CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, MARCH 20, 2017 **Time:** 7:00PM **Location:** MUNICIPAL BUILDING
300 LA CROSSE STREET, WISCONSIN DELLS, WI

MAYOR	COUNCIL MEMBERS		
BRIAN L. LANDERS	FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
	Jesse DeFosse	Mike Freel	Ed Fox
	Brian Holzem	Dar Mor	Ed Wojnicz

OPENING	
1	CALL TO ORDER & ROLL CALL
2	PLEDGE OF ALLEGIANCE
3	APPROVAL OF CONSENT AGENDA ITEMS: a. Approval of the February 13, 2017 Common Council Meeting Minutes b. Schedule of Bills Payable March 20, 2017 c. Applications for Bartender Licenses d. Application for a Temporary Beer License submitted by Downtown Dells Committee for a Wine Walk on Friday, April 28, 2017 e. Application for a Temporary Beer License submitted by St. Cecilia Catholic Church for May 5, 2017
4	COMMITTEE UPDATES BY CHAIRPERSONS: (PARKS & REC, LIBRARY, LEGISLATIVE, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC WORKS, DESIGN REVIEW COMMITTEE, PUBLIC SAFETY & BID)
AGENDA ITEMS	
5	PUBLIC COMMENT/ CITIZEN APPEARANCES FOR ANY NON-AGENDA ITEM
6	PROCLAMATION RECOGNIZING THE RETIREMENT OF OFFICER JED SEIDL AND HIS 29 YEARS OF SERVICE
7	NATIONAL SERVICE DAY PROCLAMATION
8	NOTICE OF CLAIM SUBMITTED BY KELLY KIENBAUM
9	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY SAN ANTONIO MEXICAN RESTAURANT FOR A CINCO DE MAYO FESTIVAL ON EDDY STREET, FRIDAY, MAY 5, 2017
10	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY THE BID COMMITTEE FOR A SUNDAY MORNING FARMERS MARKET USING PART OF PARKING LOT 8, MID-MAY THROUGH MID-OCTOBER
11	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY MY OLYMPUS FOR A CAR SHOW EVENT FRIDAY, MAY 19, 2017 AND SATURDAY, MAY 20, 2017 IN THE MT OLYMPUS PARKING LOT
12	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY JUST A GAME FIELD HOUSE FOR A 5K RUN AND STREET PARTY, JUNE 24, 2017 ON LA CROSSE & EDDY STREET
13	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY THE BID COMMITTEE FOR A 4TH OF JULY CELEBRATION TO INCLUDE FIREWORKS, A 5K RUN, LIVE MUSIC AND FOOD VENDING
14	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY THE WISCONSIN DELLS CROSS COUNTRY BOOSTER CLUB FOR A MUD RUN ON SATURDAY, AUGUST 5, 2017
15	APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY MAMA Z'S GRILL, LLC, CHRIS LECHNIR AGENT, FOR MAMA Z'S RESTAURANT, 1101 BROADWAY, FOR THE LICENSING PERIOD OF MARCH 21, 2017 THRU JUNE 30, 2017
16	APPLICATION FOR AN ORIGINAL CLASS A LIQUOR LICENSE SUBMITTED BY CARR VALLEY CHEESE CO. INC, SHANA CARDEN AGENT, FOR CARR VALLEY CHEESE, 420 BROADWAY, FOR THE LICENSING PERIOD OF APRIL 1, 2017 THRU JUNE 30, 2017

17	REQUEST BY HIGH ROCK INC. TO AMEND PREMISES DESCRIPTION ON CURRENT CLASS B BEER & CLASS B LIQUOR LICENSE TO INCLUDE BUILDING NEXT DOOR (737 OAK STREET)
18	APPLICATIONS FOR RENEWAL OF TAXICAB SERVICE LICENSES
RESOLUTIONS	
19	RESOLUTION TO APPROVE ZEBRADOG PROPOSAL FOR CAFÉ ZONE TOTEM ART AND MOSAIC TILE DESIGN
20	RESOLUTION TO APPROVE ZEBRADOG PROPOSAL FOR WAYFINDING SIGN SYSTEM DEVELOPMENT/DETAILING
21	RESOLUTION TO APPROVE ZEBRADOG PROPOSAL FOR RIVERWALK GATEWAY ENTRANCE DESIGN
22	RESOLUTION TO APPROVE THE MSA COST PROPOSAL FOR DESIGN STANDARDS/SIGN ORDINANCE UPDATES
23	RESOLUTION TO APPROVE THE RISK MANAGEMENT AGREEMENT WITH UW-EXTENSION (PARK PROGRAMS)
24	RESOLUTION TO APPROVE THE CERTIFIED SURVEY MAP REQUESTED BY TRAPPERS TURN
25	RESOLUTION TO APPROVE THE CERTIFIED SURVEY MAP REQUESTED BY LUIZ & VERONICA MARTINEZ
26	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO LOGGING CAMP INC, IN ORDER TO ALLOW COMMERCIAL ACTIVITY WITHOUT A PERMANENT BUILDING (BOOTH) AND WALK-UP SERVICE WINDOW AT 411 HWY 13 - OUTSIDE PAUL BUNYAN'S RESTAURANT
27	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY LOGGING CAMP INC.
28	RESOLUTION TO APPROVE A CONDITION USE PERMIT TO PI TOWER DEVELOPMENT/VERIZON WIRELESS IN ORDER TO ALLOW AN UNCONCEALED TELECOMMUNICATIONS TOWER AT CHULA VISTA GOLF COURSE
29	RESOLUTION TO APPROVE THE SITE PLAN SUBMITTED BY PI TOWER DEVELOPMENT/VERIZON WIRELESS
30	RESOLUTION TO APPROVE THE REQUEST FROM JUSTIN DRAPER AND WADE BERNANDER FOR THE FRONT DOOR OF 737 OAK STREET TO SWING OUT INTO THE SIDEWALK AREA
31	RESOLUTION TO APPROVE THE AGREEMENT WITH MSA FOR EDDY STREET SIGNAL DESIGN
32	RESOLUTION TO APPROVE CONSENT & INDEMNIFICATION AGREEMENTS FOR FIBER OPTICS INSTALLED UNDER CITY STREET AND RIGHT-OF-WAY
33	RESOLUTION TO APPROVE THE PROMOTION OF PART-TIME OFFICER WILLIAM NEHRING TO FULL-TIME
ORDINANCES	
34	FIRST READING OF ORDINANCE TO CREATE CODE SEC. 16.35 TOURIST ROOMING HOUSE
35	FIRST READING OF ORDINANCE TO AMEND LAND USE GROUP ACCOMMODATION CODE SEC. 19.111(5.3) FROM "GROUP LODGING FACILITY" TO "SEASONAL WORKFORCE HOUSING"; AND TO AMEND 19.111(5.5) OVERNIGHT LODGING TO INCLUDE TOURIST ROOMING HOUSES.
36	FIRST READING OF ORDINANCE TO AMEND CODE SEC. 16.06 - LODGING FACILITIES ADDING ADDITIONAL REQUIREMENTS
37	FIRST READING OF ORDINANCE TO AMEND CODE SEC. 6.05 –SIDEWALK LITTER & DEBRIS TO INCLUDE THE CAFÉ ZONES
CLOSING	
38	BUSINESS FOR REFERRAL TO COMMITTEES OR SUBSEQUENT MEETINGS
39	ADJOURNMENT
	NANCY R. HOLZEM, CITY CLERK COORDINATOR POSTED: 03/17/2017

PLEASE BE ADVISED: UPON REASONABLE NOTICE THE CITY OF WISCONSIN DELLS WILL FURNISH APPROPRIATE AUXILIARY AIDS AND SERVICES TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN MEETING ACTIVITIES.

CITY OF WISCONSIN DELLS
OPERATOR'S (BARTENDER) LICENSE API

ITEM 3c

FOR OFFICE USE ONLY
Receipt# 58826
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police D _____
Police Chief: **Approved:** _____
Denied: _____

Please Note:
- **You must be 18 years of age or older to apply.**
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date _____

License Applying For:
- [x] **New** **$60**
- [ ] **Renewal $60**
- [ ] **Provisional $10**
- [ ] **Temporary $10 (Bona Fide Clubs Only)**
  Date(s) Needed (14 day max.): _____
  Limited to one per year. No training course required.

Check the appropriate box that applies to you:
- [ ] I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
- [ ] I have held an Operator's License within past 2 years (Attach proof)
- [x] I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
- [ ] I am enrolled in the Beverage Server Training Course
  Class Date and Location: _____
  (After completing the course, bring in your certificate to receive license)
- [ ] I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:
I herby apply for a license to serve from the date hereof to June 30, 2018, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT
Name Godfrey-Arnold (Last) Brian (First) Shawn (Middle)

Home Address 16133 Hassock Ave. (Street) Sparta (City) WI (State) 54656 (Zip)

Mail License to (if different from Home Address) 524 Vine St. (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years

Drivers License # G316-0779-2135-07 **State Issued** Wisconsin

Phone Number 608-633-9452 **Date of Birth** 04-15-1992 **Place of Birth** Tomah, WI

Physical Description Sex M Race Wht Height 5'7" Eye Color: Brn Hair Color: Brn

License to be used at (Name of Business) Sky Box

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 3-2-17

Subscribed and sworn to before me this 2nd day of March, 2017.

Monica L. Down-Leis (SEAL)
Notary Public

My Commission Expires: April 14, 2020

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 58955
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: -CH 3/6/17 SB
Police Chief: **Approved:** _____
Denied: _____

Please Note:
- **You must be 18 years of age or older to apply.**
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date 3-6-17

License Applying For:
- ☐ **New** $60
- ☒ **Renewal** $60
- ☐ **Provisional** $10
- ☐ **Temporary** $10 (Bona Fide Clubs Only)
  Date(s) Needed (14 day max.): _____
  Limited to one per year. No training course required.

Check the appropriate box that applies to you:
- ☐ I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
- ☒ I have held an Operator's License within past 2 years (Attach proof)
- ☐ I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
- ☐ I am enrolled in the Beverage Server Training Course
  Class Date and Location: _____
  (After completing the course, bring in your certificate to receive license)
- ☐ I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:
I herby apply for a license to serve from the date hereof to June 30, 2018, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT
Name Kick (Last) Julie (First) M (Middle)

Home Address 3652 13th Dr. (Street) Wisc Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

_____

_____

_____

Drivers License # K200 4337 6919-07 **State Issued** WI

Phone Number 608-678-7831 **Date of Birth** 11-19-76 **Place of Birth** IL

Physical Description Sex F Race White Height 5" 1/2 Eye Color: Hazel Hair Color: Light Brown

License to be used at (Name of Business) Applebee's

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: Julie Kirk Date: 3-6-17

Subscribed and sworn to before me this 6th day of March, 20 17.

Notary Public

My Commission Expires: 10/29/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 58766
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 3/17 (TCH) (LL)
Police Chief: **Approved:** _____
Denied: _____
Denied

Please Note:
- **You must be 18 years of age or older to apply.**
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date 2-27-17

License Applying For:
- [X] **New** **$60**
- [ ] **Renewal** **$60**
- [ ] **Provisional** **$10**
- [ ] **Temporary** **$10 (Bona Fide Clubs Only)**
  Date(s) Needed (14 day max.): _____
  Limited to one per year. No training course required.

Check the appropriate box that applies to you:
- [ ] I have an Operator's License in effect at this time. (Attach proof if not held w/City of Wisconsin Dells)
- [ ] I have held an Operator's License within past 2 years (Attach proof)
- [X] I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
- [ ] I am enrolled in the Beverage Server Training Course
  Class Date and Location: _____
  (After completing the course, bring in your certificate to receive license)
- [ ] I am applying for a Temporary Operator's License

To the Common Council of the City of Wisconsin Dells, Wisconsin:
I herby apply for a license to serve from the date hereof to June 30, 2018, inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT
Name Johnson (Last) Matthew (First) R (Middle)

Home Address 524 Vine St. (Street) W.S. Dells (City) WI (State) _____ (Zip)

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

Previous Addresses within the past 10 years
1436 Rose St. LaCrosse WI 54603

Drivers License # J525-5568-3105-05 **State Issued** WI.

Phone Number (608) 518-8552 **Date of Birth** 3/25/83 **Place of Birth** _____

Physical Description Sex M Race W/Cau. Height 6.0" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Skybox

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 2/27/17

Subscribed and sworn to before me this 27th day of February, 2017

NANCY R. HOLZEM NOTARY PUBLIC STATE OF WISCONSIN

Nancy R. Holzem
Notary Public

My Commission Expires: 10-18-2019

(Rev. 03/14)

ITEM 3d

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

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

FEE $ 10.00 Application Date: 3/2/2017

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

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

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

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

at the premises described below during a special event beginning Friday, Apr 28, 2017 and ending April 28, 2017 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name DOWNTOWN DELLS COMMITTEE

(b) Address PO BOX 473 (Street) WISCONSIN DELLS, WI ☐ Town ☐ Village ☒ City

(c) Date organized 2005 (FEB)

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President MARK SWEET ; PO BOX 473 WI DELLS, WI 53965

Vice President

Secretary

Treasurer MART STEFFES ; 727 SUPERIOR ST.

(g) Name and address of manager or person in charge of affair: JOHN SCHOENHERR chairperson 319 BROADWAY, WI DELLS

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

(a) Street number listed separately (Retail store locations)

(b) Lot Block

(c) Do premises occupy all or part of building?

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

3. Name of Event

(a) List name of the event 6th DOWNTOWN DELLS WINE WALK

(b) Dates of event FRIDAY, APRIL 28th (there is no Saturday event this year)

DECLARATION

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

DOWNTOWN DELLS COMMITTEE
(Name of Organization)

Officer Mark Sweet 3/2/17 *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

2017 WINE WALK (as of March 3)

1. AFFORDABLE LEATHER AND MORE	513 BROADWAY
~~2. CHALET LANES~~	740 ELM
~~3. THE KEG~~	732 OAK
~~4. DELLS DISTILLERY~~	206 BROADWAY
5. A HOMESPUN HEART	514 BROADWAY
6. JUST A GAME FIELD HOUSE	200 LA CROSSE
~~7. MYRT AND LUCY'S~~	414 BROADWAY
8. THE FROZEN BEAR	326 BROADWAY
9. STEFFES TRUE VALUE	727 SUPERIOR
10. SWISS MAID FUDGE	747 SUPERIOR
11. WINNEBAGO GIFT SHOP	226 BROADWAY
12. GREAT HARVEST BREAD	329 BROADWAY
~~13. KICKERS EAT AND DRINK~~	951 STAND ROCK RD.
14. FIVE SISTERS RESALE STORE	741 SUPERIOR
~~15. SHOWBOAT SALOON~~	24 BROADWAY
~~16. MAURER'S MARKET~~	216 WASHINGTON

Crossed out merchants already hold a license to provide samples. Do not need to be covered under this temporary License.

Application for Temporary Class "B" / "Class B" Retailer's License ITEM 3e

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

FEE $ 10.00 Application Date: 1/27/2017

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

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

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

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

at the premises described below during a special event beginning 3:00pm and ending 11:00pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name Saint Cecilia Catholic Church

(b) Address 603 Oak St. (Street) Wisconsin Dells, WI ☐ Town ☐ Village ☒ City

(c) Date organized

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President

Vice President

Secretary

Treasurer

(g) Name and address of manager or person in charge of affair:

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

(a) Street number Eddy street

(b) Lot Block

(c) Do premises occupy all or part of building?

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

3. Name of Event

(a) List name of the event Cinco de Mayo festival

(b) Dates of event 05/05/2017

DECLARATION

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

Saint Cecilia Congregation *(Name of Organization)*

Officer Fr. Eric St. J 2/10/17 *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Date Filed with Clerk 2-10-2017

Date Reported to Council or Board

Date Granted by Council

License No.

AT-315 (R. 11-15) Wisconsin Department of Revenue

ITEM 6

CITY OF WISCONSIN DELLS
PROCLAMATION

WHEREAS, Officer Jed Seidl started his career with the Wisconsin Dells Police Department on March 11, 1988;

WHEREAS, the City of Wisconsin Dells recognizes and appreciates the service and professionalism of all of its law enforcement officers, and particularly honors the service of Officer Jed Seidl;

WHEREAS, Officer Jed Seidl has served the citizens and visitors of the City of Wisconsin Dells with compassion, diligence, and fairness to all;

WHEREAS, Officer Jed Seidl has not only demonstrated exemplary commitment to the City of Wisconsin Dells, but also to the State of Wisconsin, and the profession of law enforcement;

WHEREAS, on March 27, 2017 Officer Jed Seidl shall retire from his career as a police officer with the City of Wisconsin Dells, thus concluding a safe and honorable twenty-nine year career;

I HEREBY PROCLAIM, as Mayor of the City of Wisconsin Dells, that Officer Jed Seidl be officially commended for his esteemed service, sacrifice, and dedication to the City of Wisconsin Dells; and he be blessed with health and happiness in his well-earned, well-deserved retirement.

In witness, thereof, I sign this proclamation.
Dated this 20th day of March 2017.

_____

Brian L. Landers, Mayor

ITEM 7

CITY OF WISCONSIN DELLS PROCLAMATION

Recognition Day for National Service

WHEREAS, service to others is a hallmark of the American character, and central to how we meet our challenges; and

WHEREAS, the nation's [counties/cities] are increasingly turning to national service and volunteerism as a cost-effective strategy to meet their needs; and

WHEREAS, AmeriCorps and Senior Corps participants address the most pressing challenges facing our communities, from educating students for the jobs of the 21st century and supporting veterans and military families to providing health services and helping communities recover from natural disasters; and

WHEREAS, national service expands economic opportunity by creating more sustainable, resilient communities and providing education, career skills, and leadership abilities for those who serve; and

WHEREAS, AmeriCorps and Senior Corps participants serve in more than 50,000 locations across the country, bolstering the civic, neighborhood, and faith-based organizations that are so vital to our economic and social well-being; and

WHEREAS, national service participants increase the impact of the organizations they serve, both through their direct service and by managing millions of additional volunteers; and

WHEREAS, national service represents a unique public-private partnership that invests in community solutions and leverages non-federal resources to strengthen community impact and increase the return on taxpayer dollars; and

WHEREAS, national service participants demonstrate commitment, dedication, and patriotism by making an intensive commitment to service, a commitment that remains with them in their future endeavors; and

WHEREAS, the Corporation for National and Community Service shares a priority with county officials and mayors nationwide to engage citizens, improve lives, and strengthen communities; and is joining with the National League of Cities, National Association of Counties, Cities of Service, and mayors and county officials across the country for the Mayor and County Recognition Day for National Service on April 4, 2017.

THEREFORE, BE IT RESOLVED that April 4, 2017, is National Service Recognition Day; and encourage residents to recognize the positive impact of national service in our county; to thank those who serve; and to find ways to give back to their communities.

In witness, thereof, I sign this proclamation.
Dated this 20th day of March, 2017.

_____

Brian L. Landers, Mayor

ITEM 8

Subject: RE: Kienbaum v Wisconsin Dells; DOL: 1-30-17

Nancy

I am in receipt of the above claim that has been filed against the City of Wisconsin Dells in the amount of 3,421.26 for injuries as a result of the claimant slipping and falling as she was walking to her car after leaving the Rec Center. It is my understanding that the claimant was carrying her 5 month old baby at the time when she slipped and fell.

