTEE MEMBERS	
Ald. Mike Freel, Chair	Ald. Brian Holzem
Mayor Ed Wojnicz	Ald. Ben Anderson
AGENDA ITEMS	
1	Call to Order and Attendance Noted
2	Approval of the March 9, 2020 Meeting Minutes
3	Discussion/Decision on Application for an Original Class A Liquor License Submitted by Made with Love, LLC, Gayelynn Plaster Agent, for Made with Love Gift Shop, 316 Broadway, for the Licensing Period of July 1, 2020 Through June 30, 2021
4	Discussion/Decision on Applications for Renewal of the Following Alcohol Licenses for the Licensing Period of July 1, 2020 Through June 30, 2021: <ul style="list-style-type: none"> <li>a. Class A Beer Licenses (1)</li> <li>b. Class A Beer &amp; Class A Liquor Licenses (6)</li> <li>c. Class B Beer Licenses (9)</li> <li>d. Class B Beer &amp; Class C Wine Licenses (9)</li> <li>e. Class B Beer &amp; Class B Liquor Licenses (23)</li> </ul>
5	Discussion/Decision on Applications for Renewal of Cigarette & Tobacco Products Retail Licenses (13) for the Licensing Period of July 1, 2020 Through June 30, 2021
6	Applications for Renewal of Mobile Home Park Licenses (2) for the Licensing Period of July 1, 2020 Through June 30, 2021
7	Applications for Renewal of Seasonal Workforce Housing Facility Licenses (2) for the Licensing Period Through April 30, 2021
8	Discussion/Decision on Proposed Ordinance Which Would Require the Entirety of a Workforce Housing Premises be Habitable
9	Next Meeting Date and Time/Agenda Items
10	Adjourn
	Chairperson Ald. Mike Freel      Posted: June 5, 2020
	Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.

**CITY OF WISCONSIN DELLS  
LEGISLATIVE COMMITTEE MEETING  
MONDAY, MARCH 9, 2020**

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

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

Others: Ald. Terry Marshall, City Clerk/Coordinator Nancy Holzem, Police Chief Jody Ward, City Planner Chris Tollaksen, Public Works Director David Holzem, and City Attorney Joseph Hasler.

2. Motion by Mayor Wojnicz seconded by Ald. Anderson to approve the minutes the February 17, 2020 meeting. Motion carried unanimously.

3. Motion by Ald. Holzem seconded by Mayor Wojnicz to recommend to the Common Council for approval, the application for Taxicab Service License submitted by Matthew Kemp for Wisconsin Dells Taxi Inc., for the licensing period through March 31, 2021. Approval is contingent upon inspection of vehicles being completed. Applicant is purchasing the taxicab service from K2G Inc, Keshia Gregerson. Motion carried unanimously.

4. Motion by Ald. Holzem seconded by Mayor Wojnicz to recommend to the Common Council for approval, the renewal applications for Taxicab Service Licenses received from:

- a. Proinvest LLC, Calin Bobeanu for City Taxi
- b. Dells Roo LLC, Jeremy Ringdahl for Kangaroo Taxi
- c. Dells Transport LLC, Brent Mlsna for Dells Express Taxi
- d. RST Taxi LLC, Khan Qudratullah for RST Taxi
- e. Dells Cab Company, Larry K. Volkey for Dells Cab

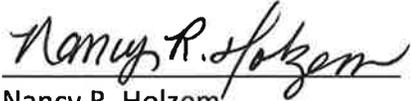
Approval is contingent upon inspection of vehicles being completed. Motion carried unanimously.

5. Motion by Mayor Wojnicz seconded by Ald. Anderson to recommend to the Common Council for approval, a proposed ordinance to limit the locations where amusement rides are located. Motion carried unanimously.

6. Motion by Mayor Wojnicz seconded by Ald. Anderson to recommend to the Common Council for approval, a proposed ordinance to limit short-term rentals in residential zoned areas. Motion carried unanimously.

7. Motion by Ald. Anderson seconded by Mayor Wojnicz to recommend to the Common Council for approval, updates to the proposed ordinance regarding outstanding debt and the issuance of city licenses and permits. Motion carried

8. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, a proposed ordinance to change the start time of the monthly Common Council meeting from 7:00pm to 6:30pm. Motion carried unanimously.
9. Next meeting date tentatively set for April 13, 2020.
10. Motion by Mayor Wojnicz seconded by Ald. Anderson to adjourn. Motion carried unanimously and the meeting adjourned at 6:15pm.



Nancy R. Holzem  
Nancy R. Holzem  
City Clerk/Coordinator

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1029803240-02</u>	
FEIN Number <u>833061824</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>514.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Made with Love, LLC

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

President / Member Last Name <u>Plaster</u>	(First) <u>Gayelynn</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>411 Pflaum Rd, Madison, WI 53716</u> <u>DANE CITY</u>
Vice President / Member Last Name <u>Bloom</u>	(First) <u>Darcy</u>	(Middle Name) <u>K</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1012 Race Street, Wisconsin Dells, WI 53715</u> <u>Colombia city</u>
Secretary / Member Last Name <u>—</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>—</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Plaster</u>	(First) <u>Gayelynn</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>411 Pflaum Rd, Madison, WI 53716</u> <u>Dane county</u>
Directors / Managers Last Name <u>—</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Made with Love, LLC Business Phone Number 608-609-7268  
 2. Address of Premises 316 Broadway Post Office & Zip Code 53965 608-220-8931

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Back area of Retail Gift Store. AP 5/14/20  
Area will have wine secured with a small tasting area for customers to be done by owners, in front area of store

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No  
Required
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** .....  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>Gayle Plaster, Gayelynn</u>	Title/Member <u>President/owner</u>	Date <u>11-3-2019</u>
Signature <u>Gayelynn Plaster</u>	Phone Number <u>608-220-8931</u>	Email Address <u>gayzo@hotmail.com</u> <u>madewithlove LLC@outlook.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-18-2020</u>	Date reported to council / board	Date provisional license issued <u>NR</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Made With Love LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Made With Love Gifts (LLC)  
(Trade Name)

located at 316 Broadway

appoints Gayelynn Plaster  
(Name of Appointed Agent)  
411 Pflaum Road, Madison WI 53716  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 61 years

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
(Name of Corporation / Organization / Limited Liability Company)

By: \_\_\_\_\_  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Gayelynn Plaster  
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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

Gayelynn Plaster 5-15-2020  
(Signature of Agent) (Date) Agent's age 61  
411 Pflaum Madison WI 53716 Date of birth 08-05-58  
(Home Address of Agent)

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

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

Approved on 5/29/20 by [Signature] Title Police Chief  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

✓ 5/21/20 BS

Gayelynn

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Plaster,		Gayelynn		_____	
Home Address (street/route)		Post Office	City	State	Zip Code
411 Pflaum Rd		Dane Cty	Madison	WI	53716
Home Phone Number		Age	Date of Birth	Place of Birth	
608-220-8931		61	08-05-1958	Madison	

