

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE
 DATE: TUESDAY, MARCH 12, 2019 TIME: 6:00PM LOCATION: MUNICIPAL BUILDING
COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

	COMMITTEE MEMBERS		
	Ald. Mike Freel, Chair	Ald. Brian Holzem	
	Mayor Ed Wojnicz	Ald. Ben Anderson	

AGENDA ITEMS

- | | |
|----|--|
| 1 | CALL TO ORDER AND ATTENDANCE NOTED |
| 2 | APPROVAL OF THE FEBRUARY 18, 2019 MEETING MINUTES |
| 3 | DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF TAXICAB SERVICE LICENSES FOR THE LICENSING PERIOD OF APRIL 1, 2019 THROUGH MARCH 31, 2020 SUBMITTED BY: <ul style="list-style-type: none"> a. ProInvest, LLC, Calin Bobeanu for City Taxi b. Dells Transport LLC, Brent Misna for Dells Express c. Dells Roo, LLC, Jeremy Ringdahl for Kangaroo Taxi d. K2G Inc, Keshia Gregerson for Wisconsin Dells Taxi e. RST Taxi LLC, Khan Qudratullah for RST Taxi f. Richardo Ortega Acosta for Speedy Cab g. Dells Cab Company, Larry K. Volkey for Dells Cab |
| 4 | DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY EL ASADOR CORPORATION, OSCAR QUINTERO AGENT, FOR EL ASADOR RESTAURANT, 452 BROADWAY, FOR THE LICENSING PERIOD OF MARCH 19, 2019 THRU JUNE 30, 2019 |
| 5 | DISCUSSION/DECISION ON SUBMITTING OFFICIAL NOTICE OF NON-RENEWAL FOR CLASS B (QUOTA PLUS) LIQUOR LICENSE HELD BY 505 BROADWAY, LLC FOR CARVELLI'S RESTAURANT SINCE IT IS NO LONGER IN OPERATION |
| 6 | DISCUSSION/DECISION ON PROPOSED ORDINANCE TO UPDATE CODE SEC. 16.21(7) - TAXICAB DRIVERS TO INCLUDE REQUIRING A WISCONSIN DRIVER'S LICENSE (CURRENT ORDINANCE DOES NOT SPECIFY WISCONSIN) |
| 7 | DISCUSSION/DECISION ON PROPOSED ORDINANCE TO UPDATE THE SIGN CODE TO INCLUDE "PORTABLE CHANGEABLE MESSAGE SIGNS" |
| 8 | DISCUSSION/DECISION ON PROPOSED ORDINANCE TO UPDATE DOWNTOWN DESIGN STANDARDS TO INCLUDE SCREENING/FENCING UNDER THE "STREET RELATIONSHIP" SECTION |
| 9 | DISCUSSION/POSSIBLE DECISION ON DIRECTION FOR BUSINESS LICENSE OR REGISTRY ORDINANCE |
| 10 | ITEMS FOR NEXT MEETING (Tentative: Monday, April 8 th at 6:00pm) <ul style="list-style-type: none"> • Renewal of Firework Sales, Riding Stable, and Lodging Facility Licenses |
| 11 | ADJOURNMENT |

POSTED: 03/08/2019

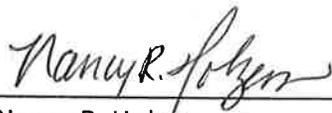
Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. **Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.**

LEGISLATIVE COMMITTEE MEETING
CITY OF WISCONSIN DELLS
FEBRUARY 18, 2019

Chairperson Mike Freel called the meeting to order at 5:45P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

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

Others: Ald. Terry Marshall, Ald. Dan Anchor, City Clerk/Coordinator Nancy R. Holzem, City Treasurer Karen Terry, City Planner/Zoning Administrator Chris Tollaksen, Public Works Director David Holzem, City Attorney Joseph Hasler, and Christopher Jardine from the *Dells Events*.
2. Motion by Ald. Holzem seconded by Ald. Anderson to approve the January 21, 2019 meeting minutes. Motion carried unanimously.
3. Motion by Mayor Wojnicz seconded by Ald. Anderson to recommend to the Common Council for approval, a proposed ordinance to regulate and license commercial quadricycles with the changes recommended by the Public Safety Committee from their February 18, 2019 meeting. Motion carried 3-1 with Ald. Freel voting no.
4. Motion by Ald. Anderson seconded by Ald. Holzem to recommend to the Common Council for approval, a proposed ordinance to reduce the number of Business Improvement District (BID) Committee members from 10 down to 9. Ald. Holzem questioned the makeup of the committee as it states only a "majority" of the board shall own or occupy real property in the district. He stated that it opens up the possibility that four members not contributing the tax could be making decisions on how it's used. City Clerk Nancy Holzem stated that the wording has been in the city code since the creation of the BID as it comes from the state statute. Attorney Hasler will see if it can be changed. Motion carried unanimously.
5. Next meeting was scheduled for Monday, March 11, 2019, tentatively at 5:30pm. Agenda items to include renewal of taxicab service licenses, business registry/license discussion, tourist rooming houses, and non-renewal of liquor license held by 505 Broadway, LLC.
6. Motion by Ald. Anderson seconded by Ald. Holzem to adjourn. Motion carried unanimously and the meeting adjourned at 5:55pm.