As you are aware, the City of Wisconsin Dells is self-insured for this loss, so should the City decide to pay this claim, the funds to settle this matter would come from City funds.

I have been advised that a city crew had been at the rec center earlier that day clearing the sidewalks and that this incident occurred after city staff had left for the day. It is my opinion that the City was using reasonable care to try and keep the area clear of snow, however, I do not believe that it is realistic or cost effective to keep staff on duty to clear snow clear at all times. The City has limited funds available and to expect a municipality to keep staff on duty to clear snow at all times is unrealistic. In addition, one could argue that there is also negligence on the part of the claimant. The claimant has an obligation to keep a proper lookout and control to watch where she is walking. In addition, this individual was carrying her daughter which would have obstructed or hindered her in keeping a proper lookout.

As such, it would be my recommendation that this claim be denied. Should you have further questions regarding this matter, please feel free to contact me.

Cities and Villages
MUTUAL INSURANCE COMPANY

Tom Mann, ARM
Director of Liability Claims
tel: 414-831-5988
office: 262-784-5666 (ext 188)
email: tem@cvmic.com
web: cvmic.com

See what's news at CVMIC. Subscribe to our monthly newsletter.

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Rec'd 3/1/17 NH

City of Wisconsin Dells
Notice of Claim

Name: Kelly Kienbaum
Address: 809 Pine Dr.
Wis Dells, WI
Phone: 608-393-0388

Incident/Accident Information:
Date: 1/30/17
Time:
Location: Rec Center

Circumstances of Claim

In the space below briefly describe the circumstances of your claim. (Attach additional sheets if necessary.) For automobile damage, attach a copy of the police report including a diagram of the accident scene including north, south, east or west corners if the accident occurred at an intersection. A minimum of two estimates must be submitted for repairs. For personal injury, indicate the nature of the injury and whether or not medical attention was given. Attach copies of the medical bills. List any witnesses to the incident/accident.

Claim background previously submitted. Claim value and supporting documentation attached

Signed: _____ Date: _____

Claim

(**NOTE**: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of Wisconsin Dells at any time consistent with the applicable statute of limitations. **However, in order for the City of Wisconsin Dells to formally accept or deny your claim at this time, the following claim must be completed and signed.)**

The undersigned hereby makes a claim of $ 3,421.26 against the City of Wisconsin Dells arising out of the circumstances described above. To process this claim it is necessary to detail monetary damages being sought.

Signed: s/ Kelly Kienbaum Date: 2/26/17

Kelly Kienbaum
809 Pine Dr
Wisconsin Dells, WI 53965

608-393-0388

Monday, January 30, 2017 at 4:30pm at the Rec Center

Leaving the Rec Center after Gymnastics with my daughters at about 4:30pm. I had my 5 month old daughter buckled in her car seat and was carrying her with my arm. We left the main door and took a left to walk to our car which was 2 cars down from the main door. I was walking between the building and the front of the cars when I fell on ice- it had just snowed that afternoon so there was snow covering, so I was unaware there was ice underneath. When I fell I must have dropped my daughter that was in the car seat and hit my head on the building which knocked me out. When I came to, I started to see things and hear my daughters crying but at that point I couldn't talk or move. Other parents were starting to come out the door at the time and came over to my aid. Once I got movement, they walked me back inside and sat me down on a chair. I was still dizzy and lightheaded at this time, my head was bleeding so pressure was applied with paper towel. I had called my parents to come down and take me for medical attention. Once they got there, they took me to Urgent Care in Lake Delton. After brief evaluation, the Lake Delton staff referred me to St. Clare

hospital in Baraboo. Since I was knocked unconscious they had requested I receive a CT scan to determine the extent of my head trauma. Once I got to St. Clare, I was evaluated and taken in for a CT scan, which came back normal. My head was cleaned up and a staple was put in on the back left side of my head. I was sent home that evening and spent the next couple days recovering from the injuries.

For further treatment, I went to see Fedewa Chiropractor twice the week of the incident .

Witnesses-

Carey Fuller

Melissa Dix

Cassie Mattei/TJ Johnson

CITY OF WISCONSIN DELLS
PARKS & RECREATON
ACCIDENT/INCIDENT REPORT

	Initial, date
Director	TM
Pool Manager /Staff	
Recreation Programmer	

Please print all information clearly.

ACCIDENT/INCIDENT LOCATION

Site: Rec Center, 722 Michigan Ave

Specify exact location where accident/incident occurred: Parking lot north of building.

Program or activity participating in when accident/incident occurred: Gymnastics / Tumbling

Date of accident/incident & Date reported: 1-30 / 1-31 → 2-3

Time of accident/incident: 4:45 ☐ am ☑ pm

INVOLVED PARTY INFORMATION – use a separate form for each unrelated person involved

Name: Kelly Kienbaum

Phone ( )

Street: City: Wis Dells State: WI Zip: 53965

☐ Resident ☐ Non-resident ☐ Employee – Off duty ☐ Employee – On duty

☐ Male ☑ Female

☑ Adult ☐ Under 18 years – Was parent notified? ☐ Yes ☐ No

Age/Date of Birth

Involved Party or Parent/Guardian name _____ (please print) or Time called, if applicable: _____ ☐ am ☐ pm

Address (if different from minor) _____

DETAILS OF ACCIDENT/INCIDENT

Describe in detail the accident/incident – if applicable, specify body part and location on body.(Use back of sheet if additional room is needed)

Kelly slipped on the snow / ice. She was walking in front of parked cars. When she slipped she hit her head on the side of the building.

If known, **describe in detail** what happened to cause the accident/incident and what was the condition of the facility at the time of accident/incident/injury? (Use back of sheet if additional room is needed)

It had been snowing on and off all day. Snow removal had been performed between 11:00 AM. - NOON. It did snow more in the afternoon. Being on the north side of the building and the nature of Wisconsin winters there is

If known, **describe in detail** what was the patron doing prior to the accident/incident? (Use back of sheet if additional room is needed)

Was First Aid administered? ☑ Yes ☐ No If yes, by whom? Was EMS/Ambulance called? ☐ Yes ☑ No Declined.

Describe First Aid measures: Applied pressure to area of head that was bleeding

Was injured party taken to hospital or doctor? ☑ Yes ☐ No If yes, list hospital or doctor. Urgent care Lake Delton & Baraboo Hospital

REPORTING INFORMATION

Witnesses – list name and telephone number.

1. Carey Fuller 920-242-2016 2.

Reported By: Carey Fuller - Thad Meister Job Title: Director

OVER

Continued from front of form if needed.

DETAILS OF ACCIDENT/INCIDENT

Describe in detail the accident/incident – if applicable, specify body part and location on body.

If known, **describe in detail** what happened to cause the accident/incident and what was the condition of the facility at the time of accident/incident?

some ice build up that occurs. It is sanded and salted as part of the process. Kelly was carrying 1 child in a car seat, she walked infront of parked cars and building where she slipped and hit her head on the building. The

~~If known, describe in detail~~ what was the patron doing ~~prior to the accident/incident?~~

child was fine. Terrence Johnson help them inside the building and Corey Fuller and he immediately applied pressure to the area of head that was bleeding. She was somewhat "Stunned" from hitting her head. She declined calling EMS and called her parents who proceed to take her to hospital. I talked to Terrence on the phone as he was not available to come in.

FOLLOW UP INFORMATION

Contacted By:	Job Title:	Date Contacted:

City of Wisconsin Dells

ITEM 9

Application for:

SPECIAL EVENTS PERMIT

Application Date: 01/27/2017 FEE $160.00 Receipt No. 58622

Name of Applicant: San Antonio Mexican Restaurant Luis Martinez

Address of Applicant: 742 Eddy st Wisconsin Dells 53965

Daytime Telephone Number: (608) 448-8165 Email Address: Verossy-Olivares@hotmail.com

Name & Address of Officers, if Corporation: San Antonio Mexican Restaurant 742 Eddy st Wisconsin Dells WI 53965 PO Box 395

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 05/05/2017

Type of Event: Cinco de Mayo festival (CLOSED STREET.)

Location of Event: Eddy St Wisconsin Dells

Number and Types of Participants: San Antonio Mexican Rest + SAINT CECILIA Catholic church.

Contact Person: Luis Martinez Telephone No: 608 448-8165

Fireworks: YES or (NO)

Beer/Wine Served or Sold: YES or NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT: CLOSE STREET

Assembly Area:

Starting Time & Estimated Ending Time: 3:00pm to 11:00pm

Starting Point:

Parade/Run Route:

Estimated Number of Units/or Runners:

Printed Name of Applicant: Luis Martinez

Signature of Applicant

Date 1/27/17

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15

City of Wisconsin Dells

Application for:

SPECIAL EVENTS & PARADE PERMIT

ITEM 10

Date From: May 14 to Mid-October, 2017 **FEE waived** Receipt No. ~

Name of Applicant: BID Committee/Farmers Market Group

Address of Applicant: 300 La Crosse Street, Wisconsin Dells

Daytime Telephone Number: (____) _____ Email Address: _____

Name & Address of Officers, if Corporation: Kelli Trumble, BID Chairperson, Kyler Royston, BID Representative

---

FOR SPECIAL EVENTS PERMIT:

Type of Event: Sunday Farmers Market 9:00am to 1:00pm

Location of Event: Part of Parking Lot 8 near the JAG. (see attached map) Market will be from 9:00am to 1:00pm. Lot to be closed off by 7am and re-opened by 2:00pm at the latest.

Number and Types of Participants: 10-20 vendors weekly. Participants will be several hundred but spread out over the course of the 4 hours the market will be open.

Contact Person: Kyler Royston Telephone No:

Fireworks: NO

FOR PARADE PERMIT:

Assembly Area:

Starting Time & Estimated Length:

Starting Point: _____

Parade Route:

Number of Units: _____

_____

Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/07

Property Map App

Farmers' Market Sundays 9am - 1pm.
Mid-May to Mid-October.

200ft

43.628 -89.772 Degrees

City of Wisconsin Dells

ITEM 11 COPY

Application for:

SPECIAL EVENTS PERMIT

Application Date: 2-15-17 FEE $160.00 Receipt No. #58653 t.m.

Name of Applicant: Mt. Olympus Ent. Inc.

Address of Applicant: _____

Daytime Telephone Number: (608) 254-6871 ext 207 Email Address: jason@mtolympuspark.com

Name & Address of Officers, if Corporation: _____

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: May 19th May 20th 2017

Type of Event: Car Show, Exhibition show, burn out competition

Location of Event: 1881 Wisc. Dells Parkway Parking lot at West Side of Property
Wisc. Dells WI 53965

Number and Types of Participants: Approx 400 Vehicles

Contact Person: Jason Hammond Telephone No: 608-393-9846

Fireworks: YES or (NO)

Beer/Wine Served or Sold: (YES) or NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT: serving within Lake Delton Village using that licenses

Assembly Area: _____

Starting Time & Estimated Ending Time: _____

Starting Point: _____

Parade/Run Route: _____

Estimated Number of Units/or Runners: _____

Printed Name of Applicant Jason Hammond Signature of Applicant J. Hammond Date 2/15/17

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

☐ Date Approved: _____ day of _____ 20___

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15

City of Wisconsin Dells

ITEM 12

Application for:

SPECIAL EVENTS PERMIT

Application Date: 2-21-17 **FEE $160.00** Receipt No. 58698 (tm)

Name of Applicant: JustAgame Fieldhouse

Address of Applicant: 200 LaCrosse St.

Daytime Telephone Number: (608) 253-6787 Email Address: kyler@justagamefieldhouse.com

Name & Address of Officers, if Corporation: Kyler

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 6/24/17

Type of Event: 5K / Street concert (party)

Location of Event: LaCrosse + Eddy St.

Number and Types of Participants: 1,000 runners + few hundred more

Contact Person: Kyler Telephone No:

Fireworks: YES or ~~NO~~

Beer/Wine Served or Sold: (YES) or NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: LaCrosse St. between SAG + Sand Bar

Starting Time & Estimated Ending Time: 8am – 4pm (10 am run start)

Starting Point: LAX St.

Parade/Run Route: TBD - East of SAG + back. May be on Broadway for a time, but will not cross

Estimated Number of Units/or Runners: 1,000

Kyler Royston	Kyler	2/20/17
Printed Name of Applicant	Signature of Applicant	Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15

City of Wisconsin Dells

ITEM 13

Application for:

SPECIAL EVENTS PERMIT

Application Date: 2-21-17 **FEE $160.00** Receipt No. Waived

Name of Applicant: BID

Address of Applicant:

Daytime Telephone Number: ( ) Email Address: kyler@justagamefieldhouse.com

Name & Address of Officers, if Corporation:

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 7/4 4th of July Celebration

Type of Event: Fireworks, 5K, Live music, food vending, beer

Location of Event: Behind city hall.

Number and Types of Participants:

Contact Person: Kyler Telephone No: (608) 253-6787

Fireworks: YES or NO

Beer/Wine Served or Sold: YES or NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: City Hall parking lot

Starting Time & Estimated Ending Time: 5 - 7

Starting Point:

Parade/Run Route: Minn. Ave → Vine Out + back route

Estimated Number of Units/or Runners: 100

Kyler Royston (BID)	[signature]	2/20/17
Printed Name of Applicant	Signature of Applicant	Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15

City of Wisconsin Dells

ITEM 14

Application for:

SPECIAL EVENTS PERMIT

Application Date: February 25, 2017 FEE $160.00 Receipt No. 58697 (TM)

Name of Applicant: WI Dells Cross Country Booster Club -Tara Anchor

Address of Applicant: 1400 Pine Court; Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 963-0026 Email Address: taraanchor@yahoo.com

Name & Address of Officers, if Corporation: _____

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: August 5, 2017

Type of Event: Mud Run

Location of Event: Wisconsin Dells High School and city property south of school property (retention pond)

Number and Types of Participants: 200 adults

Contact Person: Tara Anchor Telephone No: _____

Fireworks: YES or (NO)

Beer/Wine Served or Sold: YES or (NO) (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: WDHS Football Field.

Starting Time & Estimated Ending Time: 9 AM - 11 AM.

Starting Point: WDHS Football Field

Parade/Run Route: School Property; City Retention Pond

Estimated Number of Units/or Runners: 200

Tara Anchor 2/25/2017

Printed Name of Applicant Signature of Applicant Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

- ☐ Date Approved: _____ day of _____ 20___
- ☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15

R# 58765 ITEM 15

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ~~JULY~~ 01 March 21 20 ~~16~~ 17 ;
ending JUNE 30 20 17

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

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

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

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ ~~100~~ 24.99
☑ Class C wine	$ 24.99
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ ~~Class B liquor~~	$ ~~500~~
☐ Reserve Class B liquor	$
☑ ~~Class B (wine only) winery~~	$
Publication fee	$ 14
TOTAL FEE	$ ~~614~~ 63.98

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): ▶ MAMA Z'S GRILL LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	DAMON ZUMWALT	555 W GRAND BLVD	ORMAND BEACH, FL 32174
Vice President/Member	CHRIS LECHNIR	1401 VALLEY DR	WISCONSIN DELLS, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Chris Lechnir		
Directors/Managers			

3. Trade Name ▶ MAMA Z'S GRILL Business Phone Number _____
4. Address of Premises ▶ 1101 BROADWAY WISCONSIN DELLS, WI 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 CA and date 11/07/16 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.) BLDGS & GROUNDS @ 1101 BROADWAY outdoor patio
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? MITZI'S
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of February, 2017

Nancy R. Holzem
(Clerk/Notary Public)

My commission expires 10-18-2019

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

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

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

NANCY R. HOLZEM NOTARY PUBLIC STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
2-27-17			N Holzem
Date license granted	**Date license issued**	**License number issued**	

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Jechnik	Christopher	William

Home Address *(street/route)*	Post Office	City	State	Zip Code
1401 Valley Dr		W. Dells	WI	53965

Home Phone Number	Age	Date of Birth	Place of Birth
608 432 3400	59	1-8-58	Iron Co. WI

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

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

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

☐ _____ of _____
(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? 59 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
   If yes, identify. Woodside LLC
   (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
Woodside Sports	1770 W. Hwy 13	May '15	Present
Employer's Name	Employer's Address	Employed From	To
W. Dells School District		June 05	July '12'

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

Subscribed and sworn to before me

this 27th day of February, 2017

Nancy R. Holzem
(Clerk/Notary Public)

NANCY R. HOLZEM NOTARY PUBLIC STATE OF WISCONSIN

Christopher W. Jechnik
(Signature of Named Individual)

My commission expires 10-18-2019

Printed on Recycled Paper

AT-103 (R. 8-11)

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☐ Village ☑ City of WISCONSIN DELLS County of _____

The undersigned duly authorized officer(s)/members/managers of MAMA Z'S GRILL 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

MAMA Z'S GRILL
(trade name)

located at 1101 BROADWAY WISCONSIN DELLS, WI 53965

appoints CHRIS LECHNIR
(name of appointed agent)

1401 VALLEY DR WISCONSIN DELLS, WI 53965
(home address of appointed agent)

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

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

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

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

Place of residence last year 1401 VALLEY DR WISCONSIN DELLS, WI 53965

For: MAMA Z'S GRILL LLC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, CHRIS LECHNIR, 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.

Chris W Lechnir 2-27-17 Agent's age 59
(signature of agent) *(date)*

1401 VALLEY DR WISCONSIN DELLS, WI 53965 Date of birth 1-8-58
(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 3/2/17 *(date)* by _____ *(signature of proper local official)* Title CHIEF of Police *(town chair, village president, police chief)*

AT-104 (R. 4-09) Wisconsin Department of Revenue

3-1-17 (+ CH) (LL)

ITEM 16

456-0000-196890-04

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 1 20 17
ending JUNE 30 20 17

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

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

Applicant's WI Seller's Permit No.	FEIN Number:
~~418688~~	39-1558709

LICENSE REQUESTED

TYPE	FEE
☑ ~~Class A beer~~	$ ~~100~~
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ ~~500~~ 125
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 139.00

pd

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): ▶ CARR VALLEY CHEESE CO., INC.

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

Title	Name	Home Address	Post Office & Zip Code
President/Member PRESIDENT	SIDNEY M COOK	W14105 THERESA LN	PRAIRIE DU SAC 53578
Vice President/Member VICE-PRESIDENT	LISA COOK	W14105 THERESA LN	PRAIRIE DU SAC 53578
Secretary/Member SECRETARY	PATTY KOENIG	E3330 FRANK RD	LA VALLE, WI 53941
Treasurer/Member			
Agent ▶ Shana Carden			
Directors/Managers			

3. Trade Name ▶ CARR VALLEY CHEESE CO., INC. Business Phone Number 608 986-2781
4. Address of Premises ▶ 420 BRAODWAY ST Post Office & Zip Code ▶ WISCONSIN DELL 53965
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☑ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 09/01/86 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.) RETAIL CHEESE STORE
10. Legal description (omit if street address is given above): SOUTH SIDE OF BROADWAY ST TO THE EAST OF DOWNTOWN
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☑ No
    (b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of February, 20 17

Patricia A. Koenig
(Clerk/Notary Public)

My commission expires 3/15/19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
3-1-17	3-20-17		T. Holzem
Date license granted	**Date license issued**	**License number issued**	

AT-106 (R. 9-16) Wisconsin Department of Rev

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)		
Carden	Shanalee	L		
Home Address (street/route)	**Post Office**	**City**	**State**	**Zip Code**
823 E. Woodland Trail		Prairie du Sac	WI	53578
Home Phone Number	**Age**	**Date of Birth**	**Place of Birth**	
(608)963-0333	52	11/05/64	Prairie du Sac, WI	

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

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

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

☒ Agent of Carr Valley Cheese Co., Inc.
(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? 52 yrs.
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
Employer's Name	**Employer's Address**	**Employed From**	**To**

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

Subscribed and sworn to before me

this 3rd day of March, 2017.