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

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

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

Gayelynn Plaster of Made With Love, LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 61 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <u>Kwik Trip</u>	Employer's Address <u>American Parkway, Sun Prairie</u>	Employed From <u>5-15-2016</u>	To <u>Current</u>
Employer's Name <u>DeJope (HoChunk)</u>	Employer's Address <u>4002 Evans Acres Road MADISON, WI, 53716</u>	Employed From <u>2012-2015</u>	To <u>2015</u>

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

Gayelynn Plaster  
(Signature of Named Individual)

Darcy

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bloom		Darcy		K	
Home Address (street/route)		Post Office	City	State	Zip Code
1012 Race St			Wisc. Dells	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
608-609-7268			4-10-86	MADISON	

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

- Applying for an alcohol beverage license as an **individual**.
  - A member of a **partnership** which is making application for an alcohol beverage license.
  - Gayelynn Plaster of Made With Love, LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

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

Employer's Name	Employer's Address	Employed From	To
Master Corp.	45 Hillman Rd, Baraboo 53913	Aug 2018	Nov 2018
Employer's Name	Employer's Address	Employed From	To
Zimbrick European	2300 Rimrock Rd Madison 53713	APRIL 2017	July 2018

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

D Bloom  
(Signature of Named Individual)

Wisconsin Dells Municipal Code 16.12(13):

Retail Class A Licenses:

(a) Retail Class A Beer and/or Liquor License may be issued to, subject to appropriate site by site limitations and/or restrictions:

1. Liquor Stores
2. Drug Stores/Pharmacies
3. Department Stores (i.e. Wal-Marts)
4. Convenience Stores with or without gasoline
5. Grocery Stores

(b) Retail Class A Beer and/or Class A Liquor License may be issued on a case by case discretionary basis, to **specialty retail establishments** where the sale of select "Class A" products will complement and enhance the sale of specific products and product lines; or contribute to a unique retail shopping concept; subject to appropriate site limitations and/or restrictions.

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

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

- Trade Name LOON LAKE CIGAR CO Business Phone Number 608 254 8598
- Address of Premises 721 Superior St Post Office & Zip Code Wis Dells WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All of Ground floor or 721 Superior St Wis Dells WI 53965

R# 72408

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

⑥

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

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

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

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

Name of Applicant: Travel Mart Inc  
Emma Mews, Agent  
Address of Applicant: 611 N Frontage Road #2, Wisconsin Dells, WI 53965  
Location of Premises: R&G Travel Mart  
611 N Frontage Road #2

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

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

- Trade Name Maurer's Market ISA Business Phone Number 608-254-8313
- Address of Premises 216 Washington Ave. Post Office & Zip Code Wisc. Dells, WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

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

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

R# 72630

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

- Trade Name BROADWAY TRAVEL MART Business Phone Number 608-253-2091
- Address of Premises 802 BROADWAY Post Office & Zip Code WISCONSIN DELLS 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE

R# 72454

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>3</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

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

2. Address of Premises 710 TROUT ROAD Post Office & Zip Code WISCONSIN DELLS 53965

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

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

R# 72457

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

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

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

**C. Business Information**

- Trade Name R&G TRAVEL MART Business Phone Number 608-254-5077
- Address of Premises 611 N FRONTAGE RD #2 Post Office & Zip Code WISCONSIN DELLS 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE

R# 72456

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72455

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

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

2. Address of Premises 2415 WIS DELLS 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.) CONVENIENCE STORE

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72464

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

#### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Walgreen Co.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 901, Deerfield, IL 60015</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

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

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

#### C. Business Information

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

2. Address of Premises 300 Highway 13 Post Office & Zip Code Wisconsin Dells, WI 53965

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

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

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

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No

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

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

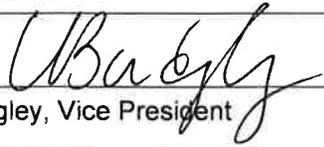
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]

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

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

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

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

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

Lisa Badgley, Vice President

**TO BE COMPLETED BY CLERK**

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

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

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

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

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

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

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

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

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

Name of Applicant: Wisconsin Dells Home Talent Baseball – Rivermen  
Aaron Van Schoyck, Agent  
Address of Applicant: 510 Veterans Memorial Drive, Wisconsin Dells, WI 53965  
Location of Premises: Wisconsin Dells Rivermen-Home Talent Baseball  
510 Veterans Memorial Drive

Name of Applicant: Woodside Sports Complex Operations LLC  
Michael Fadness, Agent  
Address of Applicant: 1770 Hwy 13, Wisconsin Dells, WI 53965  
Location of Premises: Woodside Sports Complex  
1770 Hwy 13

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

1. Trade Name Timber Falls Adventure Park Business Phone Number 608-254-8414

2. Address of Premises 1000 Stand Rock Rd. 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.) Skyscraper Booth,

Golf Course, Golf Building

R# 72443

Applicant's Wisconsin Seller's Permit Number	
FCIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

## A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company EDUTKA'S POLISH RESTAURANT INC Address of Corporation / Limited Liability Company (if different from licensed premises) 221 BROADWAY WISC. DELLS WI 53965

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>EDUTKA</u>	<u>KAPUSTA</u>		<u>5653 OAK HILL LN WISC. DELLS WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## C. Business Information

- Trade Name EDUTKA'S POLISH REST Business Phone Number 1608 293-4558
- Address of Premises 221 BROADWAY WISC. DELLS Post Office & Zip Code 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) walk in cooler

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

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

Contact Person's Name (Last, First, M.I.) <b>EDYTA KAPUSTA</b>	Title / Member <b>OWNER</b>	Date <b>04-16-2020</b>
Signature 	Phone Number <b>630 439 5701</b>	Email Address

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

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

**C. Business Information**

- Trade Name Wei's Chinese Restaurant Business Phone Number 608-844-3534
- Address of Premises 630 S. Frontage Rd Wisconsin Dells Post Office & Zip Code 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Restaurant, dining area 630 S. Frontage Rd  
Wisconsin Dells, WI 53965

R# 72665

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No

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

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

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

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

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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72508

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cobb</u>	<u>Mark</u>	<u>L</u>	<u>975 Overland Trls Wisconsin Dells WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Janzsch</u>	<u>Corey</u>		<u>1111 Illinois Ave Wisconsin Dells, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Svehlek</u>	<u>Giles</u>	<u>E</u>	<u>4144 Highway 13 Wisconsin Dells, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Castle</u>	<u>Aaron</u>	<u>L</u>	<u>31085 Clara Ave Lot 9 Wisconsin Dells, WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

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

2. Address of Premises 609 Wisconsin Ave 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.)  
up stair Hall, and downstairs BAR