Nancy R. Holzem
City Clerk/Coordinator

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3a

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New

Renewal

Date Submitted: 02.21.2019 Amount Paid: \$ 350.⁰⁰ Receipt No. 67753
HS

Name of Applicant (Last, First, MI): Boheanu Calin S

Address of Applicant: 177 Forest Drive Apt #915, Wisconsin Dells, WI

Date of Birth: 09.23.1977 Daytime Telephone Number: 6084322401

Applicant's Drivers License Number: B150-1177-7343-00 State: WI

Business Name: ProInvest LLC dba City Taxi Telephone No. 6084481818

Business Address: 177 Forest Drive Apt 915, Wisconsin Dells, WI, 53965

Proposed hours of Operation: Mon - Sun 8am - 2am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance

Proposed Rate Schedule: \$1.25 (lag drop), \$2.50 per person
before midnight \$1.92 per mile, after midnight \$2.96 per mile

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]
Signature of Applicant

02.20.2019
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
Security National Ins. Company
Claims Phone: 877-528-7878

COMMERCIAL

PERSONAL

POLICY NUMBER
SPP1653522

EFFECTIVE DATE
02/18/2019

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2008 Dodge Caravan/grand Car

VEHICLE IDENTIFICATION NUMBER
2D8HN54P68R674083

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
 COMMERCIAL
Security National Ins. Company
Claims Phone: 877-528-7878

PERSONAL

POLICY NUMBER
SPP1653522

EFFECTIVE DATE
02/18/2019

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2012 Dodge Caravan/grand Car

VEHICLE IDENTIFICATION NUMBER
2C4RDGCGOCR154084

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
Security National Ins. Company
Claims Phone: 877-528-7878

COMMERCIAL PERSONAL

POLICY NUMBER
SPP1653522

EFFECTIVE DATE
02/18/2019

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2009 Dodge Caravan/grand Car

VEHICLE IDENTIFICATION NUMBER
2D8HN44E79R590428

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
 COMMERCIAL
Security National Ins. Company
Claims Phone: 877-528-7878

PERSONAL

POLICY NUMBER
SPP1653522

EFFECTIVE DATE
02/18/2019

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2008 Dodge Caravan/grand Car

VEHICLE IDENTIFICATION NUMBER
2D8HN54P58R802118

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
Security National Ins. Company
Claims Phone: 877-528-7878

COMMERCIAL

PERSONAL

POLICY NUMBER
SPP1653522

EFFECTIVE DATE
12/12/2018

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2002 Ford Windstar

VEHICLE IDENTIFICATION NUMBER
2FMZA51452BB22157

AGENCY/COMPANY ISSUING CARD

American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
19879

COMPANY
 COMMERCIAL
Security National Ins. Company
Claims Phone: 877-528-7878

PERSONAL

POLICY NUMBER
BPP1653522

EFFECTIVE DATE
05/30/2018

EXPIRATION DATE
05/30/2019

YEAR MAKE/MODEL
2009 Dodge Caravan/Grand Car

VEHICLE IDENTIFICATION NUMBER
2D8BN44E09R582879

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WISCONSIN

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
20044

COMPANY
 COMMERCIAL PERSONAL
Berkshire Hathaway Homestate Ins. Co.
Claims Phone: (800) 356-5750

POLICY NUMBER
02APM012093-03

EFFECTIVE DATE
02/22/2019

EXPIRATION DATE
02/22/2020

YEAR MAKE/MODEL
2005 Chevrolet Express

VEHICLE IDENTIFICATION NUMBER
1GABG39U451158647

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED

Proinvest, LLC

177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3b

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 2-20-2019 Amount Paid: \$ 225.00 Receipt No. 67736

Name of Applicant (Last, First, MI): MLSNA, BRENT P.