Patricia A. Koenig
(Clerk/Notary Public)

My commission expires 3/15/19

Shanalee L Carden
(Signature of Named Individual)

AT-103 (R. 8-11)

Printed on Recycled Paper

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☑ Village ☐ City of WISCONSIN DELLS County of COLUMBIA

The undersigned duly authorized officer(s)/members/managers of CARR VALLEY CHEESE CO., INCCARR VALLE
(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

CARR VALLEY CHEESE
(trade name)

located at 420 BROADWAY STREET

appoints SHANALEE CARDEN
(name of appointed agent)

823 E WOODLAND TRAIL PRAIRIE DU SAC, WI 53578
(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? 52 YEARS

Place of residence last year 823 E WOODLAND TRAIL PRAIRIE DU SAC, WI 53578

For: CARR VALLEY CHEESE CO., INC
(name of corporation/organization/limited liability company)

By: Patty Koenig, Secretary
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, SHANALEE CARDEN, 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.

Shanalee Carden 03-01-2017 Agent's age 52
(signature of agent) *(date)*

823 E WOODLAND TRAIL PRAIRIE DU SAC, WI 53578 Date of birth 11/05/1964
(home address of agent)

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

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

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

High Rock CAFE

ITEM 17

To whom it may concern:

High Rock Café is asking for a motion to amend the definition of its' liquor license to include 737 Oak street. High Rock recently purchased the building to create a lounge/waiting area. The building is two stories, but only the street level will be used for this project. It is roughly 1500 sq. ft.

The new 20 seat bar and lounge area will be branded along side High Rock and do business as "Sidebar". This area will be open seasonally and work to offer a more complete experience for High Rock guests during peak seasons as the current restaurant becomes full with a waiting list all summer with no waiting area.

The rejuvenation of this building will be done with the same caliber of class that High Rock has shown and will be a solid addition to the betterment of downtown. We thank you for your consideration and look forward to keeping another piece of downtown in good hands.

Sincerely,

Justin Draper and Wade Bernander
Owners/Operators
High Rock Café

High Rock Café

232 Broadway - Wisconsin Dells, WI 53965 - www.highrockcafe.com
Email: info@highrockcafe.com - Phone: 608-254-5677

R# 54141

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1024257354-0230-0709616	

LICENSE REQUESTED

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 Broadway, WS Dells WI 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Wade L Bernander	696 Gulch Ave.	Wis. Dells 53965
Vice President/Member	Justin B. Bosper	1111 Capital St	Wis Dells 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Wade L. Bernander		
Directors/Managers			

C. 1. Trade Name ▶ High Rock Cafe *Add 737 Oak Business Phone Number 608 254 5677
2. Address of Premises ▶ 232 Broadway Wis Dells WI 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.) Upstairs, street level, basement, seasonal deck

5. Legal description (omit if street address is given above): 232 Broadway and 741 Oak St (same business)

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. 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 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 11th day of April, 2015

(Clerk/Notary Public)

My commission expires 10/26/2017

STATE OF WISCONSIN NOTARY PUBLIC TRACI J. STANFORD

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-11-2016	6-20-2016	6-21-2016
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
417-16	6-21-2016	TDS

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 18

Fee: $100
(Plus $50 for first vehicle, $25 each additional vehicle)

☐ New ☑ Renewal

Date Submitted: 02.23.17 Amount Paid: $ 200.00 Receipt No. 58735

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

Address of Applicant: 177 Forest Dr #915, Wisc Dells, WI, 53965

Date of Birth: 09/23/1977 Daytime Telephone Number: 608-432-2401

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

Business Name: ProInvest LLC dba City Taxi Telephone No. 608-448-1818

Business Address: 177 Forest Dr #915, Wisconsin Dells, WI, 53965

Proposed hours of Operation: 7am - 3am

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

Proposed Rate Schedule: $2.50 person day/night
8am - midnight $1.92/mile
midnight - 3am $2.96/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 of Applicant Calin Bobeanu — 02.23.17 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. 01/11

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

COPY

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☐New ☒Renewal

Date Submitted: 1/30/17 Amount Paid: $ 275.00 Receipt No. 58503

Name of Applicant (Last, First, MI): COLEMAN MICHAEL R.

Address of Applicant: 1110 RACE ST. WISCONSIN DELLS WI. 53965

Date of Birth: Aug. 5, 1940 Daytime Telephone Number: 608-434-5540/CELL

Applicant's Drivers License Number: C455-5564-0285-07 State: WI.

Business Name: SUNAWAY TAXI SERVICES Telephone No. 608-253-2129

Business Address: 1110 RACE ST. WISCONSIN DELLS WI. 53965

Proposed hours of Operation: 24/7

Name of Auto Insurance Carrier: (Attach Proof of Coverage): AMERICAN BUSINESS INS. SER, INC

Proposed Rate Schedule: DELLS - DELTON $8.00 MIN/DELTON - DELLS $8.00 MIN $10.00 MAX/PERSON — OUT OF TOWN $2.00 PER MILE SENIORS $3.00 DELLS ONLY/CHILDREN RIDING WITH ADULTS — FREE ARM MILITARY - RIDE 50% OFF WITH ID,

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.

Michael R Coleman — Signature of Applicant

1/23/17 — Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☑ Background check completed. 2/1/17 ES

☑ License Approved: [signature] License Valid from 2/1, 20 17 through March 31, 20 18

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

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

COPY

☐ New ☒ Renewal

Date Submitted: 2-27-17 Amount Paid: $ 425.00 Receipt No. 58788

Name of Applicant (Last, First, MI): GREGERSON, KESHIA, M.

Address of Applicant: PO BOX 752; WISCONSIN DELLS, WI 53965

Date of Birth: 3/7/89 Daytime Telephone Number: (608) 253-7433

Applicant's Drivers License Number: _____ State: _____

Business Name: K2G INC DBA Wisconsin Dells Taxi Telephone No. (608) 253-7433

Business Address: POBOX 752; Wis. Dells, WI 53965

Proposed hours of Operation: 7Am - 2:30Am OR LATER

365 DAys/YR

Name of Auto Insurance Carrier: (Attach Proof of Coverage for all vehicles): AmTrust NA

Rate Schedule: BEFORE MIDNIGHT = $2/PERSON + $2/MILE

AFTER MIDNIGHT = $3/PERSON + $3/MILE

$10 MIN CHARGE

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

2/27/17
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- ☐ Background check completed. _____ Vehicle Inspection(s) done: _____
- ☐ 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

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:

TAXICAB SERVICE LICENSE

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☐ New ☑ Renewal

Date Submitted: 3-1-17 Amount Paid: $ 325.00 Receipt No. ~~1757~~ #58812

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

Address of Applicant: P.O. Box 629, Lake Delton, WI. 53940

Date of Birth: 2-27-83 Daytime Telephone Number: 608-432-8367

Applicant's Drivers License Number: B523-4378-3067-09 State: WI.

Business Name: A1 Wisconsin Dells Kangaroo taxi Telephone No. 608-432-4627

Business Address: 101 Progressive Dr. Lake Delton, WI. (No mail please)

Proposed hours of Operation: 7Am - 2:40 A.m (Sun - Thur)
7Am - 3:30 A.m (Fri - Sat) / International Students: $7 up to 7 / then $1 Per Person

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

Proposed Rate Schedule: 7Am - midnight: $2 per mile / $2 Per person
No Student Discount Fri / Sat evening After 8pm

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: 2-23-17

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

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

COPY

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☐New ☒Renewal

Date Submitted: 2/22/17 Amount Paid: $ 250.00 Receipt No. 58715 (4th)

Name of Applicant (Last, First, MI): Volkey, Larry K
Address of Applicant: 918 Capital st Wisc. Dells WI 53965
Date of Birth: 9-10-63 Daytime Telephone Number (608) 434-3166
Applicant's Drivers License Number: V420-5316-3330-04 State: WI
Business Name: Dells Cab Telephone No. (608) 434-3166
Business Address: 918 Capital St. Wisc Dells, WI 53965
Proposed hours of Operation: 7 AM - 3 AM - Extended hours as needed

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Country Ins Co - Accord
Proposed Rate Schedule: Dells to Dells $5 1st person $2 each additional persons. Delton to Delton & Delton to Dells $10 1st person $2 each additional passenger. Out of City/Village limits $2 per person + $2 per mile with an $8 min. Charge.

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.

LKV

Signature of Applicant

02/22/17

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

ITEM 19

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams, and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their March 20, 2017 meeting;

It APPROVES the Proposal submitted by ZEBRADOG for totem art and mosaic tile design.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: _____ayes _____nays _____ abs.
Date Introduced: March 20, 2017
Date Passed:
Date Published:

PROPOSAL

17 MARCH 2017 | CITY OF WISCONSIN DELLS | 17-WDE-002 | Chris Tollaksen - City Planner/Zoning Administrator - City of Wis. Dells (608) 253-2542

ZEBRADOG
DYNAMIC ENVIRONMENT DESIGN

HISTORY

This document summarizes the scope of work related to the Broadway cafe zones. Initial design concepts were generated for the urban totems and mosaic patterning within the cafe zones during phase 1 of this project. This scope is to refine those parts of the cafe zone concepts and move the designs through development and detailing.

SCOPE

DISCOVER (PRE-DESIGN SERVICES)

- Work completed in phase 1

DESIGN (SCHEMATIC DESIGN PHASE)

- Work completed in phase 1

Phase 1 concept

DEVELOP (DESIGN DEVELOPMENT PHASE) 7,000

- Refine design schematic for urban totems -designs will reflect wayfinding colors of each block and incorporate materials used on the riverwalk and cafe zones (1 round of edits included)
- Qty. 2 meetings with stakeholders (1 to review existing design concepts and gather feedback, 1 to review design edits)

DETAIL (DESIGN DETAIL PHASE) 2,500

- Following approval of DEVELOP phase design schematics, ZD will create preliminary Design Detail documents for the urban totems suitable for other consultants to obtain preliminary budgetary pricing
- Qty. 1 meeting with stakeholders 1 to review details

DELIVER (TBD)

- Following approval of the fabrication and installation pricing, we will move the design into production.
- Final high resolution production files are created
- Procurement of all materials
- Installation of mosaic patterning, urban totems and feature seating

DOCUMENT (WRAP-UP PHASE) (TBD)

SUMMARY

DISCOVER	(COMPLETE)
DESIGN	(COMPLETE)
DEVELOP	7,000
DETAIL	2,500
DELIVER	(TBD)
DOCUMENT	TBD
TOTAL	**$9,500**

+ REIMBURSABLE EXPENSES (SEE BELOW)

ADD ALTERNATES

1. Refine design intent and direction for mosaic patterning in planters. Mosaic design direction could include direction on mosaic size, color and found objects unique to the Dells. (1 round of edits included)

TOTAL **$5,000**

+ REIMBURSABLE EXPENSES (SEE BELOW)

2. Following approval of DEVELOP phase design schematics, ZD will create preliminary Design Detail documents for the mosaic designs suitable for other consultants to obtain preliminary budgetary pricing

TOTAL **$1,850**

+ REIMBURSABLE EXPENSES (SEE BELOW)

PAYMENT TERMS

A 25% downpayment will be charged at project inception. Remaining fees will be billed monthly as incurred. Project fees are not-to-exceed amounts based on project scope. Changes to scope may result in adjustment of fees and a scope revision. Sales tax not included (if applicable)

* ALL INVOICES ARE DUE NET 30 DAYS FROM DATE ISSUED.

REIMBURSABLE EXPENSES

Expenses related to the performance and delivery of basic services will be billed in addition to the fees for basic services. Reimbursable expenses will be invoiced at actual cost and will include costs associated with printing of project documentation, courier, postage, stock material, software, travel costs , meals and lodging.

17 MARCH 2017
SUBMITTED: MARK SCHMITZ - ZEBRADOG

ACCEPTED (PLEASE SIGN): _____ DATE: _____

ZEBRADOG DESIGN & INTEGRATION PROCESS

1 DISCOVER
PRE-DESIGN PHASE

Prior to the initial design concepts, we begin by gathering and analyzing information and performing all of the work necessary to design a project. Work in this phase includes engaging appropriate clients stakeholder groups and identifying project purpose, goals and objectives. We establish expected timelines, budgets and work to obtain organizational, architectural, I.T. information. Following research and directed discussion, general performance criteria are established and a plan of action is agreed-upon for both content and implementation.

2 DESIGN
SCHEMATIC DESIGN PHASE

The goal of the schematic design phase is to clearly define design with a subsequent understood scope, budget, and schedule to allow for advancement and approval—it's about determining the general scope, preliminary design, scale and relationships among the components of the project. During this time, we visualize a series of programmatic recommendations with the client in order to define his/her needs and objectives, such as size, function, and the relationships between spaces, character, content and brand expression. Illustrations and early wireframes are prepared to help visualize the project as necessary for us to arrive at a clearly defined, feasible concept inventory. We consider any potential required integration scope and make plans to dovetail into larger timelines or global schedules. We present the DESIGN concepts to the owner(s) and stakeholders who review and provide general design intent approvals and/or requests for revisions based on their vision for the project. When an agreement is reached between owner stakeholders, the schematic design is finalized and preparations are made to advance to the DEVELOP Phase.

3 DEVELOP
DESIGN DEVELOPMENT PHASE

We expand the approved DESIGN studies to develop a more detailed understanding of the final program components, illustrating other aspects of the proposed design. During this phase, we evolve design, form, and content; and seek to advance a more accurate inventory of final design direction. Sketches, drawings, and iterative study models are prepared to help evaluate the ideas and concepts and set the final direction. Media and technology planning advances through wireframing, development of information architecture diagrams and considerations for AV integration. We verify that designs will properly integrate with building conditions, desired locations, and electrical/ data systems. During this stage, we present the Design Development and review the final project cost estimation with the owner(s) for approval to advance to the DETAIL phase. When an agreement reached with the owner, this design phase is finalized. By the end of this phase, a large portion of the design work is completed.

4 DETAIL
DESIGN DETAIL PHASE

Once the owner has approved the DESIGN phase, we begin producing Design Detail specifications for production and application development. This level of detail defines all materials, equipment, products, dimensions, locations, quantities, as well as construction and integration procedures. Although this phase is primarily intended to work out the technical aspects of the project, some final design work also takes place for final refinement based on changes in site conditions or any last minute content integration needed in the production files. Any needed adjustments are made swiftly and typically do not require higher level review. During this stage, graphic materials, technology, software and content items are selected and documented with the client. Final owner sign off on DETAIL allows the teams to advance to programming, production and final DELIVERY.

5 DELIVER
IMPLEMENTATION PHASE

The primary elements of this phase of the process are the procurement, installation, commissioning and integration of the entire approved inventory of technology and content.

During this phase, we guide the progress of the work and facilitate any changes that may be required by managing the integration process to determine that the project is being installed according to the plans and specifications and meeting desired design intent. Upon completion of this phase, we thoroughly inspect the project to ensure that it has been completed according to the desired design direction and specifications. Punch lists are developed (as needed) to allow for resolution of any outstanding gaps in functionality, errors in fabrication, performance issues, and overall quality concerns.

6 DOCUMENT
WRAP-UP

This final phase ensures project objectives and goals have been met, verifies results and provides owner groups with the needed tools for successful daily use, maintenance, updates and analysis of ROI. Final walk through for punch list completion verifications take place and / or acceptance testing is completed. Final O&M manuals, training sessions, training documentation and any related project files / templates are delivered.

ASSUMPTIONS

ZEBRADOG (ZD) designs and implements custom, integrated brand experiences based on project-specific performance criteria. As a part of this program ZD has made certain assumptions based on current understanding of project parameters.

We have assumed the following:

- Integration of information, software or systems from outside the described content scope will be addressed with an additional scope of services for development.
- ZD assumes all photography, copy, photos, video production and other media will be proofed and provided in requested resolutions and file formats. Digital content requiring format conversion, rendering, or additional authoring will be addressed via an additional scope of services.
- ZD will directly purchase all needed travel per our requirements and will be reimbursed as outlined in "REIMBURSABLE EXPENSES" section of this document for all travel expenses.

Client will be responsible for the following:

- Providing open access to all needed content and assign a point person to ZD
- Providing access to full and accurate architectural plan sets, elevations and 3D models
- Providing open access to facilities as needed for ZD and our related consultants
- Agree to final approval and sign-off process.

Client will be required to perform the following in preparation of project installation:

- Document and Perform any changes / adjustments required for electrical / data / site modifications

RIGHT TO MARKET - ZEBRADOG may use still photography and/or video footage of finished project for purposes of marketing and self-promotion. ZEBRADOG agrees to never show confidential client material, information or trade secrets.

RESOLUTION NO. _____ ITEM 20

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams, and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their March 20, 2017 meeting;

It APPROVES the Proposal submitted by ZEBRADOG for wayfinding sign system development/detailing for the amount of $20,000.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: _____ayes _____nays _____ abs.
Date Introduced: March 20, 2017
Date Passed:
Date Published:

PROPOSAL

ZEBRADOG
DYNAMIC ENVIRONMENT DESIGN

17 MARCH 2017 | CITY OF WISCONSIN DELLS | 17-WDE-004 | Chris Tollaksen - City Planner/Zoning Administrator - City of Wis. Dells (608) 253-2542

HISTORY

This document summarizes the scope of work related to the development of a wayfinding sign system in the Dells River Arts District. Initial design concepts were generated for the signage during phase 1 of this project. This scope is to refine the signage concepts and move the designs through development and detailing.

SCOPE

DISCOVER (PRE-DESIGN SERVICES) — COMPLETE

- Work completed in phase 1

DESIGN (SCHEMATIC DESIGN PHASE) — COMPLETE

- Work completed in phase 1

DEVELOP (DESIGN DEVELOPMENT PHASE) — 9,500

- Advance design concepts for wayfinding sign family. This could include vehicular directionals, pedestrian scale directories, information posts, parking signage (includes seasonal electronic sign) - 1 round of edits
- Develop location map and identify locations for proposed signage in the River Arts District**
- Qty. 2 meetings with stakeholders (1 to review existing design concepts and gather feedback, 1 to review proposed design and locations)

** Final copy on signage to be provided by the City.

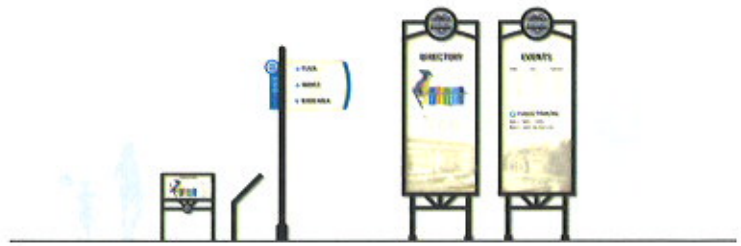
DETAIL (DESIGN DETAIL PHASE) — 10,500

- Following approval of DEVELOP phase design schematics, ZD will create preliminary Design Detail documents for the signage family that is suitable for other consultants to obtain preliminary budgetary pricing.
- Send design details out for pricing by consultants / City
- Qty. 2 meetings with stakeholders (1 to review details, 1 to review fabrication pricing)

DELIVER — (TBD)

- Following approval of the fabrication and installation pricing, we will move the design into production.
- Final high resolution production files are created
- Procurement of all materials
- Installation of signage

DOCUMENT (WRAP-UP PHASE) — (TBD)



Phase 1 concepts

SUMMARY

DISCOVER	(COMPLETE)
DESIGN	(COMPLETE)
DEVELOP	9,500
DETAIL	10,500
DELIVER	(TBD)
DOCUMENT	(TBD)
TOTAL	**$20,000**
	+ REIMBURSABLE EXPENSES (SEE BELOW)

PAYMENT TERMS

A 25% downpayment will be charged at project inception. Remaining fees will be billed monthly as incurred. Project fees are not-to-exceed amounts based on project scope. Changes to scope may result in adjustment of fees and a scope revision. Sales tax not included (if applicable)

* ALL INVOICES ARE DUE NET 30 DAYS FROM DATE ISSUED.