Applicant's Wisconsin Seller's Permit Number	
Permit Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

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

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

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

**C. Business Information**

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

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Building 28x120 At same location cement Block

R# 72599

Applicant's Wisconsin Seller's Permit Number <u>3</u>	
FEIN Number <u>5</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Sherwood Forest Dells, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>2852 Wisconsin Dells Pkwy</u>
--	--

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

Agent Last Name <u>Gussel</u>	(First) <u>Bradley</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1211 Stand Rock Rd. Wisconsin Dells 53965</u>
----------------------------------	---------------------------	---------------------------	--

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

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

## C. Business Information

1. Trade Name Sherwood Forest Camping & RV Park Business Phone Number 608-254-7080

2. Address of Premises 2852 Wisconsin Dells Pkwy Post Office & Zip Code Wisconsin Dells 53965

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

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

R# 72648 Pd \$ 50 Late Fee

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	\$ <u>114.00</u>

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No

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

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

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

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

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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72635

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	<b>\$ <u>114</u></b>

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

### A. Individual or Partnership:

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

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

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

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

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

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

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

### C. Business Information

1. Trade Name JRS The Hideaway Business Phone Number 608 254-4548  
2. Address of Premises 2255 Wis Dells Pkwy Post Office & Zip Code WI Dells 53965

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

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

Concession stand and/or container stand

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72523

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 114.00</b>

**A. Individual or Partnership:**

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

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

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

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>VAN SCHUYCK</u>	<u>AARON</u>	<u>CURTIS</u>	<u>719 SUPERIOR ST, WISC DELLS, WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ZAMZOW</u>	<u>ZACH</u>	<u>ALLEN</u>	<u>527 RACE ST APT 7, WISC DELLS, WI 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ROSOL</u>	<u>COREY</u>	<u>MICHAEL</u>	<u>431 WATER ST APT 206, PRANIE DuSAC, WI 53578</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

Wisconsin Delles Riverman-Home Talent Baseball

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

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

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

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

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
11. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

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

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

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

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

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

## C. Business Information

1. Trade Name Woodside Sports Complex Business Phone Number 608.316.1556

2. Address of Premises 1770 Hwy 13 Post Office & Zip Code WI Dells, 53965

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14.00
<b>TOTAL FEE</b>	<b>\$ 114.00</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

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

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

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

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

Name of Applicant: Mama Z's Grill LLC  
Adrian Pentell, Agent  
Address of Applicant: 1101 Broadway, Wisconsin Dells, WI 53965  
Location of Premises: Mama Z's Country Grill  
1101 Broadway

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

Name of Applicant: The Pizza Lab LLC  
Burak Akbeg, Agent  
Address of Applicant: 332 State Hwy 13, Wisconsin Dells, WI 53965  
Location of Premises: Dells Pizza Lab  
332 State Hwy 13

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

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

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

K72552

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

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

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

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

### C. Business Information

1. Trade Name Asgard Axe + Tap Business Phone Number 608-432-3505  
 2. Address of Premises 714 oak st Post Office & Zip Code 53965

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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

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

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

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

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

**C. Business Information**

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

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

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

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

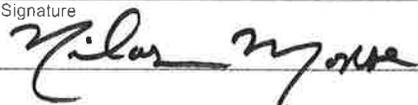
LIMITED SERVICES RESTAURANT, OUTDOOR CAFE SEATING, WALK-IN COOLER

R# 72466

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: HULLBERT CREEK LODGE & Suites LLC  
 Address of Corporation / Limited Liability Company (if different from licensed premises): 550 STATE HWY 13 W. DELTS

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAMINSKI</u>	<u>ANN</u>	<u>M.</u>	<u>995 S. Grouse Ln Wisc. Delts WI 53965</u>

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

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

**C. Business Information**

1. Trade Name AMERICAN by Wyndham Business Phone Number 608 254 1700

2. Address of Premises 550 STATE HWY 13 Post Office & Zip Code 53965

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

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

HOTEL, LODGE, POOL, CONFERENCE FACILITY

RA 72405

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

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

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

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

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

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

## C. Business Information

- Trade Name Mama Z's Country Grill Business Phone Number 608-254-7969
- Address of Premises 1101 Broadway Post Office & Zip Code Wisconsin Dells 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Single story building with open dining room seating in 3 sections with capacity for 160 including coffee-counter seating for 16, plus outdoor fenced patio seating with capacity for 50. Full service kitchen plus a separate pizza kitchen, storage room, staff and customer restrooms and office.

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

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No  
 Restaurant was closed for business during remodeling for the 2019 year, so no sales occurred in 2019.
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72714

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

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

### A. Individual or Partnership:

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

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

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

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

Agent Last Name: KAROV (First): MIROSCOV (Middle Name): TSANCOV Home Address: 1023 RACE ST, WISC. DELLS, WI, 53966

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAROV</u>	<u>MIROSCOV</u>	<u>TSANCOV</u>	<u>1023 RACE ST, WISCONSIN DELLS, WI, 53966</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MIZANOV</u>	<u>Zdravko</u>	<u>Dzhenov</u>	<u>725 Vine St, WISC DELLS, WI, 53965</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

(608) 440-5373

1. Trade Name MZ FOOD DRB PIZZA VILLO Business Phone Number 608-254-8394

2. Address of Premises 737 Superior St, WISC. DELLS Post Office & Zip Code WI, 53965

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

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

K# 74091

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>The Pizza Lab LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>332 State Hwy 13, Wisconsin Dells, WI 53965</u>
---	--

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

Agent Last Name <u>Akbeg</u>	(First) <u>Burak</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>33A Grand Canyon Dr 212, Baraboo, WI 53913</u>
---------------------------------	-------------------------	---------------	---

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

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

**C. Business Information**

1. Trade Name Dells Pizza Lab Business Phone Number 608-253-0305  
2. Address of Premises 332 State Hwy 13 Post Office & Zip Code Wisconsin Dells, 53965

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

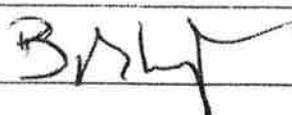
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

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

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

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

### C. Business Information

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

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

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

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

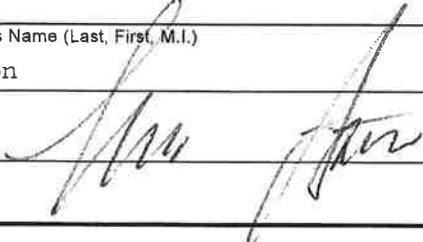
Entire buliding at 435 Broadway, Wisconsin Dells WI 53965

R# 72364

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <del>100</del>
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 214</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

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

### A. Individual or Partnership:

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

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

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

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

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

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

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

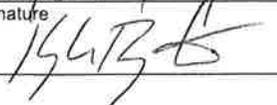
### C. Business Information

1. Trade Name Riverfront Terrace Business Phone Number (608) 432-2082  
 2. Address of Premises 17-29 Broadway Post Office & Zip Code 53965  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Both outdoor bars at Broadway location. Storage in walk-in cooler + storage behind lower bar.