Address of Applicant: 1875 West Pine Street #120, Baraboo, WI 53913

Date of Birth: 01/26/1967 Daytime Telephone Number: 608-448-8044

Applicant's Drivers License Number: M425-0756-7026-00 State: WI

Business Name: Dells Transport LLC / Dells Express taxi Telephone No. 608-448-8044

Business Address: 1875 West Pine Street #120, Baraboo, WI 53913

Proposed hours of Operation: Monday thru Sunday 6:00 am - 3:00 am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance Services

Proposed Rate Schedule: \$2.25 per person, \$2.00 per mile 6:00am - 11:59pm, \$2.80 per mile 12:00 am - 3:00 am, special rates for J-1 students, workers, and local residents

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Brent P. Mlna

Signature of Applicant

2-19-2019

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3c

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 3-7-19 Amount Paid: \$ 275.00 Receipt No. 67974
jm

Name of Applicant (Last, First, MI): Bingdahl, Jeremy, Steven

Address of Applicant: P.O. Box 829, Lake Delton, WI. 53940

Date of Birth: 2-27-83 Daytime Telephone Number: 608-432-8307

Applicant's Drivers License Number: _____ State: _____

Business Name: Dells Roo, LLC Telephone No. 608-432-4627

Business Address: 101 Progressive Dr. Lake Delton, WI. 53940

Proposed hours of Operation: Sun - Thur: 8Am - 230Am, Fri - Sat - 8Am - 3Am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): _____

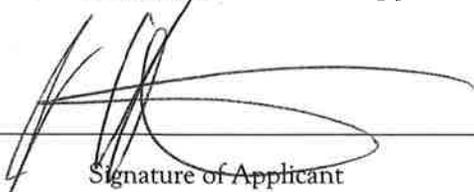
Proposed Rate Schedule: 8Am - 1159Am: \$2 per mile + \$2 per person

12Am - 4Am (if we stay open later than 3Am): \$3 per mile & \$3 per person

4Am - 6Am: \$4 per mile, \$4 per person (pre arranged rides)

\$30/hr wait time / international students: \$6 up to 6

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process. then \$1 per person in town


Signature of Applicant

2-27-19
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. _____
- License Approved: _____ License Valid from _____, 20____ through March 31, 20____
Conditions (if any): _____
- Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3d

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 3-1-19 Amount Paid: \$ 350.⁰⁰ Receipt No. 67846
t.m.

Name of Applicant (Last, First, MI): K2G Inc. Gregerson, Keshia, M

Address of Applicant: PO Box 752; Wisconsin Dells, WI 53965

Date of Birth: 03/07/89 Daytime Telephone Number: 608-408-9946

Applicant's Drivers License Number: G626-5138-9587-05 State: _____

Business Name: Wisconsin Dells Taxi ® Telephone No. 608-253-7433 (RIDE)

Business Address: PO Box 752; Wisconsin Dells, WI 53965

Proposed hours of Operation: 7:00am-2:00am (OR LATER)

Name of Auto Insurance Carrier: (Attach Proof of Coverage): See Attached.

Proposed Rate Schedule: Metered Rates: Before Midnight- \$2/person + \$2/mile

After Midnight- \$3/person + \$3/mile

\$10.00 minimum charge applies to all rides. Special Event and hourly rates may apply. Local and Visa Rates
subject to discount. Damage charges and fees may incur. Gratuity not included in all standard rates.

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Keshia Gregerson
Signature of Applicant

3-1-2019
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

Taxicab Service Vehicle List

Company Name: Wisconsin Dells Taxi ©

Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
2008	GMC	EXPRESS	1GJHG39K881151901	987WCB	15				R#67846 3-1-19 <i>tm.</i>
2010	GMC	EXPRESS	1GA2G1DG7A1156381	511ZTF	15				
2010	GMC	EXPRESS	1GA2G1DG1A1138488	440YTB	15				
2008	DODGE	CARAVAN	2D8HN44H58R705391	146YPR	7				
2009	DODGE	CARAVAN	2D8HN44E19R627957	273VGZ	7				<i>PENDING</i>
2010	DODGE	CARAVAN	2D4RN4DE8AR265801	309ZWT	7				
2008	DODGE	CARAVAN	1D8HN44H38B125085	311ZWT	7				R#67846 3-1-19 <i>tm.</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY AdvisorNet Property and Casualty LLC		NAMED INSURED K2G Inc., DBA: Wisconsin Dells Taxi	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

K2G Inc DBA Wisconsin Dells Taxi
 Policy # CAP-17-0106617-01

VEHICLE LIST:

- 2008 Dodge Grand Caravan 2D8HN44H58R705391
- 2010 Chevrolet Express 1GA2G1DG1A1138488
- 2010 Ford E350 Super Duty 1FDEE35L49DA90931
- 2007 Chevrolet Van 1GBE5V1227F401789
- 2010 Chevrolet Express 1GA2G1DG7A1156381
- 2010 Dodge Grand Caravan 2D4RN4DE8AR265801
- 2008 GMC Savana G3500 1GJHG39K881151901
- 2008 Dodge Grand Caravan 1D8HN44H38B125085

DRIVER LIST:

- Gregerson, Keshia 7/31/1984 WI G6265138958705
- Gunn, Shirley 3/21/1950 WI G5007925060100
- Sirakov, Georgi 7/31/1984 WI S6212898427100
- Brown, Derek 12/27/1974 WI B6501747446703
- Gregerson, Todd 4/30/1966 WI G6268156615009
- ~~Krasscheldt, Jason 4/7/1975 WI K6524242509700~~
- Gogola, Susan 12/10/1986 WI G2407908695000
- Oehlhof, Rex 8/4/1964 WI O4107216428405
- Dininski, Miroslav 10/14/1976 WI D5525587637409
- ~~Paterson, Cheyenne 7/18/1990 WI P3621489024807~~
- ~~Kaluzny, Corina 10/28/1982 WI K3258328298306~~
- Gregerson, Peter 9/14/1941 WI G6266684133404
- Geraci, Angela 7/16/1971 WI G6200137175605
- Shoemate, Kristen 4/4/1990 WI S5305049062403
- Henry, Roger 1/4/1966 WI H5607396600405
- Bartle, Dani 6/7/1984 WI B6341618470700
- Kemp, Robert 1/8/1947 WI K5107634700805
- ~~Eden, Kody 4/1/1988 WI F683549890101~~
- ~~Scott, Jeremy 12/7/1974 WI S3008247444703~~
- ~~Wiley, Heather 2/20/1989 WI H4003259986004~~
- ~~Maggard, Kevin 8/13/1966 WI M2635046524300~~
- ~~Carney, Justin 11/29/1992 WI P0617432924100~~
- Lynn, Joseph 2/11/1983 WI L5004948305108
- Lerch, Jennifer 3/25/1973 WI L6204327360505

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3e

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 2-18-2019 Amount Paid: \$ 250.00 Receipt No. 608709175

Name of Applicant (Last, First, MI): KHAN QUDRATULLAH

Address of Applicant: 231- Wisconsin Dells Pkwy South Wisconsin Dells WI-53965

Date of Birth: 06-02-1980 Daytime Telephone Number: 608-678-2220

Applicant's Drivers License Number: R-677170387220 State: MN

Business Name: RST TAXI Telephone No. 608-678-2220

Business Address: 231 Wisconsin Dells Pkwy South Wisconsin Dells WI 53965

Proposed hours of Operation: 24 Hours

Name of Auto Insurance Carrier: (Attach Proof of Coverage): GATE WAY INS Co

Proposed Rate Schedule: _____

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

QUDRATULLAH KHAN
Signature of Applicant

02-18-19
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Twin City Group 4500 Park Glen Rd. ste 400 Minneapolis MN 55416		CONTACT NAME: Abby Ekstrand PHONE (A/C, No, Ext): (952) 924-6919 FAX (A/C, No): (952) 925-0631 E-MAIL ADDRESS: aekstrand@twincitygroup.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Gateway Ins Co	NAIC # 28339
INSURED Qudratullah Khan, DBA: RST Taxi 231 S. Wisconsin Dells Parkway Wisconsin Dells WI 53965		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** CL1921900577**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA51119P2019	02/25/2019	02/25/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Uninsured Motorists \$ 25/\$50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Underinsured Motorists						\$ 50,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2010 FORD CROWN VICTORIA, #2FABP7BV2AX142901

CERTIFICATE HOLDER**CANCELLATION**
 City of Wisconsin Dells
 300 La Crosse Street

Wisconsin Dells

WI 53965

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Twin City Group 4500 Park Glen Rd, ste 400 Minneapolis MN 55416	CONTACT NAME: Abby Ekstrand PHONE (A/C, No, Ext): (952) 924-6919 E-MAIL ADDRESS: aekstrand@twincitygroup.com	FAX (A/C, No): (952) 925-0631
	INSURER(S) AFFORDING COVERAGE	
INSURED Matthew S. Gilbreath 111 South Wisconsin Dells Parkway Wisconsin Dells WI 53965	INSURER A: Gateway Ins Co	NAIC # 28339
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1922000581 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA51157P2019	02/25/2019	02/25/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Uninsured Motorists \$ 25/\$50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Underinsured Motorists			CA51157P2019	02/25/2019	02/25/2020	\$50,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2008 FORD CROWN VICTORIA, #2FAFP70V98X172797

CERTIFICATE HOLDER

CANCELLATION

City of Wisconsin Dells
300 La Crosse Street

Wisconsin Dells

WI 53965

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3F.

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 3-8-19 Amount Paid: \$ 225.00 Receipt No. 67992

Name of Applicant (Last, First, MI): Ricardo Ortega Acosta

Address of Applicant: N365 Center Street Wisconsin Dells

Date of Birth: 4/3/85 Daytime Telephone Number: 952-666 0580

Applicant's Drivers License Number: 0632-7208-5123-09 State: WI

Business Name: Speedy Taxi Telephone No. (608)477-6084

Business Address: N365 Center Street

Proposed hours of Operation: 8 am to 2 am

Sunday to Thursday

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance

Proposed Rate Schedule: \$10 Tourist, \$6 J1 and Locals, Baraboo \$20

Madison \$80 Milwaukee \$250, Chicago and Minnesota \$350

Flat Rate

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]

Signature of Applicant

3/8/19

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3g

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 3-8-19 Amount Paid: \$ 250.00 Receipt No. 67999 jm

Name of Applicant (Last, First, MI): Volkey, Larry K. Jr.