REIMBURSABLE EXPENSES

Expenses related to the performance and delivery of basic services will be billed in addition to the fees for basic services. Reimbursable expenses will be invoiced at actual cost and will include costs associated with printing of project documentation, courier, postage, stock material, software, travel costs , meals and lodging.

17 MARCH 2017
SUBMITTED: MARK SCHMITZ - ZEBRADOG

ACCEPTED (PLEASE SIGN): _____ DATE

ZEBRADOG DESIGN & INTEGRATION PROCESS

1 DISCOVER
PRE-DESIGN PHASE

Prior to the initial design concepts, we begin by gathering and analyzing information and performing all of the work necessary to design a project. Work in this phase includes engaging appropriate clients stakeholder groups and identifying project purpose, goals and objectives. We establish expected timelines, budgets and work to obtain organizational, architectural, I.T. information. Following research and directed discussion, general performance criteria are established and a plan of action is agreed-upon for both content and implementation.

2 DESIGN
SCHEMATIC DESIGN PHASE

The goal of the schematic design phase is to clearly define design with a subsequent understood scope, budget, and schedule to allow for advancement and approval—it's about determining the general scope, preliminary design, scale and relationships among the components of the project. During this time, we visualize a series of programmatic recommendations with the client in order to define his/her needs and objectives, such as size, function, and the relationships between spaces, character, content and brand expression. Illustrations and early wireframes are prepared to help visualize the project as necessary for us to arrive at a clearly defined, feasible concept inventory. We consider any potential required integration scope and make plans to dovetail into larger timelines or global schedules. We present the DESIGN concepts to the owner(s) and stakeholders who review and provide general design intent approvals and/or requests for revisions based on their vision for the project. When an agreement is reached between owner stakeholders, the schematic design is finalized and preparations are made to advance to the DEVELOP Phase.

3 DEVELOP
DESIGN DEVELOPMENT PHASE

We expand the approved DESIGN studies to develop a more detailed understanding of the final program components, illustrating other aspects of the proposed design. During this phase, we evolve design, form, and content; and seek to advance a more accurate inventory of final design direction. Sketches, drawings, and iterative study models are prepared to help evaluate the ideas and concepts and set the final direction. Media and technology planning advances through wireframing, development of information architecture diagrams and considerations for AV integration. We verify that designs will properly integrate with building conditions, desired locations, and electrical/ data systems. During this stage, we present the Design Development and review the final project cost estimation with the owner(s) for approval to advance to the DETAIL phase. When an agreement reached with the owner, this design phase is finalized. By the end of this phase, a large portion of the design work is completed.

4 DETAIL
DESIGN DETAIL PHASE

Once the owner has approved the DESIGN phase, we begin producing Design Detail specifications for production and application development. This level of detail defines all materials, equipment, products, dimensions, locations, quantities, as well as construction and integration procedures. Although this phase is primarily intended to work out the technical aspects of the project, some final design work also takes place for final refinement based on changes in site conditions or any last minute content integration needed in the production files. Any needed adjustments are made swiftly and typically do not require higher level review. During this stage, graphic materials, technology, software and content items are selected and documented with the client. Final owner sign off on DETAIL allows the teams to advance to programming, production and final DELIVERY.

5 DELIVER
IMPLEMENTATION PHASE

The primary elements of this phase of the process are the procurement, installation, commissioning and integration of the entire approved inventory of technology and content.

During this phase, we guide the progress of the work and facilitate any changes that may be required by managing the integration process to determine that the project is being installed according to the plans and specifications and meeting desired design intent. Upon completion of this phase, we thoroughly inspect the project to ensure that it has been completed according to the desired design direction and specifications. Punch lists are developed (as needed) to allow for resolution of any outstanding gaps in functionality, errors in fabrication, performance issues, and overall quality concerns.

6 DOCUMENT
WRAP-UP

This final phase ensures project objectives and goals have been met, verifies results and provides owner groups with the needed tools for successful daily use, maintenance, updates and analysis of ROI. Final walk through for punch list completion verifications take place and / or acceptance testing is completed. Final O&M manuals, training sessions, training documentation and any related project files / templates are delivered.

ASSUMPTIONS

ZEBRADOG (ZD) designs and implements custom, integrated brand experiences based on project-specific performance criteria. As a part of this program ZD has made certain assumptions based on current understanding of project parameters.

We have assumed the following:

- Integration of information, software or systems from outside the described content scope will be addressed with an additional scope of services for development.
- ZD assumes all photography, copy, photos, video production and other media will be proofed and provided in requested resolutions and file formats. Digital content requiring format conversion, rendering, or additional authoring will be addressed via an additional scope of services.
- ZD will directly purchase all needed travel per our requirements and will be reimbursed as outlined in "REIMBURSABLE EXPENSES" section of this document for all travel expenses.

Client will be responsible for the following:

- Providing open access to all needed content and assign a point person to ZD
- Providing access to full and accurate architectural plan sets, elevations and 3D models
- Providing open access to facilities as needed for ZD and our related consultants
- Agree to final approval and sign-off process.

Client will be required to perform the following in preparation of project installation:

- Document and Perform any changes / adjustments required for electrical / data / site modifications

RIGHT TO MARKET - ZEBRADOG may use still photography and/or video footage of finished project for purposes of marketing and self-promotion. ZEBRADOG agrees to never show confidential client material, information or trade secrets.

ITEM 21

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams, and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their March 20, 2017 meeting;

It APPROVES the Proposal submitted by ZEBRADOG for RiverWalk gateway entrance design, development and detail for the amount of $14,000.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: _____ayes _____nays _____ abs.
Date Introduced: March 20, 2017
Date Passed:
Date Published:

PROPOSAL

17 MARCH 2017 | CITY OF WISCONSIN DELLS | 17-WDE-003 | Chris Tollaksen - City Planner/Zoning Administra

ZEBRADOG
DYNAMIC ENVIRONMENT DESIGN

HISTORY

This document summarizes the scope of work related to the development of the two Riverwalk entrances. One entrance is off of Broadway and the other entrance is near the River Rd / Illinois Ave. intersection.

SCOPE

DISCOVER (PRE-DESIGN SERVICES) — COMPLETE

- Work completed in phase 1

DESIGN (SCHEMATIC DESIGN PHASE) — 5,000

- Site audit to confirm existing conditions of two entrances
- Develop design concepts for the Riverwalk entrance features at Broadway and Illinois Ave.
- The design concepts could include architectural features, custom signage, pavement design, lighting, graphics along Wizard Quest, integration of two anchors (provided by City), and seating
- Qty. 1 meeting with stakeholders to review proposed design

DEVELOP (DESIGN DEVELOPMENT PHASE) — 3,500

- Advance design for the Riverwalk entrance features and integrate feedback from stakeholders
- Develop elevations and renderings of proposed design
- One (1) round of edits included
- Qty. 1 meeting with stakeholders to review final design

** Final copy on signage to be provided by the City.

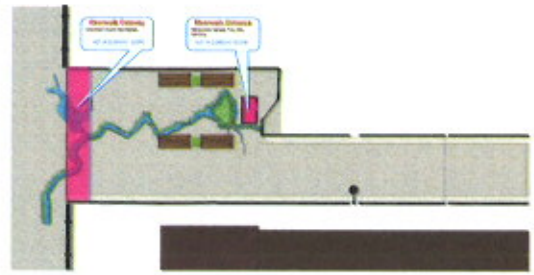
DETAIL (DESIGN DETAIL PHASE) — 5,500

- Following approval of DEVELOP phase, ZD will create preliminary Design Detail documents for the Riverwalk entrance features that are suitable for other consultants to obtain preliminary budgetary pricing.
- Send design details out for pricing by consultants / City
- Qty. 2 meetings with stakeholders (1 to review details, 1 to review fabrication pricing)

DELIVER — (TBD)

- Following approval of the fabrication and installation pricing, we will move the design into production.
- Final high resolution production files are created
- Procurement of all materials
- Installation of signage

DOCUMENT (WRAP-UP PHASE) — (TBD)



Phase 1 concepts

SUMMARY

DISCOVER	(COMPLETE)
DESIGN	5,000
DEVELOP	3,500
DETAIL	5,500
DELIVER	(TBD)
DOCUMENT	(TBD)
TOTAL	**$14,000**

+ REIMBURSABLE EXPENSES (SEE BELOW)

PAYMENT TERMS

A 25% downpayment will be charged at project inception. Remaining fees will be billed monthly as incurred. Project fees are not-to-exceed amounts based on project scope. Changes to scope may result in adjustment of fees and a scope revision. Sales tax not included (if applicable)

* ALL INVOICES ARE DUE NET 30 DAYS FROM DATE ISSUED.

REIMBURSABLE EXPENSES

Expenses related to the performance and delivery of basic services will be billed in addition to the fees for basic services. Reimbursable expenses will be invoiced at actual cost and will include costs associated with printing of project documentation, courier, postage, stock material, software, travel costs , meals and lodging.

17 MARCH 2017
SUBMITTED: MARK SCHMITZ - ZEBRADOG

ACCEPTED (PLEASE SIGN):

DATE

ZEBRADOG DESIGN & INTEGRATION PROCESS

1 DISCOVER
PRE-DESIGN PHASE

Prior to the initial design concepts, we begin by gathering and analyzing information and performing all of the work necessary to design a project. Work in this phase includes engaging appropriate clients stakeholder groups and identifying project purpose, goals and objectives. We establish expected timelines, budgets and work to obtain organizational, architectural, I.T. information. Following research and directed discussion, general performance criteria are established and a plan of action is agreed-upon for both content and implementation.

2 DESIGN
SCHEMATIC DESIGN PHASE

The goal of the schematic design phase is to clearly define design with a subsequent understood scope, budget, and schedule to allow for advancement and approval—it's about determining the general scope, preliminary design, scale and relationships among the components of the project. During this time, we visualize a series of programmatic recommendations with the client in order to define his/her needs and objectives, such as size, function, and the relationships between spaces, character, content and brand expression. Illustrations and early wireframes are prepared to help visualize the project as necessary for us to arrive at a clearly defined, feasible concept inventory. We consider any potential required integration scope and make plans to dovetail into larger timelines or global schedules. We present the DESIGN concepts to the owner(s) and stakeholders who review and provide general design intent approvals and/or requests for revisions based on their vision for the project. When an agreement is reached between owner stakeholders, the schematic design is finalized and preparations are made to advance to the DEVELOP Phase.

3 DEVELOP
DESIGN DEVELOPMENT PHASE

We expand the approved DESIGN studies to develop a more detailed understanding of the final program components, illustrating other aspects of the proposed design. During this phase, we evolve design, form, and content; and seek to advance a more accurate inventory of final design direction. Sketches, drawings, and iterative study models are prepared to help evaluate the ideas and concepts and set the final direction. Media and technology planning advances through wireframing, development of information architecture diagrams and considerations for AV integration. We verify that designs will properly integrate with building conditions, desired locations, and electrical/ data systems. During this stage, we present the Design Development and review the final project cost estimation with the owner(s) for approval to advance to the DETAIL phase. When an agreement reached with the owner, this design phase is finalized. By the end of this phase, a large portion of the design work is completed.

4 DETAIL
DESIGN DETAIL PHASE

Once the owner has approved the DESIGN phase, we begin producing Design Detail specifications for production and application development. This level of detail defines all materials, equipment, products, dimensions, locations, quantities, as well as construction and integration procedures. Although this phase is primarily intended to work out the technical aspects of the project, some final design work also takes place for final refinement based on changes in site conditions or any last minute content integration needed in the production files. Any needed adjustments are made swiftly and typically do not require higher level review. During this stage, graphic materials, technology, software and content items are selected and documented with the client. Final owner sign off on DETAIL allows the teams to advance to programming, production and final DELIVERY.

5 DELIVER
IMPLEMENTATION PHASE

The primary elements of this phase of the process are the procurement, installation, commissioning and integration of the entire approved inventory of technology and content.

During this phase, we guide the progress of the work and facilitate any changes that may be required by managing the integration process to determine that the project is being installed according to the plans and specifications and meeting desired design intent. Upon completion of this phase, we thoroughly inspect the project to ensure that it has been completed according to the desired design direction and specifications. Punch lists are developed (as needed) to allow for resolution of any outstanding gaps in functionality, errors in fabrication, performance issues, and overall quality concerns.

6 DOCUMENT
WRAP-UP

This final phase ensures project objectives and goals have been met, verifies results and provides owner groups with the needed tools for successful daily use, maintenance, updates and analysis of ROI. Final walk through for punch list completion verifications take place and / or acceptance testing is completed. Final O&M manuals, training sessions, training documentation and any related project files / templates are delivered.

ASSUMPTIONS

ZEBRADOG (ZD) designs and implements custom, integrated brand experiences based on project-specific performance criteria. As a part of this program ZD has made certain assumptions based on current understanding of project parameters.

We have assumed the following:

- Integration of information, software or systems from outside the described content scope will be addressed with an additional scope of services for development.
- ZD assumes all photography, copy, photos, video production and other media will be proofed and provided in requested resolutions and file formats. Digital content requiring format conversion, rendering, or additional authoring will be addressed via an additional scope of services.
- ZD will directly purchase all needed travel per our requirements and will be reimbursed as outlined in "REIMBURSABLE EXPENSES" section of this document for all travel expenses.

Client will be responsible for the following:

- Providing open access to all needed content and assign a point person to ZD
- Providing access to full and accurate architectural plan sets, elevations and 3D models
- Providing open access to facilities as needed for ZD and our related consultants
- Agree to final approval and sign-off process.

Client will be required to perform the following in preparation of project installation:

- Document and Perform any changes / adjustments required for electrical / data / site modifications

RIGHT TO MARKET - ZEBRADOG may use still photography and/or video footage of finished project for purposes of marketing and self-promotion. ZEBRADOG agrees to never show confidential client material, information or trade secrets.

RESOLUTION NO. _____ ITEM 22

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their March 20, 2017 meeting;

IT APPROVES the $3500 cost proposal submitted by MSA Professional Services for Design Standards and Sign Ordinance updates.

_____
Brian L. Landers, Mayor

_____
Attest: Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: March 20, 2017
Date Passed:
Date Published:

MSA PROFESSIONAL SERVICES
More ideas. Better solutions.®

Memo

To: Chris Tollaksen, Wisconsin Dells Zoning Adminstrator

From: Steve Tremlett

Subject: Design Standards & Signage Ordinance Update Cost Proposal

Date: February 21, 2017

Chris,

Per your request, MSA can provide design standards and sign ordinance updates related to the below tasks and deliverables under our current contract for an estimated fee of $3,500. I can get started as soon you sign off on the work via email or by mail.

SCOPE OF WORK

- Coordination with Zoning Administrator & DRC Chair (as needed)
- Research example regulations to the below deliverables:
  - Develop Outdoor Food Service and Outdoor Retail Standards and Guidelines
  - Develop Window Covering Standard and Guidelines
  - Develop Billboard height and structural support standards/regulations
- Attend 2 DRC meetings to review and discuss proposed amendments, as follows:
  - 1st Meeting (March 8): Review proposed content
  - 2nd Meeting (April 12): Review revised content
- Minor revisions per feedback from the DRC
- Final deliverable shall be in InDesign and PDF format

Thanks!

Steve Tremlett, AICP, CNU-A
MSA Professional Services, Inc.

ITEM 23

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Parks & Recreation Committee;

IT APPROVES the Risk Management Agreement between the City and UW Board of Regents, UW-Extension for use of their services, facilities and venues at Upham Woods Outdoor Learning Center.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

RISK MANAGEMENT AGREEMENT

This Agreement is by and between the City of Wisconsin Dells (the City) and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension (UWEXT).

Recitals

A. From time to time the City of Wisconsin Dells acting through its Parks & Recreation Department uses services, facilities and venues at Upham Woods Outdoor Learning Center (Upham Woods) which is owned and operated by the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension.

B. The relationship between the City and Upham Woods is typically memorialized in a confirmation contract which identifies the dates, activities and rates.

C. The purpose of this agreement is to clarify certain risk management responsibilities of the parties.

Agreement

1. The City of Wisconsin Dells shall add the Board of Regents of the University of Wisconsin System, its officers, employees and agents, as an additional insured under the City's general commercial liability policy with regard to liability arising out of activities related to Upham Woods.

2. The City and UWEXT agree to mutually hold harmless each other as follows:

   To the fullest extent allowable by law, each party hereby shall hold harmless the other party, its officials, officers, agents, employees or authorized representatives or volunteers and each of them from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest attorneys' fees, costs, and expenses of whatsoever kind or nature whether arising before, during or after **activities at or use of Upham Woods services or facilities pursuant to contract** and in any manner directly or indirectly caused, occasioned, or contributed to in whole or in part or claimed to be caused, occasioned, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence, whether active or passive, of anyone acting under its direction or control or on its behalf in connection with or incident to the performance of such contract or this Agreement. This hold harmless agreement shall not be applicable to any liability caused by the sole fault, sole negligence, or willful misconduct of a party or its officials, officers, agents, employees or authorized representatives or agents.

City of Wisconsin Dells

_____, 2017.

_____
Brian L. Landers, Mayor

_____, 2017.

_____
Nancy R. Holzem, Clerk/Treasurer

_____, 2017.

_____
Thad Meister, Parks & Recreation Director

University of Wisconsin-Extension

_____, 2017.

_____
By: **Steve Wildeck**
Its Vice Chancellor of Administration & Finance
on behalf of and with authority from the Board
of Regents of the University of Wisconsin System

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 24

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES the Certified Survey Map requested by NLS, LLC (Trappers Turn).