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

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

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

**TO BE COMPLETED BY CLERK**

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

Need part of #214

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

Agent Last Name: WILLIAMS (First) ABBY (Middle Name) \_\_\_\_\_  
Home Address (Street, City or Post Office, & Zip Code): 10 WENTWORTH CIR WISCONSIN 53719

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

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

### C. Business Information

1. Trade Name EL TACO LOCO LLC Business Phone Number (608) 253-0777  
2. Address of Premises 808 RIVER RD WISCONSIN DELLS Post Office & Zip Code 53965

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

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

INSIDE LOCKED COOLERS.

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

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

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

Contact Person's Name (Last, First, M.I.) <b>ABEJ VILLARREAL</b>	Title / Member <b>OWNER</b>	Date <b>3/21/20</b>
Signature 	Phone Number <b>608 886-8972</b>	Email Address <b>facolocowisdells@gmail.com</b>

**TO BE COMPLETED BY CLERK**

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

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

Name of Applicant: Chula Vista Inc  
Michael Kaminski, Agent  
Address of Applicant: 2501 River Road, Wisconsin Dells, WI 53965  
Location of Premises: Chula Vista Resort  
2501 River Road

Name of Applicant: DeFosse Properties LLC  
Jesse DeFosse, Agent  
Address of Applicant: PO Box 92, Wisconsin Dells, WI 53965  
Location of Premises: Showboat Saloon, Tug's Kitchen, MaMa's Garage  
24, 26 & 30 Broadway/731 Eddy Street

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

Name of Applicant: Douglas E. Fisher  
Address of Applicant: 4191 9<sup>th</sup> Avenue, Wisconsin Dells, WI 53965  
Location of Premises: Fisher's Bar  
719 Superior Street

Name of Applicant: Helland Food Group LLC  
Eric Helland, Agent  
Address of Applicant: 31 Broadway, Wisconsin Dells, WI 53965  
Location of Premises: Mexicali Rose & Bella Goose Coffee  
2370-2390 Wisconsin Dells Parkway

Name of Applicant: Hellers Ltd  
Thomas E. Heller, Agent  
Address of Applicant: PO Box 660, Wisconsin Dells, WI 53965  
Location of Premises: Monks Bar & Grill  
220 Broadway

Name of Applicant: High Rock Inc  
Wade Bernander, Agent  
Address of Applicant: 232 Broadway, Wisconsin Dells, WI 53965  
Location of Premises: High Rock Cafe  
232 Broadway

Name of Applicant: JAM Food & Fun Inc  
Jeffrey Morris, Agent  
Address of Applicant: PO Box 68, Lake Delton, WI 53940  
Location of Premises: Dells Distillery  
206 Broadway

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

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

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

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

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

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

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

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

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

Name of Applicant: Silver Spruce Resort LLC  
Gary Lee Hanson, Agent  
Address of Applicant: 4124 River Road, Wisconsin Dells, WI 53965  
Location of Premises: Rubbs Steakhouse  
4124 River Road

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

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

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

Name of Applicant: TR Nelson Inc  
Patrick Steffes, Agent  
Address of Applicant: PO Box 590, Wisconsin Dells, WI 53965  
Location of Premises: Trappers Turn Golf Club  
2955 Wisconsin Dells Parkway

Name of Applicant: Uptown Sand Bar Corp  
William Farmer, Agent  
Address of Applicant: 130 Washington Avenue, Wisconsin Dells, WI 53965  
Location of Premises: Sand Bar  
130 Washington Avenue

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

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

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

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

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

## C. Business Information

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

2. Address of Premises 2501 RIVER ROAD Post Office & Zip Code P.O. BOX 30 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ALL CONTIGUOUS LAND OF THE RESORT INCLUDING THE HOTEL/CONDOS/GOLFCOURSE/WATERPARK/ETC...

SEE INCLUDED HIGHLIGHTED MAP

R# 72626

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
<b>TOTAL FEE</b>	\$ <u>1014.00</u>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

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

Agent Last Name <u>DeFosse</u>	(First) <u>Jesse</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>502 Washington Ave, Wisconsin Dells, WI</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

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

**C. Business Information**

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

2. Address of Premises 24,26,30 Broadway, 731 Eddy St Post Office & Zip Code 53965

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

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

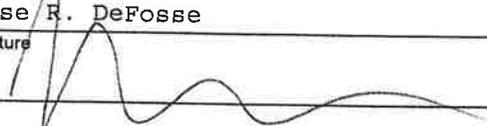
24, 26, 30 Broadway and 731 Eddy Street. Entire properties including all levels and outdoor areas of Showboat Saloon, Tug's Kitchen and Mama's Garage.

R# 72549

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

Quota Plus

R# 72654

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

#### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>DELLS RESORTS, INC.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>400 COUNTY RD A, WIS. DELLS, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>MAKOWSKI</u>	(First) <u>DAVID</u>	(Middle Name) <u>M.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>111 SWEET BRIAR DR., WIS. DELLS, WI 53965</u>
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#### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

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

#### C. Business Information

1. Trade Name HOT ROCKS & BP STORE Business Phone Number 608-253-4451  
2. Address of Premises 399 HWY A + 2040 W.D. PARKWAY Post Office & Zip Code WIS DELLS, WI 53965

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

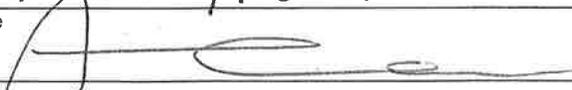
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

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

Applicant's Wisconsin Seller's Permit Number <u>4</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No  
RICHARD MAKOWSKI IS NOW THE CEO +  
ADAM MAKOWSKI IS NOW THE PRESIDENT.
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <b>MAKOWSKI, ADAM</b>	Title / Member <b>PRES. + SEC.</b>	Date <b>5-8-2020</b>
Signature 	Phone Number <b>608-963-6811</b>	Email Address <b>ADAM@DELLSRESORT.COM</b>

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>FISHERS BAR EST 1933 LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Fisher</u>	(First) <u>Douglas</u>	(Middle Name) <u>E.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4191 9th Avenue Wisconsin Dells, WI 59365</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

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

**C. Business Information**

1. Trade Name Fisher's Bar  
 2. Address of Premises 719 Superior Street

Business Phone Number 608-253-7049  
 Post Office & Zip Code Wisconsin Dells, WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor, Basement and Back Door Patio at 719 Superior Street Wisconsin Dells, WI 53965