Address of Applicant: 920 Church St., WI Dells, WI 53965

Date of Birth: 9/10/63 Daytime Telephone Number: 608-432-8118

Applicant's Drivers License Number: V420-5316-3330-04 State: WI

Business Name: Dells Cab Telephone No. 608-434-3166

Business Address: 920 Church St., WI Dells WI 53965

Proposed hours of Operation: Sun-Thur 9a.m.-3a.m., Fri-Sat 9a.m.-4a.m.

Name of Auto Insurance Carrier: (Attach Proof of Coverage): Gateway Insurance

Proposed Rate Schedule: In Village or City Limits \$5 first person \$2 for each additional, WD to LD \$10 first person \$2 for each additional, Outside WD and/or LD \$2 per person \$2 per mile \$9 minimum

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]
Signature of Applicant

3/8/19
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

ACORD™ VEHICLE SCHEDULE		Date 03/08/2019
PRODUCER Kiely, Hines & Assoc. Ins. PHONE (A/C, No, Ext): 502-893-2020 6100 Dutchmans Lane 10th Floor P O Box 7669 Louisville, KY 40257-0669 James A Bohn		APPLICANT (First NAMED Insured) Dells Cab Company
CODE: 10037 AGENCY CUSTOMER ID DELLS-3	SUB CODE:	EFFECTIVE DATE: 08/24/18 EXPIRATION DATE: 08/24/19 DIRECT BILL: <input checked="" type="checkbox"/> AGENCY BILL PAYMENT PLAN AUDIT
FOR COMPANY Use Only		

VEHICLE DESCRIPTION

VEH # 2	YEAR 1999	MAKE: Chevy	MODEL: Van	BODY TYPE:	V.I.N.: 1GBHG31F4X1121822	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO. FAULT	<input checked="" type="checkbox"/> UNINS MOTOR						COLL \$
VEH # 3	YEAR 2006	MAKE: Toyota	MODEL: Sienna	BODY TYPE:	V.I.N.: 5TDZA23C66S515628	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO. FAULT	<input checked="" type="checkbox"/> UNINS MOTOR						COLL \$
VEH # 4	YEAR 2000	MAKE: Chevy	MODEL: 2500	BODY TYPE: EXPRESS	V.I.N.: 1GAGG25R5Y1183617	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO. FAULT	<input checked="" type="checkbox"/> UNINS MOTOR						COLL \$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input type="checkbox"/> NO. FAULT	<input type="checkbox"/> UNINS MOTOR						COLL \$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input type="checkbox"/> NO. FAULT	<input type="checkbox"/> UNINS MOTOR						COLL \$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input type="checkbox"/> NO. FAULT	<input type="checkbox"/> UNINS MOTOR						COLL \$
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	Class	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	Pleasure	Retail	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY		AA	ST AMT			TOTAL PREM
15 MILES +	FARM	SERVICE	<input type="checkbox"/> NO. FAULT	<input type="checkbox"/> UNINS MOTOR						COLL \$

R#67893

ITEM 4

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning March 19 20 19 ending June 30 20 19

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

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

1. The named Individual Partnership Limited Liability Company Corporation / Nonprofit Organization

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

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

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Raul Quintero</u>	<u>6058 S. 75th Ave</u>	<u>Summit IL 60501</u>
Vice President/Member	<u>Oscar Quintero</u>	<u>610 Commercial Ave.</u>	<u>Wisconsin Dells 53965</u>
Secretary/Member	<u>Rosalba Gonzalez</u>	<u>6058 S 75th Ave</u>	<u>Summit IL 60501</u>
Treasurer/Member			
Agent	<u>Oscar Quintero</u>	<u>610 Commercial Ave.</u>	<u>Wisconsin Dells 53965</u>

3. Trade Name El Asador Business Phone Number 608 678 2273
 4. Address of Premises 452 Broadway Post Office & Zip Code 53965

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

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Travel Mart Inc.
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the 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.

[Signature]

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-1-2019</u>	Date reported to council / board <u>3-18-2019</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk <i>Nancy Fojer</i>
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of El Asador Corp.
(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 El Asador
(trade name)

located at 452 Broadway

appoints Oscar Quintero
(name of appointed agent)

610 Commercial Ave. lot 640
(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? 1yrs

Place of residence last year Wisconsin Dells

For: El Asador Corp
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: Rutha Curle
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

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

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

610 Commercial Ave. Wisconsin Dells Wis. 53965 03/01/19 Agent's age 28
(signature of agent) (date)

610 Commercial Ave. Wisconsin Dells Wis. 53965 Date of birth 6/6/1991
(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 3/7/19 by [Signature] Title POLICE CHIEF
(date) (signature of proper local official) (town chair, village president, police chief)