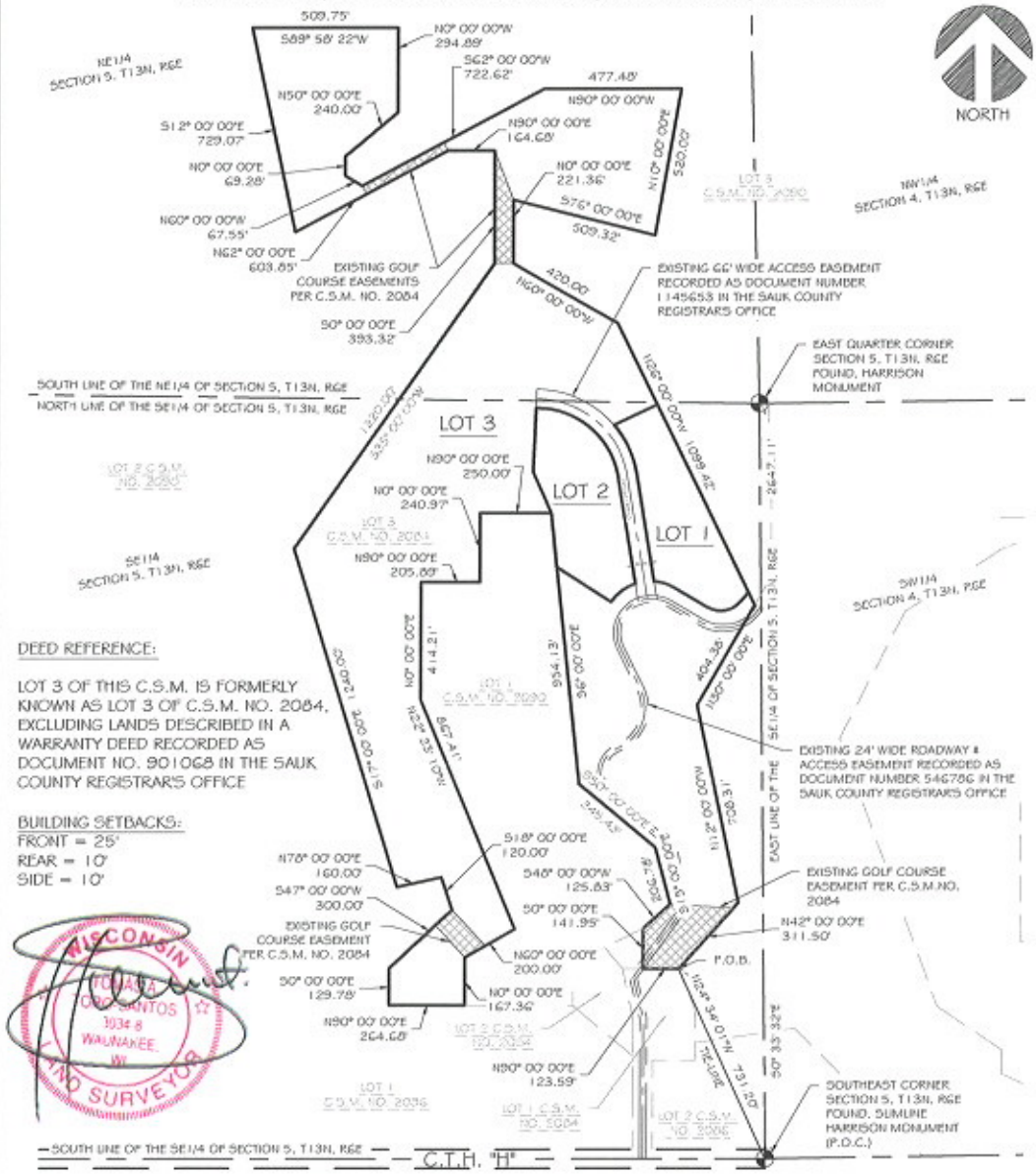
_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

CERTIFIED SURVEY MAP NO. _____

LOCATED IN PART OF LOT 3 OF CERTIFIED SURVEY MAP NUMBER 2084, ALSO BEING LOCATED IN THE NE1/4 OF THE SE1/4 AND THE SE1/4 OF THE NE1/4 OF SECTION 5, TOWNSHIP 13 NORTH, RANGE 6 EAST, CITY OF WISCONSIN DELLS, SAUK COUNTY, WISCONSIN



DEED REFERENCE:

LOT 3 OF THIS C.S.M. IS FORMERLY KNOWN AS LOT 3 OF C.S.M. NO. 2084, EXCLUDING LANDS DESCRIBED IN A WARRANTY DEED RECORDED AS DOCUMENT NO. 901068 IN THE SAUK COUNTY REGISTRAR'S OFFICE

BUILDING SETBACKS:
FRONT = 25'
REAR = 10'
SIDE = 10'

RAMAKER & ASSOCIATES, INC.
855 Community Drive, Sauk City, WI 53583
Phone: 608-643-4100 Fax: 608-643-7999
www.Ramaker.com

RECEIVED FOR RECORDING THIS _____ DAY OF ____, 2017 AT O'CLOCK __.M.
AND RECORDED IN VOLUME _____ OF CERTIFIED SURVEY MAPS OF SAUK COUNTY, ON PAGES _____.

BEARINGS ARE REFERENCED TO THE EAST LINE OF THE SE1/4 OF SECTION 5, T13N, RGE, MEASURED TO BEAR N0° 33' 32"W.

DATUM: WISCONSIN COUNTY COORDINATE SYSTEM, U.S. FOOT.

0 250 500 750 1000
SCALE : 1"=500 Feet

PREPARED FOR:
NLS LLC
P.O. BOX 590
WISCONSIN DELLS, WI 53965

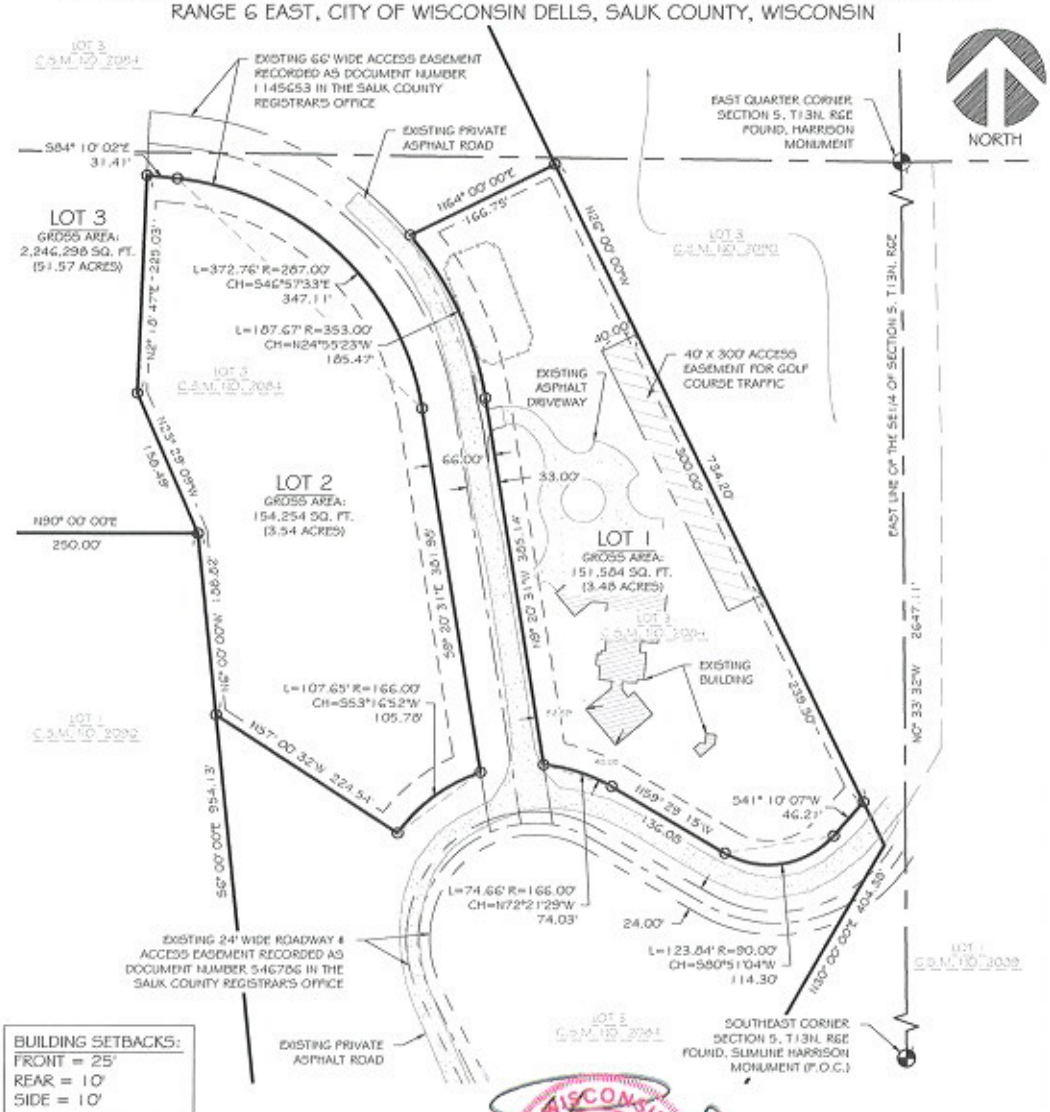
PREPARED BY:
RAMAKER & ASSOCIATES, INC.
855 COMMUNITY DRIVE
SAUK CITY, WI 53583
PHONE: 608-643-4100
R&A PROJECT NO.: 34063
R&A DOC. NO.: 2016169

LEGEND

	EXISTING PROPERTY LINE
	EXISTING RIGHT-OF-WAY LINE
	PROPOSED PROPERTY BOUNDARY LINE
P.O.B.	POINT OF BEGINNING
P.O.C.	POINT OF COMMENCEMENT
O	SET 3/4" DIA. IRON ROD, 24" LONG, WEIGHING 1.5#/LF

CERTIFIED SURVEY MAP NO. _____

LOCATED IN PART OF LOT 3 OF CERTIFIED SURVEY MAP NUMBER 2084, ALSO BEING LOCATED IN THE NE1/4 OF THE SE1/4 AND THE SE1/4 OF THE NE1/4 OF SECTION 5, TOWNSHIP 13 NORTH, RANGE 6 EAST, CITY OF WISCONSIN DELLS, SAUK COUNTY, WISCONSIN



BUILDING SETBACKS:
FRONT = 25'
REAR = 10'
SIDE = 10'

WISCONSIN
THOMAS J. DOS SANTOS
3034
WAUNAKEE, WI
LAND SURVEYOR

RAMAKER & ASSOCIATES, INC.

855 Community Drive, Sauk City, WI 53583
Phone: 608-643-4100 Fax: 608-643-7999
www.Ramaker.com

RECEIVED FOR RECORDING THIS _____ DAY OF ____, 2017 AT O'CLOCK__.M.
AND RECORDED IN VOLUME _____ OF CERTIFIED SURVEY MAPS OF SAUK COUNTY, ON PAGES _____.

BEARINGS ARE REFERENCED TO THE EAST LINE OF THE SE1/4 OF SECTION 5, T13N, R6E, MEASURED TO BEAR N0° 33' 32"W.

DATUM: WISCONSIN COUNTY COORDINATE SYSTEM, U.S. FOOT.

0 75 150 225 300
SCALE: 1"=150 Feet

PREPARED FOR:
NLS LLC
P.O. BOX 590
WISCONSIN DELLS, WI 53965

PREPARED BY:
RAMAKER & ASSOCIATES, INC.
855 COMMUNITY DRIVE
SAUK CITY, WI 53583
PHONE: 608-643-4100
R&A PROJECT NO.: 34063
R&A DOC. NO.: 2016169

LEGEND

	EXISTING PROPERTY LINE
	EXISTING RIGHT-OF-WAY LINE
	PROPOSED PROPERTY BOUNDARY LINE
P.O.B.	POINT OF BEGINNING
P.O.C.	POINT OF COMMENCEMENT
O	SET 3/4" DIA. IRON ROD, 24" LONG, WEIGHING 1.5#/LF

CERTIFIED SURVEY MAP NO. _____

LOCATED IN PART OF LOT 3 OF CERTIFIED SURVEY MAP NUMBER 2084, ALSO BEING LOCATED IN THE NE1/4 OF THE SE1/4 AND THE SE1/4 OF THE NE1/4 OF SECTION 5, TOWNSHIP 13 NORTH, RANGE 6 EAST, CITY OF WISCONSIN DELLS, SAUK COUNTY, WISCONSIN

LEGAL DESCRIPTION

COMMENCING AT A FOUND HARRISON MONUMENT LOCATING THE SOUTHEAST CORNER OF SAID SECTION 5; THENCE N24°34'01"W, 731.20' TO THE POINT OF BEGINNING; THENCE N42°00'00"E, 311.50'; THENCE N12°00'00"W, 708.31'; THENCE N30°00'00"E, 404.38'; THENCE N26°00'00"W, 1099.42'; THENCE N60°00'00"W, 420.00'; THENCE NORTH, 221.36'; THENCE S76°00'00"E, 509.32'; THENCE N10°00'00"E, 520.00'; THENCE WEST, 477.48'; THENCE S62°00'00"W, 722.62'; THENCE N60°00'00"W, 67.55'; THENCE NORTH, 69.28'; THENCE N50°00'00"E, 240.00'; THENCE NORTH, 294.89'; THENCE S89°58'22"W, 509.75'; THENCE S12°00'00"E, 729.07'; THENCE N62°00'00"E, 603.85'; THENCE EAST, 164.68'; THENCE SOUTH, 393.32'; THENCE S35°00'00"W, 1220.00'; THENCE S17°00'00"E, 1240.00'; THENCE N78°00'00"E, 160.00'; THENCE S18°00'00"E, 120.00'; THENCE S47°00'00"W, 300.00'; THENCE SOUTH, 129.78'; THENCE EAST, 264.68'; THENCE NORTH, 167.36'; THENCE N60°00'00"E, 200.00'; THENCE N22°23'10"W, 867.41'; THENCE NORTH, 414.21'; THENCE EAST, 205.89'; THENCE NORTH, 240.97'; THENCE EAST, 250.00'; THENCE S6°00'00"E, 954.13'; THENCE S50°00'00"E, 345.43'; THENCE S15°00'00"E, 206.78'; THENCE S48°00'00"W, 125.83'; THENCE SOUTH, 141.95'; THENCE EAST, 123.59' TO THE POINT OF BEGINNING. THE ABOVE PARCEL CONTAINS 58.59 ACRES OF LAND MORE OR LESS AND IS SUBJECT TO EASEMENTS OF RECORD.

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS SURVEY IS IN COMPLIANCE WITH CHAPTER 236.34 OF THE WISCONSIN STATUTES. I HEREBY CERTIFY THAT I HAVE SURVEYED AND MAPPED THE LANDS DESCRIBED HEREIN AND THAT THIS MAP IS A CORRECT REPRESENTATION OF THE EXTERIOR BOUNDARY OF THE LAND SURVEYED AND THE SUBDIVISION MADE THEREOF.

I HAVE BEEN AUTHORIZED BY NLS LLC, OWNER, TO SURVEY, MONUMENT, MAP AND DESCRIBE THE LAND SHOWN ON THIS CERTIFIED SURVEY MAP.

_____.
TOMAS A. TORO-SANTOS, PLS
PROFESSIONAL LAND SURVEYOR NUMBER: 3034-8
MARCH 8, 2017

WISCONSIN
TOMÁS A. TORO SANTOS
3034-8
WAUNAKEE
WI
LAND SURVEYOR

OWNERS CERTIFICATE

AS OWNERS, WE CERTIFY THAT WE CAUSED THE LAND DESCRIBED ON THIS CERTIFIED SURVEY MAP TO BE SURVEYED, DIVIDED AND MAPPED AS REPRESENTED HEREON PER WIS. STATS. 236.21(2) AND 236.29. WE ALSO CERTIFY THAT THIS CERTIFIED SURVEY MAP IS REQUIRED BY CHAPTER 21.06, CITY OF WISCONSIN DELLS CODE OF ORDINANCES, TO BE SUBMITTED TO THE CITY OF WISCONSIN DELLS CITY COUNCIL.

DATED THIS _____ DAY OF _____, 2017.

_____.
NLS LLC, OWNER

PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 2017, THE ABOVE NAMED OWNERS, TO ME WELL KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THE SAME.

NOTARY PUBLIC _____ MY COMMISSION EXPIRES:

CITY OF WISCONSIN DELLS CERTIFICATE

RESOLVED, THAT THIS CERTIFIED SURVEY MAP LOCATED IN THE CITY OF WISCONSIN DELLS, BE AND HEREBY IS APPROVED IN COMPLIANCE WITH CHAPTER 236 OF THE WISCONSIN STATE STATUTES AND THE CITY OF WISCONSIN DELLS CITY COUNCIL.

_____. DATE: _____.
CITY COUNCIL
CITY OF WISCONSIN DELLS, SAUK COUNTY, WISCONSIN

RAMAKER & ASSOCIATES, INC.

PREPARED FOR:
NLS LLC
P.O. BOX 590
WISCONSIN DELLS, WI 53965

PREPARED BY:
RAMAKER & ASSOCIATES, INC.
855 COMMUNITY DRIVE
SAUK CITY, WI 53583
PHONE: 608-643-4100
R&A PROJECT NO.: 34063
R&A DOC. NO.: 20161G9

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 25

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES the Certified Survey Map requested Luiz & Veronica Martinez (San Antonio Mexican Restaurant).

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

COLUMBIA COUNTY CERTIFIED SURVEY MAP No. _____

Located in part of Lots 7 and 8, Block 68, Original Plat of Kilbourn City, SW1/4-SW1/4, Section 3, T13N, R6E, City of Wisconsin Dells, Columbia County, Wisconsin.

Owner: Luiz & Veronica Martinez, P.O.Box 395,
Wisconsin Dells, WI 53965

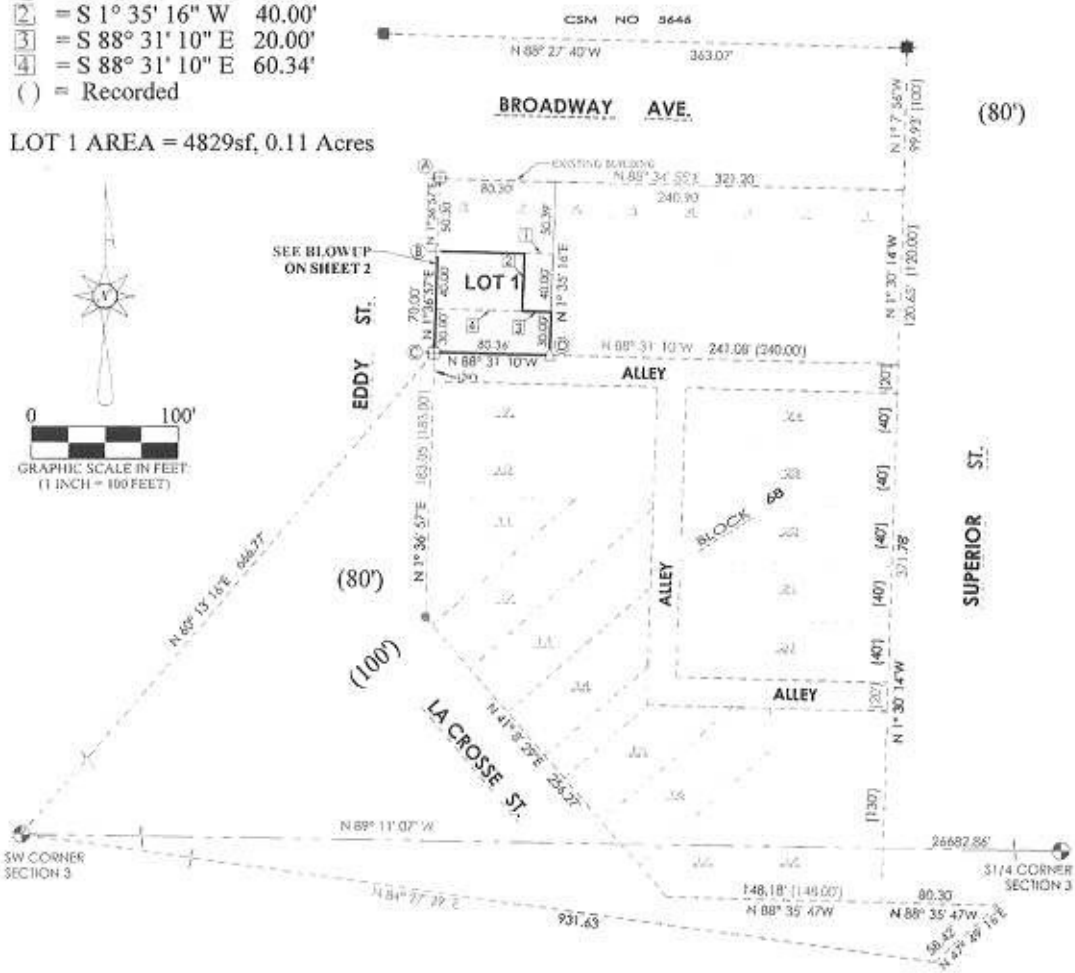
Carlson Surveying, Div. of General Engineering, P O Box 340, Portage, WI, 53901, Phone (608) 742.2169

Bearings are referenced to south line of SE1/4 of Section 3 and assumed to bear N89°11'07'W.