R# 72444

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

R# 72368

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

#### A. Individual or Partnership:

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

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

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

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

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

#### C. Business Information

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

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

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

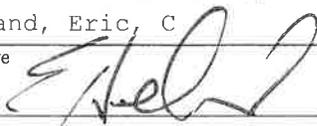
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

of "Lower Dells Boat Landing" including outdoor service areas

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No  
 Dropped Dockside Grill as a Trade name and added Bella Goose Coffee.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

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

**TO BE COMPLETED BY CLERK**

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

R# 12780

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

Agent Last Name HELLER	(First) THOMAS	(Middle Name) E	Home Address (Street, City or Post Office, & Zip Code) 1201 ELM ST, WISCONSIN DELLS, WI 53965
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

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

### C. Business Information

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

2. Address of Premises 220 BROADWAY Post Office & Zip Code WISCONSIN DELLS, WI 53965

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No  
 MORE DETAIL GIVEN IN #C4 PREMISES DESCRIPTION AND DIRECTORS LISTED IN #B  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>High Rock Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>232 Broadway Wis Dells</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

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

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

## C. Business Information

- Trade Name High Rock Cafe Business Phone Number 608 254 5677
- Address of Premises 232 Broadway Post Office & Zip Code Wis Dells 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
737 oak st, 739 oak st, 741 oak st and 232 Broadway, upstairs, street level, basements, and outdoor deck.

R# 72-666 Ad \$50 Lat Fee

Applicant's Wisconsin Seller's Permit Number <u>2</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Bernarda Wade L</i>	Title / Member <i>Proprietor</i>	Date <i>5/18/20</i>
Signature <i>[Handwritten Signature]</i>	Phone Number <i>608 432 4160</i>	Email Address <i>wadebernarda@gmail.com</i>

**TO BE COMPLETED BY CLERK**

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

R# 72372

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

#### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Jam Food &amp; Fun Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>P.O. Box 68, Lake Delton, WI 53940</u>
---	---

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

Agent Last Name <u>Morris</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>204 Sarrington Road WI Dells, WI 53965</u>
----------------------------------	---------------------------	---------------------------	---

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

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

#### C. Business Information

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

2. Address of Premises 206 Broadway WI Dells, WI Post Office & Zip Code 53965

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

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

Basement, 1st Floor, 2nd Floor, Deck

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No

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

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

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

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

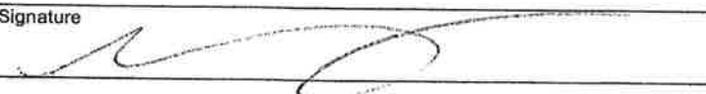
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Jilly Bearers, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>212 Xanadu Rd #101 Wisc Dells WI 53965</u>
--	---

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

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

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

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

### C. Business Information

1. Trade Name River Walk Pub Business Phone Number 608 254 8215  
 2. Address of Premises 911 River Rd Post Office & Zip Code Wisc Dells, WI 53965

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

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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Jose's Authentic Mexican Restaurant LLC</u>	<u>1909 Jefferson Street Baraboo</u>

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

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

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

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

**C. Business Information**

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

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

Contact Person's Name (Last, First, M.I.) Korra Wilson, Heather D	Title / Member owner	Date 4-28-20
Signature Heather Wilson	Phone Number 608-477-2022	Email Address hpwork917@outlook.com

**TO BE COMPLETED BY CLERK**

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

Quota Plus

R# 72600 pd \$50 late fee

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

### A. Individual or Partnership:

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

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

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Hickey</u>	<u>Trevor</u>	<u>Alan</u>	<u>19946 River Rd, Wis Dells, WI 53965</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Hickey</u>	<u>Mary</u>	<u>Catherine</u>	<u>19946 River Rd Wis Dells WI 53965</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Hickey</u>	<u>Trevor</u>	<u>Alan</u>	<u>19946 River Rd Wis Dells WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Paul Bunyans Restaurant - Dells Lumberjack Show Business Phone Number 608 254 8717  
 2. Address of Premises 411 Hwy 13 Wis Dells Post Office & Zip Code Wis Dells, WI 53965

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

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

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

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Zietlow</u>	<u>Marjo</u>	<u>Jean</u>	<u>1017 Race St Wisconsin Dells WI 53965</u>

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

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

**C. Business Information**

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 701 Broadway

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

Reid 5/4/2020 - No #

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<del>Rematore</del>			
<u>Connors</u>	<u>Rematore</u>	<u>MA</u>	<u>8505 Grouse Ct. Wis Delles, WI 53965</u>

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Nig 5 Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Connors</u>	<u>Penelope</u>	<u>M</u>	<u>8505 Grouse Ct. Wis Delles WI 53965</u>

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

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

**C. Business Information**

- Trade Name Nig 5 B91 Business Phone Number 608-253-6911 608-432-2216
- Address of Premises 201 Broadway Wis Delles Post Office & Zip Code PO Box 94 Wis Delles 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

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

Corner of Broadway and River Road

R# 72652

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

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

### C. Business Information

1. Trade Name Polynesian Waterpark Resort Business Phone Number 608-254-2883

2. Address of Premises 857 N. Frontage Rd, Wisconsin Dells, WI 53965 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.) Resort - Dining areas

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 . . . . .  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. . . . .  Yes  No

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

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

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

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

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

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

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

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

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

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

**TO BE COMPLETED BY CLERK**

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>RZAD DEVELOPMENT, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>400 COUNTY ROAD A., WIS. DELLS, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>MAKOWSKI</u>	(First) <u>RICH</u>	(Middle Name) <u>V.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1124 CLARA AVE., WIS. DELLS, WI. 53965</u>
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## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

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

## C. Business Information

1. Trade Name VUE RESORT + VUE RESTAURANT Business Phone Number 608-253-1231  
 2. Address of Premises 1015 RIVER ROAD Post Office & Zip Code WIS. DELLS, WI 53965

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

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

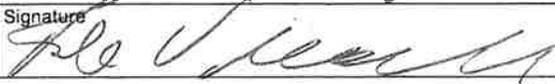
5 STORY COMPLEX & 2 STORY BLD - ALL FLOORS  
THE VUE COMPLEX ON BOTH SIDES OF RIVER ROAD.