V 3/7/19 BS

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Oscar Quintero					
Home Address (street/route)		Post Office	City	State	Zip Code
610 Commercial Ave.			Wisconsin Dells	Wi	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
773-653-8139		28	06/06/1991	Chicago	

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

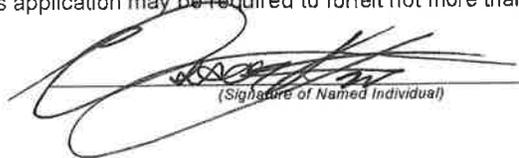
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent of EL Asador Corp.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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


 (Signature of Named Individual)

Nancy Holzem

Subject: FW: liquor license

From: Rich Christensen [<mailto:richc@travelmartinc.com>]

Sent: Friday, March 01, 2019 1:55 PM

To: Nancy Holzem

Cc: 'ewojnicz'

Subject: liquor license

Travel Mart will surrender the liquor license at 452 Broadway as of March 1,2019.

Please let me know if you need more information.

Rich Christensen
Chief Financial Officer
Travel Mart Inc.

"Quota Plus"

ITEM 5

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1027369809</u>	
Federal Employer Identification Number (FEIN): <u>32-0340770</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ 505 Broadway LLC

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

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

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

C. 1. Trade Name ▶ Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156

2. Address of Premises ▶ 505 Broadway Wisconsin Dells Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire building at 505 Broadway

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March
Mariangela Zavala
(Clerk/Notary Public)



My commission expires 06/08/2021

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>4-2-2018</u>	Date reported to council/board	<u>6-18-2018</u>	Date license granted	<u>6-18-2018</u>
License number issued	<u>401-18</u>	Date license issued	<u>6-19-2018</u>	Signature of Clerk / Deputy Clerk	<u>NRH-TJS</u>

CURRENT CITY ORDINANCE

16.21(7) Taxicab Drivers.

- (a) Taxicab drivers shall be regulated and licensed by the Chief of Police or designee.
- (b) The following information for each licensed driver shall be provided to the City and updated as provided herein:
 - 1. Name and address.
 - 2. Valid driver's license and number.
 - 3. Such identification evidence as deemed necessary by the City.
- (c) Taxicab driver information provided by a taxicab service pursuant to subsec. (b) shall be updated and revised by the taxicab service as drivers are added to or removed from the service's roster of drivers.
- (d) The Chief of Police or designee shall provide to each licensed taxicab driver a license of such form and style as the Chief of Police or designee may prescribe which shall be prominently displayed in the taxicab when the driver is engaged in operation.

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB DRIVER

Fee: \$30

New Renewal

Date Submitted: _____ Amount Paid: \$ _____ Receipt No. _____

Name of Applicant (Last, First, MI): _____

Address of Applicant: _____

Date of Birth: _____ Daytime Telephone Number: _____

Applicant's Drivers License Number: _____ State: _____

Attach a current 1 3/4" x 1 3/4" headshot photograph of yourself. License will not be issued without it.

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Signature of Applicant

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. _____
- License Approved: _____ License Valid from _____, 20____ through March 31, 20____
Conditions (if any): _____
- Date Denied: _____ Reason(s): _____

VILLAGE OF LAKE DELTON

Taxicab Operator Permit Application

Please select one:

New Fee: \$100

Renewal Fee: \$50

Previous Year Permit # _____

Applicant complies with the following criteria:

1. Is at least 21 years of age.
2. Holds a valid Wisconsin Class D Driver's License.
3. Has not been convicted of any felony, misdemeanor or other offense, the circumstances of which are substantially related to the operation of a taxicab.

Name of Applicant (Last, First, MI) : _____

Address of Applicant: _____

Date of Birth: ____/____/____ Daytime Telephone Number: (____) _____

Applicant's Drivers License Number: _____ State: _____

Applicant's Email: _____

Attach photo copy of current Wisconsin Drivers License, City of Wisconsin Dells Taxi Operator License and a recent 1 3/4" x 1 3/4" headshot photograph of yourself. License will not be issued without them.

Applicant's prior experience operating a taxicab: _____

Taxicab Service working for: _____ for the period of ____/____/20__ to 6/30/20___. You will need a new operators permit if you change cab companies.

Taxicab Operator Permits are not transferrable. Taxicab operators shall only drive a taxicab for the Taxicab Service named in the Taxicab Operator Permit.

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information, or falsification of any information, shall be grounds for denial or revocation of my Taxi Operator Permit. I acknowledge that I have read Village of Lake Delton Municipal Code Chapter 28 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Lake Delton Police Department will conduct a criminal history and driving record check and those results may be considered in the permitting process.

Signature of Applicant

Date

Office Use Only:

Date Background check completed: ____/____/____ by Officer _____ (attach copy of background check)

Date License Approve by Village Board: ____/____/____

If Denied Reason(s): _____

CITY OF WISCONSIN DELLS
ORDINANCE NO. _____
(Portable Changeable Message Signs)

ITEM 7

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to add portable changeable message signs to the sign code.