- ⊕ = Found government corner (3" Columbia Co. alum. mon.)
- • = Found 1" iron pipe (I. D.)
- ■ = Found chiseled cross
- ⊕ = chiseled cross in sidewalk at 1' offset (offsets are set on extensions of property line)
- △ = set PK nail in blacktop at 1' offset (offsets are set on extensions of property line)
- Ⓐ = building corner is 0.04' north and 0.53' west of property corner
- Ⓑ = building face is 0.90' west of property corner
- Ⓒ = building corner is 0.55, south and 0.35' west of property corner
- Ⓓ = building face is 0.38 south of property corner
- 1 = S 88° 31' 10" E 20.00'
- 2 = S 1° 35' 16" W 40.00'
- 3 = S 88° 31' 10" E 20.00'
- 4 = S 88° 31' 10" E 60.34'
- ( ) = Recorded

WISCONSIN
MARK C CARLSON S-2021 Baraboo, WI
LAND SURVEYOR
Mark C Carlson
3-10-17

LOT 1 AREA = 4829sf, 0.11 Acres

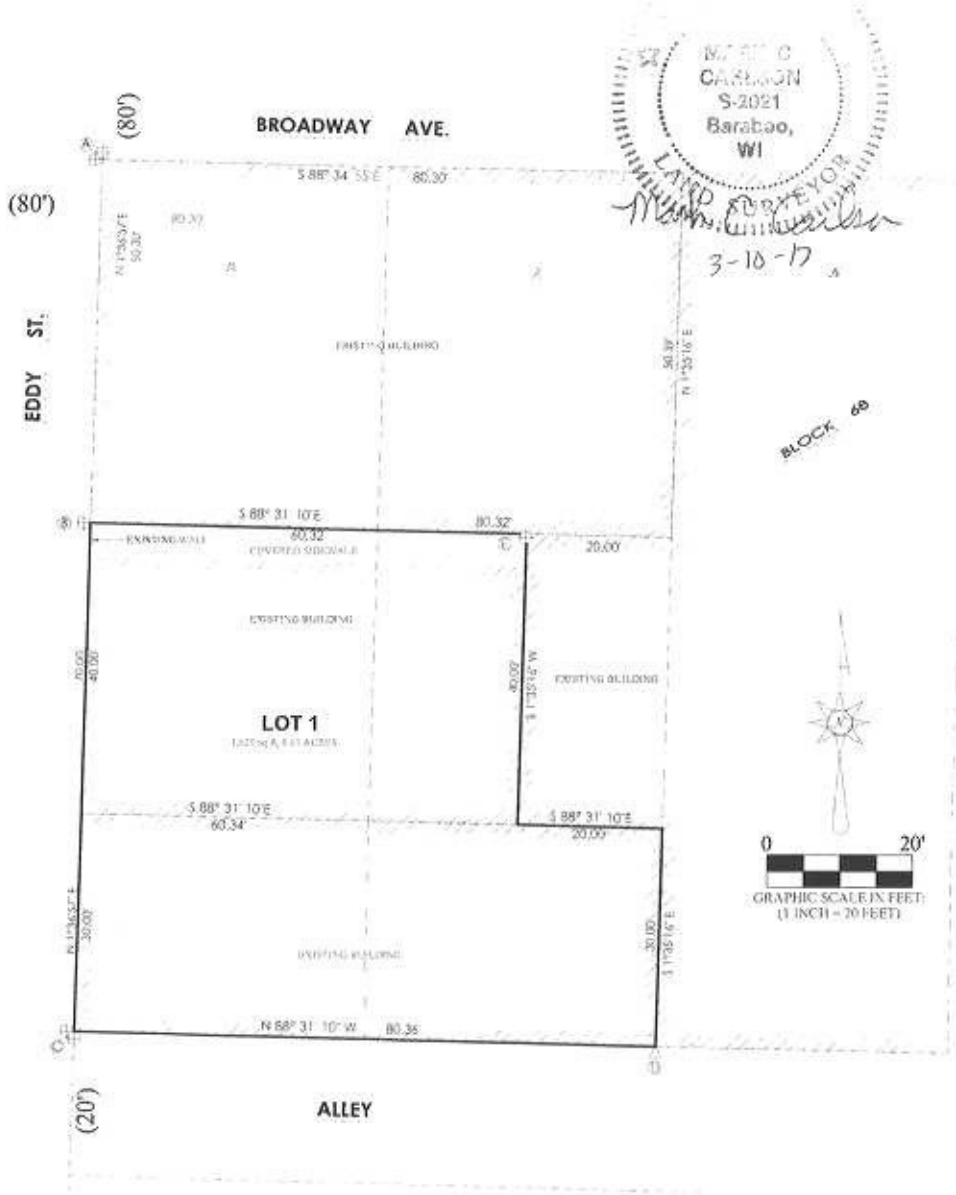


COLUMBIA COUNTY CERTIFIED SURVEY MAP No. _____

Located in part of Lots 7 and 8, Block 68, Original Plat of Kilbourn City, SW1/4-SW1/4, Section 3, T13N, R6E, City of Wisconsin Dells, Columbia County, Wisconsin.

Bearings are referenced to south line of SE1/4 of Section 3 and assumed to bear N89°11'07'E.

- = Found government corner (3" Columbia Co. alum. mon.)
- = chiseled cross in sidewalk at 1' offset (offsets are set on extensions of property line)
- = set PK nail in blacktop at 1' offset (offsets are set on extensions of property line)
- Ⓐ = building corner is 0.04' north and 0.53' west of property corner
- Ⓑ = building face is 0.90' west of property corner
- Ⓒ = building corner is 0.55, south and 0.35' west of property corner
- Ⓓ = building face is 0.38 south of building corner
- Ⓔ = Chiseled cross in concrete S15°42'46"W, 0.54' from property corner, building corner is 0.15' N and 0.15' E of chiseled cross



COLUMBIA COUNTY CERTIFIED SURVEY MAP No. _____

Located in part of Lots 7 and 8, Block 68, Original Plat of Kilbourn City, SW1/4-SW1/4, Section 3, T13N, R6E, City of Wisconsin Dells, Columbia County, Wisconsin.

SURVEYOR'S CERTIFICATE:

I, Mark C. Carlson, Professional Land Surveyor, hereby certify that I have surveyed, divided and mapped a parcel of land located in part of Lots 7 and 8, Block 68, Original Plat of Kilbourn City, NW1/4-NE1/4, Section 10, T13N, R6E, City of Wisconsin Dells, Columbia County, Wisconsin bounded by the following described line:

Commencing at the SW corner of said Section 3; thence N60°13'16"E, 666.77 feet to the southwest corner of said Lot 8 and point of beginning; thence N1°36'57"E along the east line of said Lot 8, 70.00 feet; thence S88°31'10"E, 60.32 feet; thence S1°35'16"E, 40.00 feet; thence S88°31'10"E, 20.00 feet to east line of said Lot 7; thence S1°35'16"E along said east line, 30.00 feet to the southeast corner of said Lot 7; thence N88°31`10"W along the south line of said Lots 7 and 8, 80.36 feet to point of beginning.

Said described parcel contains 4,824 sq. ft. or 0.11 acres and is subject to easements of record.

That I have complied with the provisions of Chapter 236.34 Wisconsin Statutes, A-E 7 of the Wisconsin Administrative Code and the subdivision regulations of the City of Wisconsin Dells and Columbia County to the best of my knowledge, information and belief in surveying, mapping and dividing the same.

That such plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof made.

That I have made such survey under the direction of Luiz Martinez.

3-10-17 Mark C. Carlson
Date Mark C. Carlson

CITY OF WISCONSIN DELLS APPROVAL:

Resolved by the Common Council of the City of Wisconsin Dells, Wisconsin that this Certified Survey Map, filed by Luiz Martinez is hereby approved and accepted by the City.
Dated: _____ day of _____, 2017.

Motioned by: _____ Approved: _____

Second by: _____ Attest: _____

I certify that the foregoing is a correct representation of a resolution adopted by the City of Wisconsin Dells, at a regular meeting, a quorum being present on the
_____ day of _____, 2017.

_____
City Clerk

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 26

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES a Conditional Use Permit to Logging Camp Inc. in order to allow commercial activity without a permanent building and walk-up service windows for an informational and ticket booth at 411 STH 13 (Outside Paul Bunyan's Restaurant) with the conditions in the staff report.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

Staff Report for Plan Commission, 03/13/17
CUP and Site Plan Application – Walk up service window and Commercial building without washroom.
411 STH 13 (Parcel 291-0115-00000)

The Planning & Zoning office has received a Conditional Use Permit and Site Plan application from Logging Camp Inc. to construct a small both with a walk-up window on their property, Sauk County, City of Wisconsin Dells tax parcel 291-0115-00000. The booth with be an information/ticket booth that will be located below the large Paul Bunyan sign near the entrance to the restaurant. The intent is to provide patrons to the restaurant information about and tickets for the adjacent Lumberjack show.

The building would be providing information and ticket sales to existing customers, so there should be no need for additional facilities such as restrooms or parking stalls.

The building will be constructed in a rustic cabin style that will blend in with the existing aesthetics or the restaurant.

Prepared by: Chris Tollaksen

CONDITIONAL USE 2 APPLICATION
Wisconsin Dells, Wisconsin
Version: July 23, 2011

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	~~$300.00~~ $525
Receipt number	58692
Application number	3-2017

1. Applicant information

Applicant name	Logging Camp Inc
Street address	411 Hwy 13
City	Wis Dells
State and zip code	WI 53965
Daytime telephone number	608 254 8717
Fax number, if any	608 254 4452
E-mail, if any	

2. Subject property information

Street address	411 Hwy 13	
Parcel number	291-0115-00000	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)		
Describe the current use	Restaurant + Parking lot	

3. Proposed use. Describe the proposed use.

information & ticket booth.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

April to Sept 8AM to 6pm 7 days a week

CONDITIONAL USE 2 APPLICATION
Wisconsin Dells, Wisconsin
Version: July 23, 2011

5. **Off-site effects**. Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

I don't forsee anything.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

none

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

none

c. The suitability of the subject property for the proposed use

good

d. Effects of the proposed use on the natural environment

none

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

none

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

none

g. Effects of the proposed use on the city's financial ability to provide public services

none

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 27

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES the Site Plan Application submitted by Logging Camp Inc. to construct a small information/ticket booth in front of Paul Bunyan Restaurant at 411 STH 13.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this form from the zoning administrator.

- Office Use Only -

Initial application fee	$300
Receipt number	58612
Application number	

1. Applicant information

Applicant name	Logging Camp Inc
Street address	411 Hwy 13
City	Wis Dells
State and zip code	WI 53965
Daytime telephone number	608 254 8717
Fax number, if any	608 254 4452
E-mail, if any	

2. Subject property information

Street address	411 Hwy 13	
Parcel number	291 0115-00000	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)		
Describe the current use	Restaurant + Parking lot	

3. Proposed use. Describe the proposed use.

information + ticket booth.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

April to Sept. 8AM to 6pm. 7 days a week.

5. Potential nuisances. Describe any potential nuisances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

N/A

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: February 27, 2008

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

b. Effects of the project on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

Should not effect any.

c. Effects of the project on the natural environment

None. its going on existing black top in parking lot.

d. Effects of the project on surrounding properties, including operational considerations relating to hours or operation and creation of potential nuisances

None.

e. The overall appearance of the project

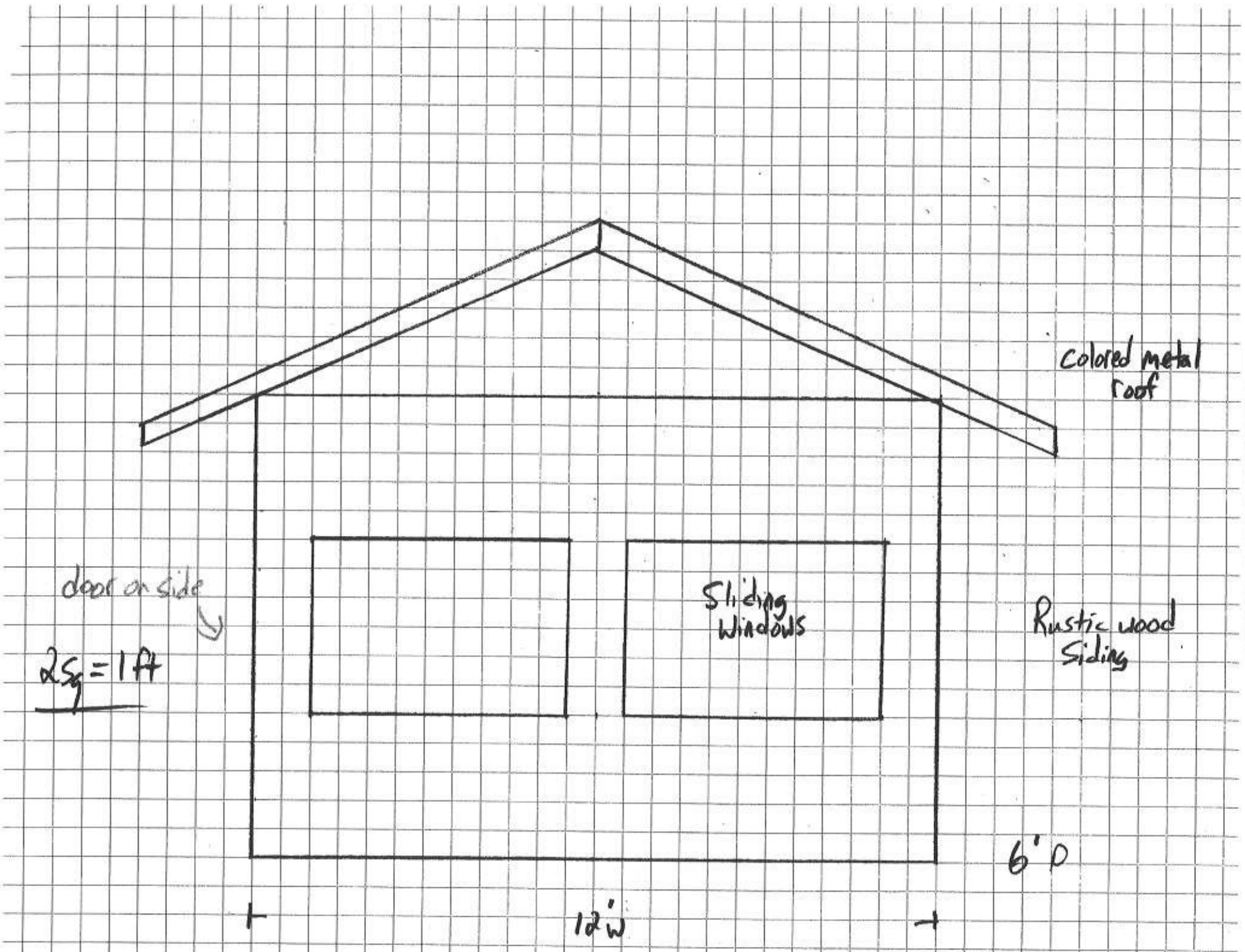
rustic cabin look.

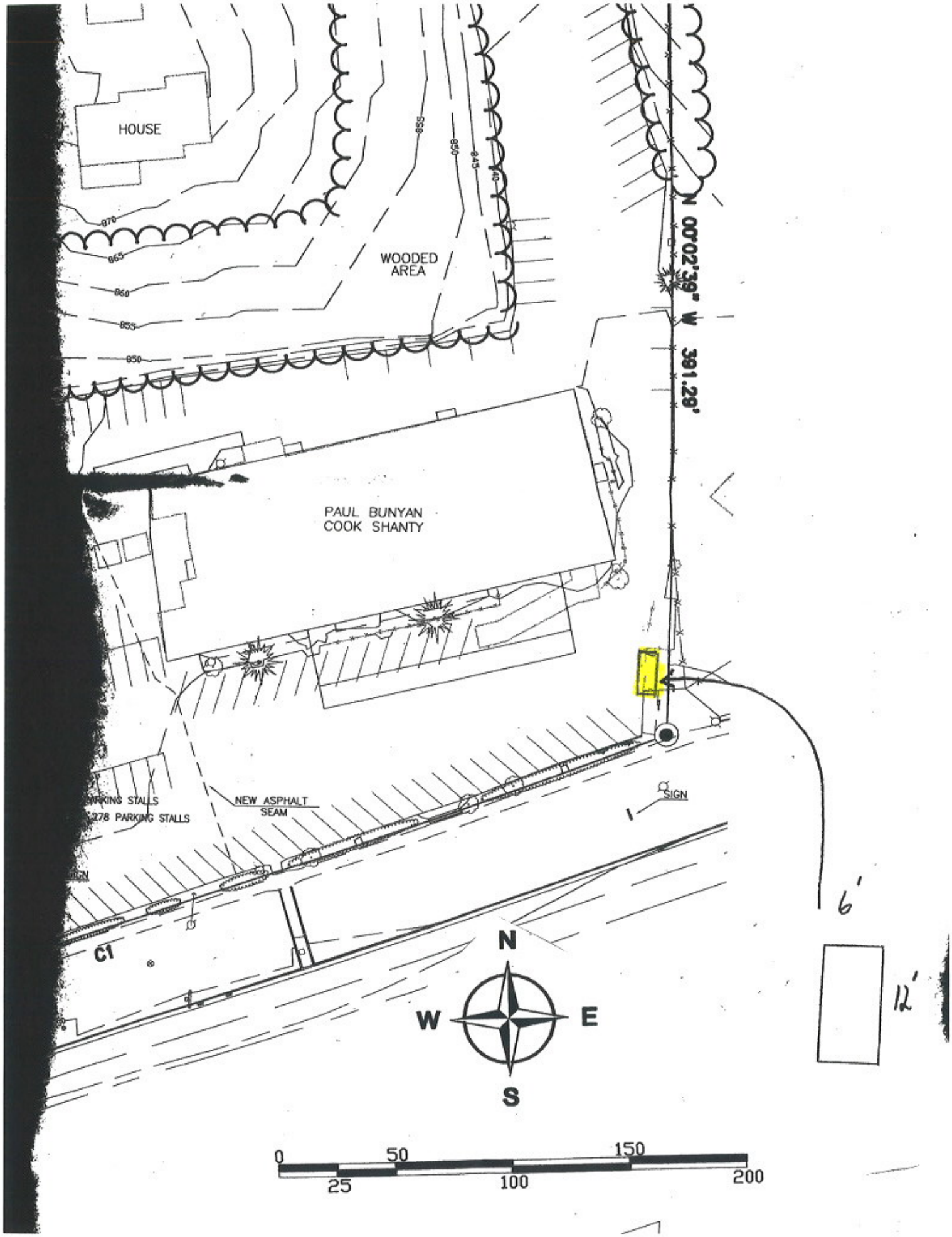
f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

N/A

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.