R# 72653

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

Quota Plus

# Renewal Alcohol Beverage License Application

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

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

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

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

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

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

#### A. Individual or Partnership:

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

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

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

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

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

#### C. Business Information

- Trade Name San Antonio Mexican Restaurant Business Phone Number 608 254-5798
- Address of Premises 742 Eddy St WiscDells Post Office & Zip Code WiscDells 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? NI Yes  No

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

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

Applicant's Wisconsin Seller's Permit Number	
EIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

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

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

**TO BE COMPLETED BY CLERK**

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

R# 72524

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

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

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

### C. Business Information

- Trade Name Rubbs Steakhouse Business Phone Number 608 253 1818
- Address of Premises 4124 River Road Post Office & Zip Code Wisconsin Dells WI 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Bar, Restaurant, Grounds  
Rooms, Banquet, Pool, Snack Bar, Book Keeping, Walk in cooler  
Liquor Storage Room, Basement Walk in cooler, Kitchen  
Cabins, Bar coolers, Freezer, Back Bar, Bar Rails

Applicant's Wisconsin Seller's Permit Number	
FEE NUMBER <u>35</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. . . . .  Yes  No

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

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

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

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

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

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Gayle Lee Hanson</i>	Title / Member <i>member</i>	Date <i>April 30 2020</i>
Signature <i>Gayle Lee Hanson</i>	Phone Number <i>608 253 1818</i>	Email Address <i>RobbSteakHouse@aol.com</i>

*Kimberly Pearson*  
 exp. 11/9/22

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/30/2020 MK</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



R# 72406

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2020 ending: 6/30/2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of  Village of  City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

### Complete A or B. All must complete C.

#### A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

#### B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Six K's Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>732 Oak St Wisc. Dells, WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Koehler</u>	(First) <u>Keith</u>	(Middle Name) <u>Glen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>237 Capital St Wisc Dells, WI 53965</u>
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#### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Koehler</u>	(First) <u>Keith</u>	(Middle Name) <u>Glen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>237 Capital St Wisc. Dells, WI 5395</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>Koehler</u>	(First) <u>Roberta</u>	(Middle Name) <u>Lee</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1144 Gale Ave Wisc Dells, WI 53965</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

#### C. Business Information

1. Trade Name The Keg Bar & Grill - Kilbourn Cork Business Phone Number 608-254-7475

2. Address of Premises 732 Oak St Post Office & Zip Code Wisc Dells, 53965

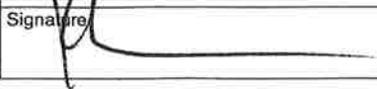
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All of 732, 720 & 716 Oak St

Applicant's Wisconsin Collector's Permit Number	
FFIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <b>Koehler, Keith Glen</b>	Title / Member <b>President</b>	Date <b>4/8/2020</b>
Signature 	Phone Number <b>608-434-0888</b>	Email Address <b>kkoehler1@charter.net</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>4-20-2020</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Wisconsin dells  
 Village of }  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Stage III LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N540 County Rd N Wis Dells WI 53965</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Brown</u>	(First) <u>Mark</u>	(Middle Name) <u>C</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N540 County Rd N Wis Dells WI 53965</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Chalet Lanes Business Phone Number 608 254 8727

2. Address of Premises 740 Elm St 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.) Bowling Alley & Bar

*R# 72637*

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <b>Mark Brown</b>	Title / Member <b>Owner</b>	Date <b>8 May 20</b>
Signature	Phone Number <b>608 408 4322</b>	Email Address <b>ChabellanesandLounge@gmail.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5-8-2020</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72513

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } WISCONSIN DELLS  
 Village of }  
 City of }

County of SAUK Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company TR Nelson, Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) PO Box 590 Wisconsin Dells, WI 53965
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Steffes	(First) Patrick	(Middle Name) R.	Home Address (Street, City or Post Office, & Zip Code) 833 Hwy H, Unit 13 WI Dells, WI 53965
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name Nelson	(First) Todd	(Middle Name) R.	Home Address (Street, City or Post Office, & Zip Code) 835 Hwy H, Lot 100 WI Dells, WI 53965
Vice President / Member Last Name Nelson	(First) Shari	(Middle Name) L.	Home Address (Street, City or Post Office, & Zip Code) 835 Hwy H, Lot 100 WI Dells, WI 53965
Secretary / Member Last Name Pine	(First) Steven	(Middle Name) M.	Home Address (Street, City or Post Office, & Zip Code) 407 Clara Ave. #104 WI Dells, WI 53965
Treasurer / Member Last Name Bonte Spath	(First) Mary	(Middle Name) L.	Home Address (Street, City or Post Office, & Zip Code) W8497 North 2nd Ct. Oxford, WI 53952
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Trappers Turn Golf Club Business Phone Number 608 253-7000

2. Address of Premises 2955 Wisconsin Dells Parkway Post Office & Zip Code WI Dells, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No

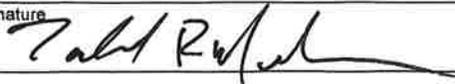
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) \_\_\_\_\_

Clubhouse, Mobile and Stationary Beverage Carts, Outdoor Decks. 27 hole golf course, cart paths, food truck

Applicant's Wisconsin Seller's Permit Number	
FFIN Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): N/A
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Nelson, Todd, R.	Title / Member President	Date 04/17/2020
Signature 	Phone Number 608 254-3270	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4.30.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 72509

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } Wisconsin Dells  
 City of }

County of Columbia Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Farmer</u>	<u>William</u>	<u>Brian</u>	<u>108457 Fox Run Road, Wisc Dells WI 53965</u>
<u>Malina</u>	<u>Joseph</u>	<u>Emil</u>	<u>25 Sweetbriar Drive, Wisc Dells WI 53965</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Uptown Sand Bar Corp</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>130 Washington Ave, Wisc Dells WI 53965</u>
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
Vice President / Member Last Name <u>Joseph Malina</u>	(First) <u>Joseph</u>	(Middle Name) <u>Emil</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25 Sweetbriar Drive, Wisc Dells WI 53965</u>
Secretary / Member Last Name <u>Farmer</u>	(First) <u>William</u>	(Middle Name) <u>Brian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>108457 Fox Run Road, Wisc Dells WI 53965</u>
Treasurer / Member Last Name <u>Malina</u>	(First) <u>Joseph</u>	(Middle Name) <u>Emil</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25 Sweetbriar Drive Wisc Dells WI 53965</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

- Trade Name Sand Bar Business Phone Number 608 253-3073
- Address of Premises 130 Washington Ave Post Office & Zip Code P.O. Box 598 Wisc Dells 53965
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Three Floor's Brick Building and deck, Two rooms for Alcohol in basement for storage plus cooler's

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): 130 Washington Ave
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <del>William B Farmer</del> <sup>Mating</sup> William B Farmer Joseph E	Title / Member PPRS Owner VP/Owner	Date 4/30/20
Signature William B Farmer Joseph E	Phone Number 608 697-1428	Email Address wfarmer27@gmail.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4.30.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } WISCONSIN DELLS  
 City of }

County of SAUK Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

**Complete A or B. All must complete C.**

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
WISCONSIN APPLE LLC	1409 KINGSLEY AVE #2 ORANGE PARK FL 32073

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BILLINGSLEY	KENT		W312 S265 WILDWOOD TR., DELAFIELD WI 53018

**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KASTURI	SEENU		103 WOODBRIDGE DR LAFAYETTE LA 70508
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name APPLEBEES Business Phone Number (608) 254-6900

2. Address of Premises 340 Highway 13 Post Office & Zip Code WISCONSIN DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

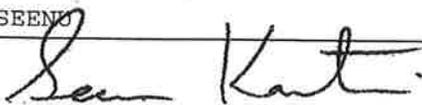
STORED in locked cabinet within the premises interior.