SECTION II: PROVISIONS RENUMBERED & CREATED

- Wis. Dells Code sec. 22.02(26)-(39) is renumbered.
- Wis. Dells Code sec. 22.02(26) is created
- Wis. Dells Code sec. 22.05(18) is created
- Wis. Dells Code sec. 22.09(8)-(14) is renumbered
- Wis. Dells Code sec. 22.09(8) is created

SECTION III: PROVISION AS RENUMBERED & CREATED

Wis. Dells Code sec. 22.02(26)-(39) is renumbered to 22.02(27)-(40)

Wis. Dells Code sec. 22.02(26) is created as follows:

- (26) Portable Changeable Message Sign – A 100% LED message sign, mounted on a trailer to be temporarily used for special events.

Wis. Dells Code sec. 22.05(18) is created as follows:

- (18) Portable Changeable Message Signs that have been approved by the Design Review Committee (DRC) for a particular, temporary use.

Wis. Dells code sec. 22.09(8)-(14) is renumbered to 22.09(9)-(15)

Wis. Dells code sec. 22.09(8) is created as follows:

- (8) Portable Changeable Message Signs.
 - (a) Sign may be temporary located within a public right-of-way but may not be located so as to interfere in any way with the travel lanes of vehicle, bicycles or pedestrians.
 - (b) Sign usage shall be approved on a case-by-case basis by the Design Review Committee.
 - (c) Sign shall be primarily used for public benefic, such as event or festival information; and/or for safety or directional information.
 - (d) Each message shall remain in a fixed position for at least 6 seconds.
 - (e) Display areas may be illuminated only to a degree of brightness that is reasonably necessary for adequate visibility. The Chief of Police, Director of Public Works, Code Enforcement Officer, Zoning Administrator, or their designee may require the brightness of the sign to be reduced if they determine the brightness to be excessive.
 - (f) The brightness level of all messages must be uniform

- (g) Flashing, intermittent, or moving lights are prohibited, except those giving public service information, such as time, date, temperature, weather or similar information.
- (h) Sign shall not create a nuisance or safety hazard.
- (i) Maximum sign area shall be 64 square feet (8x8).
- (j) Changeable display area may be 100% of the total area of the portable changeable message sign

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 22.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:

Second Reading Passed:

Publication:

CITY OF WISCONSIN DELLS
ORDINANCE NO. _____
(Design Standard Updates)

ITEM 8

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to add screening/fencing to "Street Relationship" section of Downtown Design Standards

SECTION II: PROVISIONS CREATED

Wis. Dells Code sec. 19-261(5)

SECTION III: PROVISION AS CREATED

Wis. Dells Code sec. 19.261(5) Design Standards shall include the following under "Street Relationship":

3. Screening/fencing shall be compatible with the building architecture, including material palette and design elements, as well as other site features.
4. Chain link fencing shall not be used.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 22.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:

Second Reading Passed:

Publication:

Street Relationship

INTENT: To encourage streetscape enhancements that blend the public and private realms, while maintaining a consistent “street wall” (especially on Broadway Avenue).

SITE DESIGN



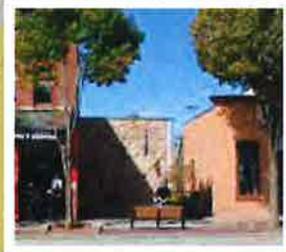
APPROPRIATE The ADA ramp is incorporated in the stair entrance and meets the needs of all users.



APPROPRIATE Portion of the building is set back from the street, creating a space for outdoor seating and activity without obstructing the sidewalk.



APPROPRIATE This outdoor plaza provides a unique space in downtown Dells that is welcomed by the City. However, continuation of the “street wall” along Broadway is also very important and should be considered when designing a building setback not consistent with the adjacent buildings. Excessively large breaks in Broadway Avenue’s “street wall” is discouraged.



Standards

1. Primary structures **shall** be built to the front property line, unless the setback will be used for an outdoor seating area, a hardscape plaza, or similar usable (accessible) space. See Recommendation “A” for more information.
2. A minimum of one functional building entrance **shall** be provided along the building facade facing the street. Buildings that face multiple streets **shall** provide an entrance facing the more prominent of the streets.
3. Screening/fencing **shall** be compatible with the building architecture, including material palette and design elements, as well as other site features.
4. Chain link fencing **shall not** be used.

Recommendations

- A. Building setback **should** be consistent along Broadway Avenue to continue the existing “street wall” appearance. A small break in the “street wall” is allowed, but loss of significant street frontage can be damaging to the overall feel/look of the downtown and is **discouraged**.
- B. Disabled access **should** be seamlessly incorporated into the building and site design. Facilities **should** be designed to provide inviting access to all users.