Colored metal roof
door or side
2 Sq = 1 ft
Sliding Windows
Rustic wood Siding
6' D
12' W


HOUSE
WOODED AREA
PAUL BUNYAN COOK SHANTY
N 00°02'39" W 391.29'
NEW ASPHALT SEAM
SIGN
C1
N
W
E
S
0
25
50
100
150
200
6'
12'

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 28

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES a Conditional Use Permit to PI Tower Development/Verizon Wireless, Shane Begley-Agent, in order to allow land use 17.2 Unconcealed telecommunication antennae on parcel 291-00390-0025 (Chula Vista Golf Course), with the conditions in the staff report.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

Conditional Use and Site Plan Permits
17.2 Unconcealed telecommunication facility
Staff Report for Plan Commission, 3/13/2017

The City has received an application from PI Tower Development / Verizon Wireless / Shane Begley Agent to construct a 190' tall monopole Cell Phone Tower located on Tax Parcel 291-00390-0025 in the Adams Co. portion of the City Wisconsin Dells. This use would be defined as an "Unconcealed telecommunication facility" per the City zoning code. Parcel 291-00390-0025 is currently in the Planned Development District 1, which will consider this request per the requirements of the C-4 Commercial – large scale zoning district. In 2013 the State created Statute 66.0404 which prohibits the City from prohibiting any Cell Towers in any Zoning District. Therefore, the City is evaluating this proposal as if a Cell Tower were permitted as a Conditional Use in this Zoning District.

As a new commercial development a Site Plan application was submitted as well.

The applicant has stated that the new tower is required because there are no other towers in the target area for them to co-locate on.

US Cellular has recently been permitted to construct another tower on the Chula property about ½ mile south of this location.

The applicant has included a statement, sealed by a professional engineer that the monopole structure is fully engineered to be unlikely to fail. The engineer also states that if the monopole were to fail, the entire structure would not fall over, but rather the top of the structure would fold over onto itself.

Any approval of this use should carry the following contingencies.

1. The applicant gain rights to the property.
2. The applicant conforms to all the requirements in the proposed newly created Sec. 19.728 of the City Zoning Code
3. The applicant remain compliant with the FCC, FAA, and any other applicable regulatory agencies
4. The applicant does not unreasonably prevent any other carrier from co-locating on this tower.

Chris Tollaksen
Wis. Dells Public Works

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin

Version: May 21, 2007

Chula Vista PIW1037
418728 V2W

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	**$525.00**
Receipt number	58810
Application number	5-2017

1. Applicant information

Applicant name	PI Tower Development / Verizon Wireless / Shane Begley Agent
Street address	14114 S Country Cir
City	Gordon
State and zip code	WI, 54838
Daytime telephone number	715-816-4676
Fax number, if any	715-376-4477
E-mail, if any	shanebegley@Begleywireless.com

2. Subject property information

Street address	TBD River Rd Wisconsin Dells WI 53965
Parcel number	291-01200-0496 291-00390 0025 — Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	291-00390-0000 291-01200-0424 (PPD-1)
Describe the current use	Golf Course

3. Proposed use. Describe the proposed use.

Construction of 190' multi-tenant communication facility to include approx 95x50 lease area with a 92'6" x 48' x 73'4" x 53'10" fenced compound and 2 additional equipment areas for additional tenants Verizon Wireless will be the anchor tenant and will be located at the 180' level on the tower.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

This will be a non-manned facility so there will be no house of operation but site may be accessed 24/7, 365. There should be no conditions that would affect surrounding properties.

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

This will be a 190' tower and will be visible from some locations but will be galvanized in color as to blend into the skyline. This site placement is in an area that will be screened by Natural Vegetation as well as being away from most development

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

This site location is consistent with the Citys Comp Plan and will be located in an area being used for public recreation and will blend into the surrounding area

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

This location will have no effect as it is a non-manned facility and will not have lots of traffic after the site is constructed.

c. The suitability of the subject property for the proposed use

This property is a resort area and this location is blended to a area not being used and will help provide better Cell Coverage to the area enhancing E911 coverage as well

d. Effects of the proposed use on the natural environment

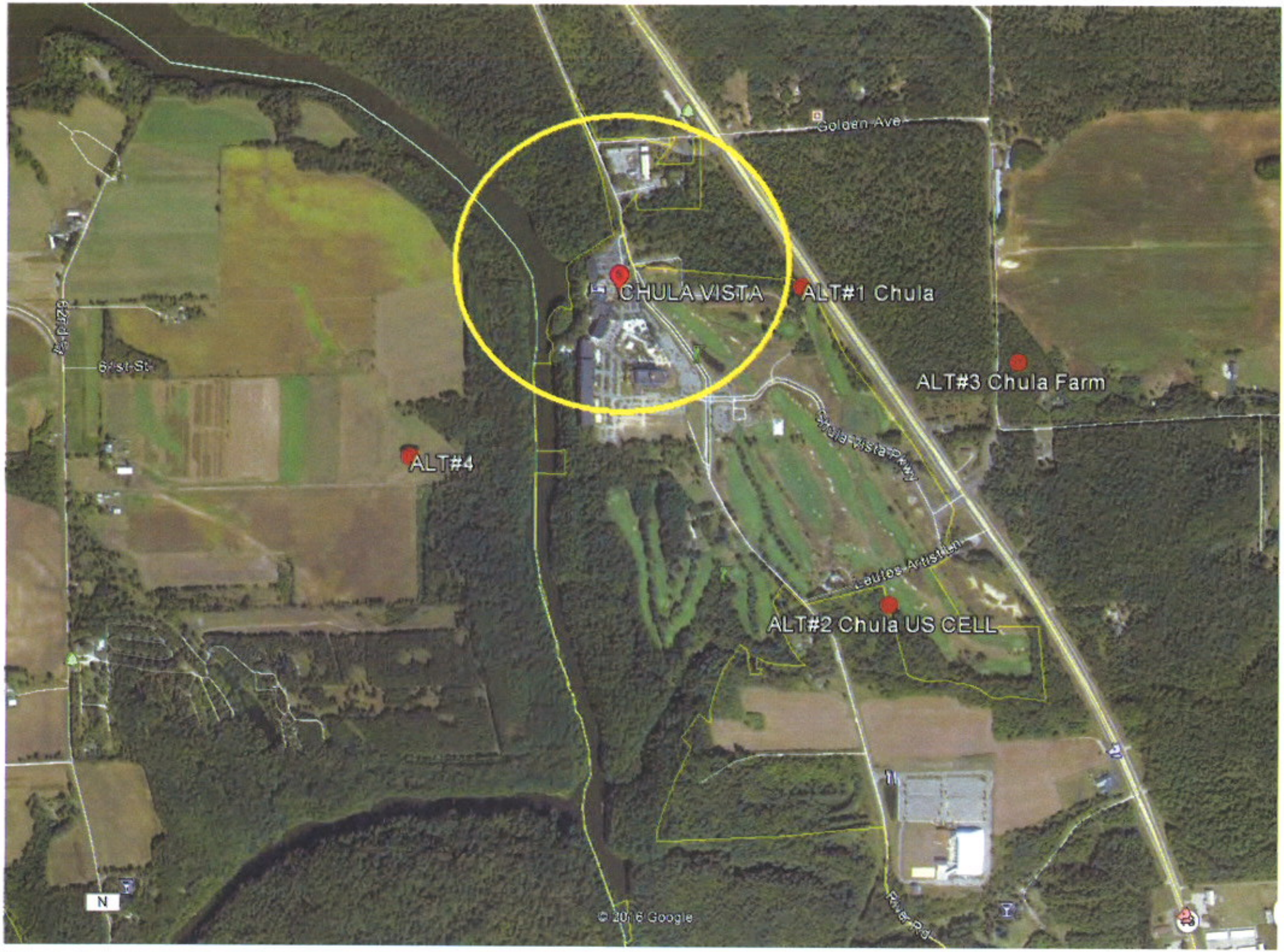
The location is in a area that will not have an effect on the natural environment and is required to go through a Phase I to prove there no Adverse effects

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

The adjoing parcels are all commercial use. No operational issues will occur as this is a non-manned facility

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district This project will have no effect on the development or improvement of surrounding properties and fits into the land owners future expansion for this area.

g. Effects of the proposed use on the city's financial ability to provide public services DONE


CHULA VISTA
ALT#1 Chula
ALT#3 Chula Farm
ALT#4
ALT#2 Chula US CELL
Golden Ave
61st St
Chula Vista Pkwy
Lautos Artist Ln
River Rd
N
© 2016 Google

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

ITEM 29

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their March 13, 2017 meeting;

IT APPROVES the Site Plan Application submitted by PI Tower Development/Verizon Wireless to construct a cell tower at Chula Vista.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: March 20, 2017
Date Passed:
Date Published:

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin

Version: May 21, 2007

Chula Vista PIW1037
418728 V2W

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	
Receipt number	58810
Application number	

1. Applicant information

Applicant name: PI Tower Development / Verizon Wireless / Shane Begley Agent

Street address: 14114 S Country Cir

City: Gordon

State and zip code: WI, 54838

Daytime telephone number: 715-816-4676

Fax number, if any: 715-376-4477

E mail, if any: shanebegley@Begleywireless.com

2. Subject property information

Street address	TBD River Rd Wisconsin Dells WI 53965
Parcel number	291-01200-0496 291-00390-0025 Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	291-00390-0000 291-01200-0424 (PPD-1)
Describe the current use	Golf Course

3. Proposed use. Describe the proposed use.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

SITE PLAN

CHULA VISTA [418728]

WISCONSIN DELLS, WISCONSIN

NORTH

RIVER RD

S.T.H. "13"

CHULA VISTA PKW.

NOTE:

FIBER COORDINATION IS NOT COMPLETE (PENDING FIBER CONTACT). PRIOR TO CONSTRUCTION, CONTACT DESIGNER FOR UPDATE.

AERIAL OVERVIEW OF SITE

Edge Consulting Engineers, Inc.

SHEET NUMBER

C-1

SITE OVERVIEW (SOUTHEAST)

PROPOSED LEASE AREA
[LOOKING NORTHEAST]

COMPOUND PLAN

CHULA VISTA [418728]

WISCONSIN DELLS, WISCONSIN

Edge Consulting Engineers, Inc.

C-2

HYBRID CABLE INFO	
QUANTITY	1
LENGTH FROM GROUND BUSS PROTECTOR TO TOWER	30'±
LENGTH FROM TOP TO TOWER (WIRE) PROTECTOR (TYP.)	140'±
TOTAL HYBRID CABLE RUNS (1)	175'±

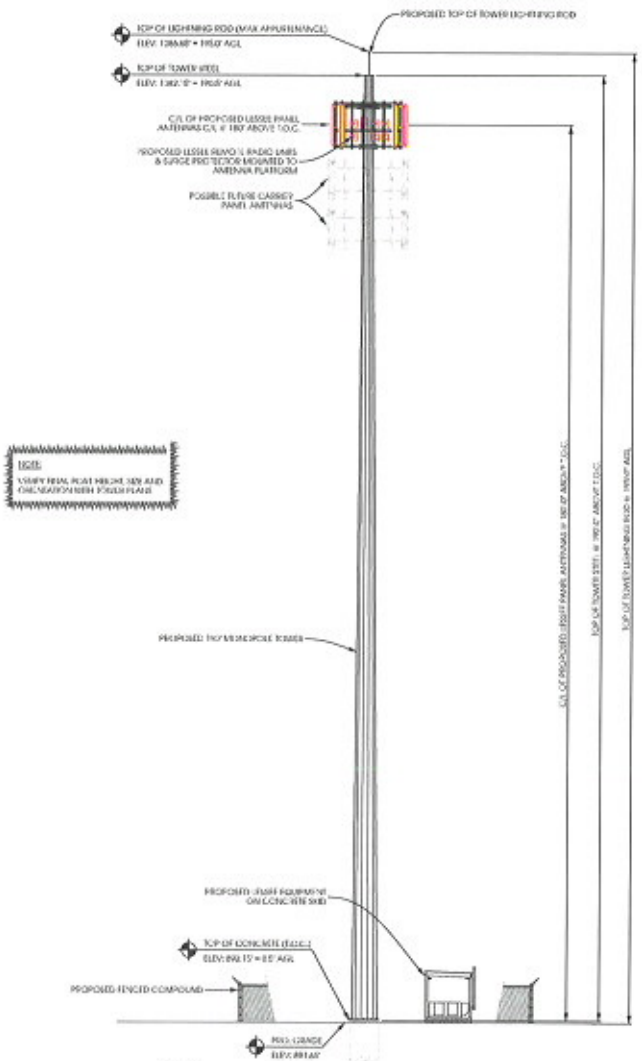
NOTES:

1.) CONTRACTOR TO VERIFY HEIGHT AND DIRECTION OF ANTENNA WITH PROJECT MANAGER & FINAL RF DESIGN.

2.) HYBRID CABLE LENGTH NOT TO EXCEED 360'.

3.) HYBRID JUMPER CABLE LENGTH NOT TO EXCEED 33'.

4.) IF CABLING LENGTH EXCEEDS MAXIMUM ALLOWED CONTRACTOR SHALL CONTACT CLIENT AND ENGINEER TO RESOLVE PRIOR TO CONSTRUCTION.



NOTE:
VERIFY FINAL POST HEIGHT, SIZE AND ORIENTATION WITH TOWER PLANS

A **TOWER PROFILE (EAST ELEVATION)**

SCALE: 11" x 17" - 1" = 24'-0"
22" x 34" - 1" = 12'-0"

LEGEND

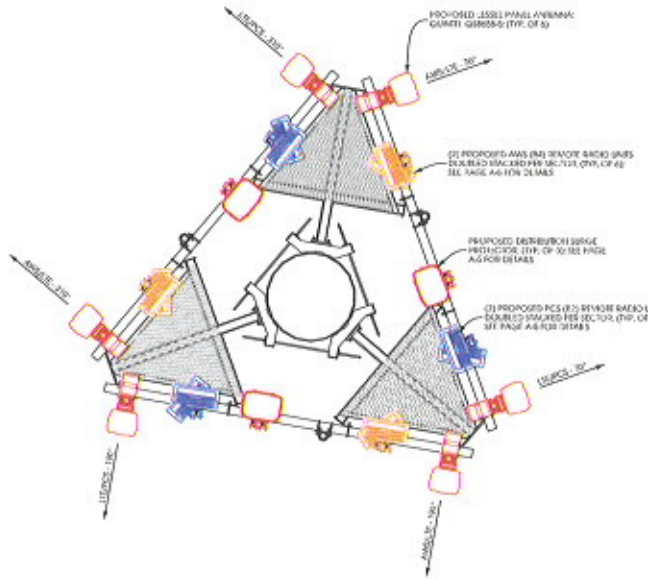
- PROPOSED PANEL ANTENNA
- PROPOSED DISTRIBUTION SURGE PROTECTOR
- PROPOSED RCS (R3) REMOTE RADIO UNIT
- PROPOSED AWS (R4) REMOTE RADIO UNIT
- PROPOSED TOWER MOUNTED AMPLIFIER

NOTES:

1) ALL ANTENNA AZIMUTHS REFERENCED FROM TRUE NORTH.

2) SEE PAGE A-5 FOR INSTALLATION REQUIREMENTS OF ANTENNAS AND EQUIPMENT.

NORTH



NOTE:
PLATFORM RAILING NOT SHOWN FOR CLARITY.

B **ANTENNA & EQUIPMENT ORIENTATION**

SCALE: NTS

Edge Consulting Engineers, Inc.
924 River Road
Prairie du Sac, WI 53578
608.644.3888 tel
608.644.3948 fax
www.edgecnsltng.com

TOWER ELEVATION
CHULA VISTA [418728]
WISCONSIN DELLS, WISCONSIN

PRELIMINARY ISSUED	BJ
UPDATED PER REV. 1 COMMENTS	CV
UPDATED PER REV. 2 COMMENTS	CV
CONSTRUCTION ISSUE	CV
SIGNED / SEALED ISSUE	
SIGNED FINAL ISSUE	
DRAWN BY	
CHECKED BY	
DATE	
PROJECT #	
TITLE	
FILE NAME	
SHEET NUMBER	A-1

© 2020 EDGE CONSULTING ENGINEERS, INC.

SWORN STATEMENT OF CHRISTIAN JENNINGS IN SUPPORT OF NEW TOWER CONSTRUCTION PURSUANT TO WIS. STAT. §66.0404

WAUKESHA COUNTY)
) ss.
STATE OF WISCONSIN)

CHRISTIAN JENNINGS, being first duly sworn on oath, deposes and says that:

1. I am an adult resident of the State of Wisconsin and serve as RF Engineer at Verizon Wireless.

2. My job duties include responsibility over the placement of the mobile service support structure being proposed by Verizon Wireless and PI Tower Development, LLC. located near 2504 River Rd Wisconsin Dells, WI 53965, PID# 291-00390-0025, Owner Chula Vista Golf Resort (Mike Kaminski).

3. This sworn statement is made pursuant to Wis. Stat. §66.0404(2)(b)6.

4. The Verizon Wireless Proposal is being submitted because collocation within Verizon Wireless search ring for the area covered by the Verizon Wireless Proposal is infeasible, as no existing structures of any kind currently exist which could be utilized for such collocation and would meet the needs of Verizon Wireless.

Christian Jennings

Subscribed and sworn to before me

this day of FEBRUARY 10, 2017

Notary Public, State of Wisconsin

My commission: MARCH 14, 2020

PATRICK M MANE NOTARY PUBLIC STATE OF WISCONSIN

T:\DOCS\83009\00007\6286461

ITEM 30

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC WORKS COMMITTEE from their March 13, 2017 meeting;

IT APPROVES the request submitted by Justin Draper and Wade Bernander to allow the front door of 737 Oak Street to swing out into the sidewalk. The building will be renovated into a lounge/waiting area for High Rock Café.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: March 20, 2017
Date Passed:
Date Published:

High Rock
CAFE

To whom it may concern:

High Rock Café has purchased 737 Oak Street, an adjacent building. We will renovate this building to become a lounge/waiting area for High Rock. The new renovation will be known as {Side Bar}.