SOLD IN BAR AND RESTAURANT. INVOICES STORED in the office.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
<b>TOTAL FEE</b>	<b>\$ 614</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** .....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
- RETURN NOT FILED YET.
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) KASTURI, SEENO	Title / Member MANAGER	Date 04/24/2020
Signature 	Phone Number 337-654-5747	Email Address DEV@ARCGRPINC.COM

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4.28.2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Quota Plus

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read Instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2020  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Wisconsin Dells  
 Village of }  
 City of }

County of Adams Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Woodside Sports Complex Operations LLC	2100 River Rd, Wisconsin Dells, WI 53965

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Fadness	Michael	Clyde	1111 River Rd #209, WI Dells, WI 53965

**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zumwalt	Damon	Ray	2400 Ferncreek Rd, Orlando, FL 32835
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Woodside WI Dells Center Business Phone Number 608.316.1556

2. Address of Premises 2100 River Rd Post Office & Zip Code WI Dells, 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The auxillary/cafeteria,  
the concession stand and inside the Dome.

Applicant's Wisconsin Seller's Permit Number <u>3</u>	
FEIN Number _____	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	\$ <u>614.00</u>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Fadness, Michael, C	Title / Member Director of Sports	Date 05/18/2020
Signature	Phone Number 608.548.2367	Email Address mfadness@woodsidesport

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5.20.2020</b>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Application for Cigarette and Tobacco Products Retail License

**ITEM 5**

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
 \_\_\_\_\_

← This must be issued in the same Legal Name of the licensee below.

Period Covered  
 7/1/2020-6/30/2021  
 Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>DELLS RESORTS, INC.</b>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) <b>AMERICAN WORLD BP</b>			Telephone Number <b>(608) 432-7246</b>		
Business Address (License Location) <b>2040 WIS. DELLS PARKWAY</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <b>Wisconsin Dells</b>		Business Telephone <b>(608) 253-3700</b>	
Municipality <b>Wisconsin Dells</b>	State <b>WI</b>	Zip Code <b>53965</b>	County <b>SAUK</b>		
Mailing Address (if different than Business Address) <b>400 COUNTY ROAD A.</b>			Municipality <b>WISCONSIN DELLS</b>	State <b>WI</b>	Zip Code <b>53965</b>

Organization (check one)

- Sole Proprietor     Wisconsin Corporation – Enter date incorporated: 1972  
 Partnership     Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
 Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)  
 Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)  
 Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 Yes     No    6. Does the applicant understand that they may not sell single cigarettes?  
 Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*(Signature)*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
**DAVID M. MAKOWSKI**

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72638  
MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-digit Sales Tax Account Number  
1

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Stage III LLC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Chalet Lanes			Telephone Number (608) 408-4322		
Business Address (License Location) 740 Elm St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254 8727	
Municipality Wisconsin Dells	State WI	Zip Code 53965	of: Wisconsin Dells		County Columbia
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

\$100 R# 72627  
MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) CHULA VISTA RESORT			Telephone Number (608) 254-8366	
Business Address (License Location) 2501 RIVER ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-8366
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	County ADAMS	
Mailing Address (if different than Business Address) P.O. BOX 30		Municipality WISCONSIN DELLS	State WI	Zip Code 53965

Organization (check one)

Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 01/01/1951  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*[Signature]*  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72769 MUNICIPAL USE ONLY \$100

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) JOSEPH DANNON			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) PURPLE PLANET			Telephone Number (305) 788-1044		
Business Address (License Location) 307 BROADWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-3200	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County Columbia
Mailing Address (if different than Business Address) 18041 BISCAYNE BLVD #11307-45			Municipality AVENTURA		State FL
					Zip Code 33160

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe)
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*(Signature)*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72411 MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number  
 Period Covered  
 7/1/2020-6/30/2021  
 Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>RANDY L MARTIN</b>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) <b>LOON LAKE CIGAR CO.</b>			Telephone Number ( )		
Business Address (License Location) <b>721 Superior St</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality <b>Wisconsin Dells</b>	State <b>WI</b>	Zip Code <b>53965</b>	of: <b>Wisconsin Dells</b>		County
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) \_\_\_\_\_
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*Randy L Martin*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72629  
MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-dinit Sales Tax Account Number  
 \_\_\_\_\_

← This must be issued in the same Legal Name of the licensee below.

License Number \_\_\_\_\_  
 Period Covered  
 7/1/2020-6/30/2021  
 Date of Issuance \_\_\_\_\_

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Kristie's Foods Dells, LLC</b>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) <b>Maurer's Market ISA</b>			Telephone Number <b>(608) 963-1171</b>		
Business Address (License Location) <b>216 Washington Ave.</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <b>(608) 254-8313</b>	
Municipality <b>Wisconsin Dells</b>	State <b>WI</b>	Zip Code <b>53965</b>	of: <b>Wisconsin Dells</b>		County <b>Columbia</b>
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe)    **LLC Incorporated 10/2016**

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

**Off P. Maurer** sole member  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

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R # 12512

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 7/01/2020 6/30/2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TR NELSON, INC.			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) TRAPPERS TURN GOLF CLUB			Telephone Number (608) 253-7000		
Business Address (License Location) 2955 WISCONSIN DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-7000	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address) P.O. BOX 590			Municipality WISCONSIN DELLS	State WI	Zip Code 53965

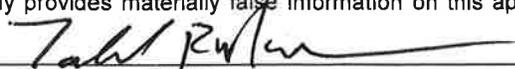
Organization (check one)

Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 01/01/1984  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72460 \$100  
MUNICIPAL USE ONLY

License Number
Period Covered 7-1-2020 - 6-30-2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN) :	
Trade or Business Name (if different than Legal Name) TRAVEL MART SHELL			Telephone Number (608) 254-4488	
Business Address (License Location) 2415 WIS DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	County SAUK	
Mailing Address (if different than Business Address) PO BOX 120		Municipality WISCONSIN DELLS		State WI
				Zip Code 53965

Organization (check one)

Sole Proprietor  
 Wisconsin Corporation – Enter date incorporated: 03/01/1986  
 Partnership  
 Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No  
 Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72459 \$100  
MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) R&G TRAVEL MART			Telephone Number (608) 254-5077		
Business Address (License Location) 611 N FRONTAGE RD #2		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( ) ( )	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address) PO BOX 120			Municipality WISCONSIN DELLS	State WI	Zip Code 53965

Organization (check one)

Sole Proprietor  
 Wisconsin Corporation – Enter date incorporated: 03/01/1986  
 Partnership  
 Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No  
 Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72458 \$100  
MUNICIPAL USE ONLY