LEGISLATIVE COMMITTEE MEETING
CITY OF WISCONSIN DELLS
OCTOBER 9, 2017

8. The committee reviewed and discussed prior information presented on creating a business registry or license. In reviewing the proposed ordinance, Ald. Holzem questioned the need for "hours of operation" and "number of employees" as that information varies throughout the year. The committee agreed that knowing what businesses are out there and the verification of premier resort tax collection is something that is needed. Motion by Ald. Wojnicz seconded by Mayor Landers to approve moving forward with the creation of a city business license. Motion carried unanimously. Details of the process and enforcement will be discussed at future meetings.
9. No date was set for the next meeting.
10. Motion by Mayor Landers seconded by Ald. Anderson to adjourn. Motion carried unanimously and the meeting adjourned at 6:55pm.

Nancy R. Holzem
City Clerk/Coordinator

City of Wisconsin Dells

ORDINANCE NO. _____
(Business Registration)

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

See "Purpose clause" of ordinance in the text below.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 16.29 is amended.

SECTION III: PROVISION AS CREATED:

16.29 BUSINESS REGISTRATION

- (1) Purpose/Intent. The purpose and intent of the city business registry is to collect information and data for statistical and policy development purposes and to provide for the necessary regulation of lawful businesses conducted in the city in order to protect public health, safety and welfare.
- (2) Definitions.
 - (a) "Business" means and includes commercial, industrial and professional trades, vocations, enterprises, establishments, occupations, including home occupations, and all and every kind of calling, any of which are conducted, transacted or carried on for the purpose of earning in whole or in part a profit or livelihood, whether or a not a profit or livelihood is actually earned and whether paid in money or goods, labor or otherwise.
 - (b) "Person" means all domestic and foreign corporations, associations, syndicates, partnerships of every kind, joint ventures, societies and individuals transacting and carrying on any business in the city.

(3) Registration/Exemptions.

- (a) Any person operating or carrying on a business as defined above shall complete and file with the City Clerk a Business Registration Form.
- (b) The following business activities shall be exempt from registration:
 - 1. Religious, educational and charitable organizations specifically exempt from taxation under the federal income tax code; and
 - 2. Fairs, festivals and public entertainment events sponsored by non-profit or government operations.

(4) Registration Fee.

Fees for business registration shall be established by Common Council Resolution and listed in the city fee schedule. Fees shall be revenue neutral and not exceed the reasonable costs of collection and administration. This is not a business tax.

(5) Registration Term.

- (a) The annual business registration term shall be April 1 through March 31.
- (b) Prorated fees shall be paid by new or transferred businesses.

(6) Registration Information Collected.

The registration form or renewal, shall contain such information as the City deems appropriate to determine the ownership location activities and management of the business including, without limitation, the following:

- 1. Business name and address
- 2. Business owner and address
- 3. Property/location owner and address
- 4. Hours of operation
- 5. Number of employees (full-time and part-time)
- 6. Description of products/services

7. SIC Code
8. Emergency contact information
9. Hazardous chemicals/substances disclosure
10. Premier Resort tax status.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 16.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____

Police Dept. form

Business Name: _____	
Address (physical location of business) _____	_____ phone number
Mailing address (if different than above) _____	_____ fax number (if avail.)
Business e-mail address or webpage: _____	

Primary BUILDING Owner:				
Name: Last, First, Middle	date of birth	home address	Primary Phone	Secondary Phone
Primary BUSINESS Owner:				
Name: Last, First, Middle	date of birth	home address	Primary Phone	Secondary Phone

Please list (in order of preferred contact) personnel including Managers, Assistant Managers, Supervisors, Janitors, or any other employees that are valid **key holders available to contact in case of an emergency.**

Keyholder #1				
Name: Last, First, Middle	date of birth	home address	Primary Phone	Secondary Phone
Keyholder #2				
Name: Last, First, Middle	date of birth	home address	Primary Phone	Secondary Phone
Keyholder #3				
Name: Last, First, Middle	date of birth	home address	Primary Phone	Secondary Phone

ALARM INFO:		
Does your business have smoke detectors? (Not to be confused w/ alarm)	_____	
Does your business have an alarm monitored by an outside company?	_____	
What activates the alarm? (Motion, light heat, noise, power interruption, water flow, panic button, etc.)		

Where is alarm located? _____		
Name of the Alarm Company	Primary Phone	Secondary Phone

form updated December 2011

City Treasurer form

NEW BUSINESSES – PERSONAL PROPERTY

Date _____

City/Town/Village of: _____

Name of Business: _____

Mailing Address: _____
Street City State Zip

Property Address: _____
Street City State Zip

Name of Owner(s): _____

Date business began _____ Daytime phone number: () _____

Type of business: _____

Has this business operated under another name? _____

If yes, list the previous name _____

REQUIRED INFORMATION:

TID or TIF District _____ School District _____ Sanitary District _____