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) LOWER DELLS TRAVEL MART			Telephone Number (608) 254-7097		
Business Address (License Location) 710 TROUT ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address) PO BOX 120			Municipality WISCONSIN DELLS	State WI	Zip Code 53965

Organization (check one)

Sole Proprietor  
 Wisconsin Corporation – Enter date incorporated: 03/01/1986  
 Partnership  Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No  
 Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72461 \$100  
MUNICIPAL USE ONLY

License Number
Period Covered
7-01-2020 - 6-30-2021
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TRAVEL MART INC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) BROADWAY TRAVEL MART			Telephone Number (608) 253-2091		
Business Address (License Location) 802 BROADWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality WISCONSIN DELLS	State WI	Zip Code 53965	of: WISCONSIN DELLS		County COLUMBIA
Mailing Address (if different than Business Address) PO BOX 120			Municipality WISCONSIN DELLS	State WI	Zip Code 53965

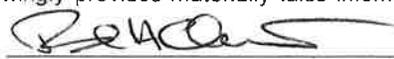
Organization (check one)

- Sole Proprietor  
 Wisconsin Corporation – Enter date incorporated: 03/01/1986  
 Partnership  
 Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No  
 Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
 Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)  
 Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)  
 Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 Yes  No 6. Does the applicant understand that they may not sell single cigarettes?  
 Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72511 MUNICIPAL USE ONLY \$100

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Uptown Sand Bar			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Sand Bar			Telephone Number (608) 253-3073		
Business Address (License Location) 130 Washington Ave		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-3073	
Municipality Wisconsin Dells	State WI	Zip Code 53965	of: Wisconsin Dells		County <input checked="" type="radio"/> Columbia
Mailing Address (if different than Business Address) P.O. Box 598 Wisconsin Dells			Municipality Wisconsin Dells	State WI	Zip Code 53965

Organization (check one)

Sole Proprietor  
 Partnership  
 Other (describe) \_\_\_\_\_  
 Wisconsin Corporation – Enter date incorporated: 5/07  
 Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

William B. Farnsworth  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

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# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 72465  
MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.			Federal Employer Identification No. (FEIN) 3	
Trade or Business Name (if different than Legal Name) Walgreens #06885			Telephone Number (847) 527-4208	
Business Address (License Location) 300 Highway 13		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5760
Municipality Wisconsin Dells	State WI	Zip Code 53965	County Sauk	
Mailing Address (if different than Business Address) PO Box 901		Municipality Deerfield	State IL	Zip Code 60015

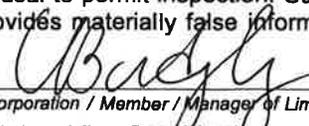
Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
 Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)  
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Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
 Lisa Badgley, Vice President

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

City of Wisconsin Dells  
Application for:  
Mobile Home Park License

ITEM 6

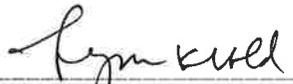
Date Submitted: 4/15/2020 Fee: \$350.00 First 25 Sites or less 40 sites/ Receipt No. 72379  
\$ 25.00 Each Additional Site \$125

Name of Applicant: Pleasant Valley Properties  
\*Address of Applicant: \* 301 Bremer Ave. Colfax WI 54730  
\*Daytime Telephone Number: (715) 226-6200  
Evening Telephone Number: ( )  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Legal Description/Address of the Park: 610 Commercial Ave.

\*On-Site Manager's Name: Richard Bennett, Jr.  
On-Site Manager's Address & Lot Number: 510 Lincoln St. Lot 25 Mauston WI  
On-Site Manager's Telephone Number: 608-548-1125

\*A complete site plan must be attached to the application.

  
\_\_\_\_\_  
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03  
 Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_  
 Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from July 1, 2020 through June 30, 2021

# City of Wisconsin Dells

## Application for: Mobile Home Park License

Date Submitted: 4-20-19 Fee: \$350.00 First 25 Sites or less 525 Receipt No. 68451  
\$ 25.00 Each Additional Site

Name of Applicant: Dan Gidette TVE MHP LLC

Address of Applicant: Po Box 74, Boraboo 53913

Daytime Telephone Number: ( ) 608-772-0234

Evening Telephone Number: ( ) -

Driver's License Number: 6430-1726-073-07 State: WI

Legal Description/Address of the Park: Plum + Illinois STS.

On-Site Manager's Name: Mark Corb

On-Site Manager's Address & Lot Number: Same 1694 ILL

On-Site Manager's Telephone Number: 608-963-9062

**\*A complete site plan must be attached to the application.**

*no change*



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: 6-17-19 Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

# City of Wisconsin Dells

## Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New       Renewal

Date From 5/01/2020 to April 30, 2021 Fee \$ 350 Receipt No. 72622  
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Jay Nash

Applicant Address: 9 Spruce Trail

Telephone Number: 608-350-9370

Lodging Facility Address: 410 Wisconsin Ave.

Number of Sleeping Units: 7

Zoning Classification: \_\_\_\_\_  
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jay Nash 608-350-9370

Manner in which the facility will be supervised and maintained: I live and work in Wisconsin Dells. I frequently go to the property daily, sometimes more. I inspect weekly to maintain the property.

  
Applicant's Signature

5/01/2020  
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

### FOR OFFICE USE ONLY

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_  
Recommendations: \_\_\_\_\_

Request for License Approved on \_\_\_\_\_, 20\_\_ by the Common Council.

Request for License Denied on \_\_\_\_\_, 20\_\_ by the Common Council.

Reason for Denial: \_\_\_\_\_

# City of Wisconsin Dells

## Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

New       Renewal

Date From May 01, 2020 to April 30, 20 21 Fee \$ 300<sup>00</sup> Receipt No. 72445  
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Woodside Dells Hotel & Suites

Applicant Address: 1114 Broadway

Telephone Number: 608 678 3380

Lodging Facility Address: Same

Number of Sleeping Units: 6

Zoning Classification: C2  
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jen Jensen GM 608 853 0908

Manner in which the facility will be supervised and maintained: Occupants will be supervised by Jillian Surman. She will give them rules and regular well check visits.

Jennifer Jensen  
Applicant's Signature

04/20/2020  
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

### FOR OFFICE USE ONLY

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Request for License Approved on \_\_\_\_\_, 20\_\_ by the Common Council.

Request for License Denied on \_\_\_\_\_, 20\_\_ by the Common Council.

Reason for Denial: \_\_\_\_\_

**DRAFT**

City of Wisconsin Dells

(Workforce Housing)

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

This ordinance requires that the entirety of a building on a workforce housing premises must be habitable.

SECTION II: PROVISION AMENDED

Wisconsin Dells Code Sec. 16.06(9)(s) is created.

SECTION III: PROVISION AS AMENDED:

**16.06(9)**

- (s) The entirety of a building on a licensed premises must be habitable.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.