High Rock Café is asking for a motion to allow the front door entrance of 737 Oak Street to swing out into the sidewalk. We understand the door would swing into public property and the multiple reasons for this motion are as follows:

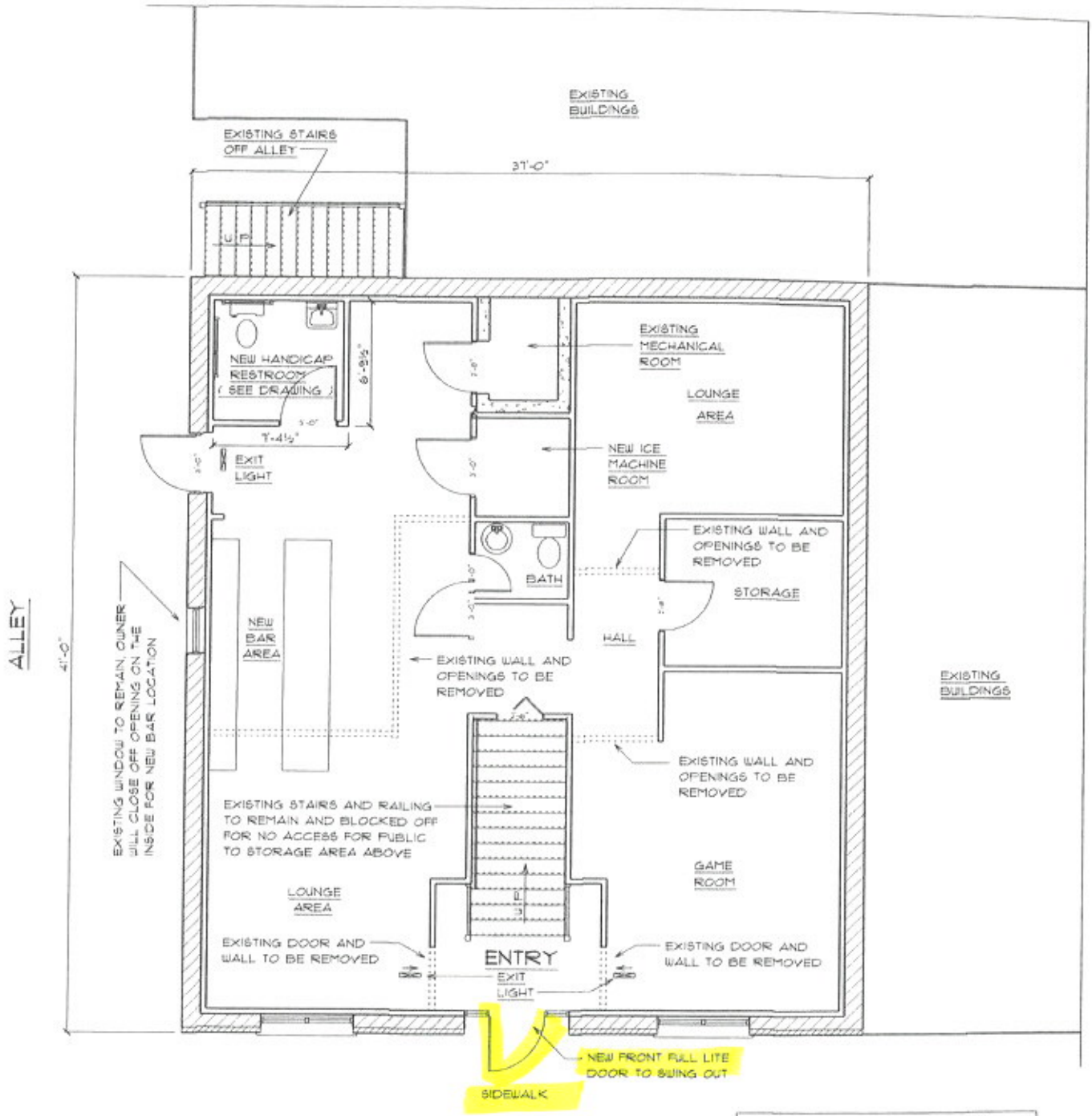
1. Building code requires the door to swing out as it currently swings in.
2. In order to build a vestibule to keep the outward swinging door inside our property, we would need to move a staircase. This greatly changes the floor plan and increases our renovation costs exponentially.
3. The front door of 232 Broadway, High Rock Café, currently swings into public space and we are asking to do the same at 737 Oak Street as there is ample sidewalk space with no parking stall.

We look forward to adding a much needed facet to alleviate congestion during peak seasons. This will offer a more complete experience to our guests. We thank you for your consideration and look forward to updating a historic building.

Sincerely,

Justin Draper and Wade Bernander
Owners/Operators
High Rock Café

High Rock Café
232 Broadway - Wisconsin Dells, WI 53965 - www.highrockcafe.com
Email: info@highrockcafe.com - Phone: 608-254-5677



NEW 1ST. FLOOR PLAN

1,517 SQU. FT. SCALE : 1/8" = 1'-0"

CONTRACTORS SHALL VERIFY FINAL BAR DESIGN AND LAYOUT OF EQUIPMENT PRIOR TO CONSTRUCTION

OAK ST.

ITEM 31

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC WORKS COMMITTEE from their March 13, 2017 meeting;

IT APPROVES the MSA Professional Services Agreement for Eddy Street Signal Design work for the cost of $43,000.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: March 20, 2017
Date Passed:
Date Published:

MSA PROFESSIONAL SERVICES
More ideas. Better solutions.

Professional Services Agreement

This AGREEMENT (Agreement) is made today March 6, 2017 by and between CITY OF WISCONSIN DELLS (OWNER) and MSA PROFESSIONAL SERVICES, INC. (MSA), which agree as follows:

Project Name: Eddy Street Signal Design

The scope of the work authorized is: See Attached – Task 1 Only

The schedule to perform the work is: Approximate Start Date: March 20, 2017
Approximate Completion Date: Sept 1, 2017

The lump sum fee for the work is: $43,000

All services shall be performed in accordance with the General Terms and Conditions of MSA, which is attached and made part of this Agreement. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a lump sum basis.

Approval: Authorization to proceed is acknowledged by signatures of the parties to this Agreement.

CITY OF WISCONSIN DELLS

Brian Landers
Mayor
Date:

Attest: City/Township/Village Clerk (WI Only)

Clerk Name: Nancy R. Holzem
Date:

300 LaCrosse Street
Wisconsin Dells, WI 53965
Phone: 608-254-2012

MSA PROFESSIONAL SERVICES, INC.

Kevin J. Ruhland
Team Leader
Date: 3-6-17

Michael J. Statz
Program Manager
Date: 3-6-17

2901 International Lane, Suite 300
Madison, WI 53704
Phone: 608-242-7779

Scope of Services Update
For City of Wisconsin Dells
Traffic Analysis and Improvements
(Downtown Area)
March 6, 2017

This scope is to assist the City of Wisconsin Dells with design plans and traffic operations analysis for the downtown area. Preliminary findings indicate that the installation of a traffic signal at the intersection of Broadway and Eddy Street that is coordinated with the River Road/Superior Street signal will improve operations throughout the downtown. In discussions with City Officials and Staff, as well as feedback from WisDOT staff, the following long term project outline was identified to improve the overall traffic safety and operations within the downtown:

1. Design and prepare construction documents for the installation of a Traffic Signal for the Broadway and Eddy Street intersection. The signal should be operational prior to Memorial Day 2018
2. Collect traffic data to study vehicle and pedestrian safety and operations with the new Eddy Street signal. This data collection would occur during the summer of 2018 to help determine if additional improvements or changes to traffic patterns are necessary to further improve traffic safety and operations.
3. Finalize the traffic study and recommend any additional improvements to the downtown area, in particular Superior Street. The Superior Street pavement will be close to needing repair by the 2020 construction season. A traffic study will determine if the segment should be designed to accommodate different traffic flow, parking, or multimodal needs, and if those should be included in the design recommendations. The study and recommendations should be completed in the fall of 2018.
4. Redesign Superior Street from Broadway to La Crosse Street based on the recommendations of the 2018 study. Improvements could also include restriping and/or changes to La Crosse Street and/or Washington Street in close proximity to Superior Street to facilitate the necessary overall traffic flow plan. Design plans are planned to be completed in 2019 with a possible construction start in the fall of 2019 with an optimal goal of construction being completed prior to Memorial Day 2020.

Based on this outline of projects, the following is a more detailed discussion of Tasks 1 through 3. Once the findings of the study are complete, a cost estimate for the design of Superior Street can be prepared.

Task 1. Eddy Street Traffic Signal Design – Lump Sum Fee of $43,000

To complete the design of a traffic signal at the intersection of Broadway and Eddy Street, the following tasks are recommended to be undertaken

Task 1A – Field Survey

MSA will complete a field survey of the intersection area to document existing conditions. The survey will include existing roadway geometry, sidewalk locations, overhead and underground utilities (including storm sewer), signage, landscaping, and other above ground features located within or

adjacent to the roadway right-of-way with the project limits. Project limits are defined as along Broadway from the radius return immediately east of La Crosse Street to the radius return immediately west of River Road/Superior Street (approx. 650 feet) and along Eddy Street from Broadway to La Crosse Street (approximately 350 feet). Survey will generally be from building face to building face along both streets.

Additionally, MSA will document existing right-of-way by surveying property irons and utilizing GIS data provided by the City. It is expected that all signal equipment fit within the existing right-of-way. Should this prove not true, MSA will coordinate with the City on potential alternatives and any scope amendments.

In preparation of the base map for project plan deliverables, it is anticipated that as-built plans are available from the City and/or WisDOT for sanitary sewer, water main, and storm sewer from recent construction projects. These plans will be used to assist in the creation of an existing conditions map/survey and verify utility connections.

Task 1B – Traffic Signal Plans, Specifications, and Estimate

It is assumed for this subtask that the signal installation will be a retrofit project, with minimal geometric changes to accommodate relocated pedestrian crossings at the intersection. MSA will prepare traffic signal plans for the intersection of Broadway & Eddy Street. Plans will include a plan view sheet, sequence of operations chart, cable routing sheet, and pavement marking and permanent signage plan. Additional details for curb ramps, minor sidewalk and curb replacement, and pavement replacement (in order to remove the in-pavement lighting system and install new conduit) are included.

Pavement Markings will include the restriping of Eddy Street as a "Northbound Only" Street with a relocated pedestrian crossing of Broadway at Eddy Street to the east side of the intersection due to the overall operational benefits to the entire roadway network for both pedestrians and vehicles. Northbound Eddy Street would permit left and right turning vehicles. Traffic will not be allowed to turn from Broadway onto Eddy Street. Parking will be restriped to accommodate northbound traffic, but no reconstruction of Eddy Street is included at this time.

It is anticipated that some of the decorative fence on the southeast corner of the intersection will be removed, and that the fence can either be salvaged and reinstalled, or that the City can provide plans for the previous installation as a basis for any new railing. Removal, replacement, or design of the planter boxes along the north side of Broadway are not included and are assumed to remain.

It is assumed that traffic control will be handled using WisDOT Standard Detail Drawings. One lane of traffic will remain open at all times during construction. Upon completion of the plans, MSA will provide the plans to the City of Wisconsin Dells and to WisDOT for review and comment.

Plan preparation will also include coordination with the electric utility regarding providing a power supply to the new traffic signal. Changes to the street lighting are also anticipated, and coordination of those removals, relocations, or combinations with traffic signal poles are included in the plans.

MSA will coordinate with the City and WisDOT to determine the specific traffic signal equipment necessary to accommodate the following features prior to the start of plan documents

- Vehicle detection, including video or microwave vs. in pavement loops
- Interconnectivity including fiber optic or spread spectrum radio to the Superior Street/River Road intersection
- Need for audible pedestrian signals (APS)
- Potential for fold-out stop signs
- Potential for Emergency Vehicle Preemption (EVP)
- Other unique signal features as requested by the City and/or WisDOT

Following guidance on the necessary equipment for these and any other identified features, final plans will be developed. Changes to the equipment requirements after this meeting may require an amendment to update plan documents and special provisions

MSA will prepare project specifications, provide standard detail drawings, and complete a quantity list and project cost estimate as part of the project. It is anticipated that Wisconsin Department of Transportation Standard Specifications will be used for the construction specifications and standard details.

Task 1C – Bidding Services

MSA will advertise and bid the project through the online Quest Bidding Program. MSA will prepare advertisement for bids and send for publishing in the local newspaper. Bidding documents will require bids to be sealed and delivered to City Hall. One MSA staff member will attend the bid opening. A bid tab will be prepared as well as a letter of recommendation to award the project. MSA will coordinate signatures and assist with executing the contract documents. Attendance at the preconstruction meeting is included.

It is assumed that the bid letting will be held in late Summer/Early Fall of 2017, with construction beginning after Labor Day 2017. Completion of the underground construction is recommended to be prior to November 17, 2017. Above ground construction and final punch list items should be completed prior to May 18, 2018. *Note that this proposal does not include construction staking, administration, or oversight services at this time.*

Task 1D – Signal Timing Plans and WisDOT Coordination

Utilizing the traffic volume information collected as part of the previous downtown study, MSA will prepare a signal timing plan for the intersection. Timing will require close coordination with WisDOT regarding the volumes and timing plan for the intersection of Broadway & River Road/Superior Street. The scope assumes two timing plans will be prepared; Summer Peak and non-summer traffic.

The proposal assumes that the new Eddy Street signal would be a "secondary" signal to the River Road signal, and that the timing plan for the existing signal will not be modified. Plans will be provided to WisDOT for review and implementation.

The proposed timing plans are based on a random sampling of traffic volumes and may need to be adjusted after implementation to reflect variations in volume patterns not seen in the sample data.

No timings plans at this time will include pedestrian scramble phasing. If, through coordination with WisDOT, it is determined that scramble phasing can be included at the Superior Street/River Road intersection. MSA will prepare an addendum for additional traffic signal timing plans.

Task 2. Downtown Traffic Data Collection – Cost - $1,000/Day (up to 6 setups per day) + $500 per setup (12 hour count assumed)

MSA will utilize traffic video equipment for turning movement counts at designated intersections within the Downtown area. Video will be recorded from 9:00 AM to 9:00 PM on a summer Thursday, Friday, or Saturday to assess existing traffic patterns. Ideally the counts will be taken in July to assess peak summer traffic conditions. Counts will include pedestrians and bicyclists within the crosswalks and bicycles on the road. Traffic counts will be collected using video recording data and the hours will be submitted to Miovision for tabulation and summary.

At a minimum, it is recommended to count the intersections of Broadway with La Crosse Street, Eddy Street, River/Superior, Oak, and Elm Street. If determined appropriate, additional counts could be completed at intersections such as Eddy & La Crosse, La Crosse & Superior, Washington & La Crosse, Washington & Superior, River & Wisconsin, etc.

Task 3. Update Downtown Traffic Study. – Estimated costs $20,000-$25,000

Using the traffic data collected above, there are five potential alternatives that will be revisited at this time using Synchro Traffic Analysis Software. They are described in more detail below. The updated analysis of each of these alternatives would be completed with the following assumptions.

1. The Duchess Plaza on north Oak Street is in place and will remain long term.
2. Traffic analysis assumes the updated traffic volumes are a reasonable reflection of future conditions. No new development or redevelopment is considered as part of the analysis.
3. Analysis will consider one time period for each/any alternative analyzed – Peak summer traffic conditions.
4. All analyses assume four traffic signals installed on Broadway – Eddy Street, River/Superior Street, Oak Street, & Elm Street.
5. All analyses assume two vehicle travel lanes in both the east and west directions on Broadway as well as one bike lane in each direction.
6. Model output will report Level-of-Service by movement for each of the four study intersections identified in item 4 above. Reporting will also include average delay and 95% queue lengths per the Highway Capacity Manual.

In addition to these assumptions, the following alternative specific information is provided to clarify the analysis effort proposed:

- ***Alternative 1 - Maintain Existing 2-way accessibility on River/Superior Street & Elm Street***
    - This alternative is anticipated to be the "Existing Conditions" at the time of study and will be used as a baseline for comparison of Alternatives 2 and 3.
- ***Alternative 2 – Original One-Way Conversion of River/Superior Street and Elm Street***
    - For this alternative, the analysis completed would be an update of the original analysis to address questions or comments from the DOT regarding implementation of this alternative, and to ensure consistency between this alternative and the newly analyzed alternatives. Analysis will also include an operational assessment of the proposed roundabout north of downtown where the one-way pair is will reconnect on River Road.

- ***Alternative 3– Shortened One-Way Conversion of River/Superior Street and Elm Street***
    - For this alternative, the analysis completed would be a shorter version of the one-way alternative for River/Superior Street and Elm Street. The one-way designation would be in place from Wisconsin Avenue on the north to Washington Avenue on the south. Both Wisconsin and Washington Avenues would remain as two-way traffic.
- ***Alternative 4 – One-Way Superior Only***
    - This alternative limits the one-way circulation to only Eddy Street (in place at the time the analysis occurs) and Superior Street between Broadway and Washington Avenue. River Road and Elm Street remain bidirectional roadways.
- ***Alternative 5 – One Way River/Superior***
    - A final alternative could consider making River Road & Superior Street one-way between Wisconsin Avenue and Washington Avenue, and maintain two-way traffic on Elm Street.

In addition to completing a revised traffic operations analysis, MSA will prepare a schematic layout of the top three preferred alternatives as agreed to with City Staff and officials. These schematics will show the necessary improvements to implement each alternative. From these schematics, an assessment of construction cost and right-of-way impacts will be prepared. The cost estimate will be planning level for major items and break down costs into logical segments. Right-of-way impacts will also be estimated in terms of likely areas and/or property acquisitions to complete the design. Costs estimates for real estate acquisitions are not included.

MSA will prepare a document that summarizes the analyses and processes completed as part of the downtown study efforts. The report will also provide a summary of the cost and impact findings for each alternative. For the preferred alternative, the report will also identify, if necessary, a preliminary breakdown of projects to implement the entirety of the recommendation over multiple years for budgeting and/or impact/scheduling reasons, beginning with the Superior Street reconstruction. The report will include tables, exhibit, and appendix material as necessary to document the process and findings

Meetings & Coordination

Throughout each of these Tasks, MSA will be available to attend City Public Works or Council meetings to specifically address the downtown projects. In addition, MSA will likely need to attend multiple meetings with the City and/or WisDOT staff to review the design and study progress and address WisDOT questions, concerns and recommendations for the project area. Additional project coordination with WisDOT and City Staff and officials is also included for the duration of this project. It is assumed for this scope that one phone coordination effort will be held in advance of each face-to-face meeting.

A public involvement/outreach meeting is not specifically included in the scope at this time, but efforts to assist in holding a dedicated public meeting outside of City Council/Public Works meetings can be provided if requested by the City as part of an amendment. Costs for meetings and coordination will be provided with each of Tasks 1-4 as estimated once the overall project approach is agreed to.

-- END --

ITEM 32

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC WORKS COMMITTEE from their March 13, 2017 meeting;

IT APPROVES the Consent & Indemnification Agreement between the City and RRAD Development LLC as well as the City and Richard Makowski and Rich and Chet Partnership for utility installation access across city property at 1022 River Road and 400 County A; contingent upon them registering the location of these cable utilities with Diggers Hotline.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: March 20, 2017
Date Passed:
Date Published:

DRAFT

CONSENT & INDEMNIFICATION AGREEMENT

This Consent and Indemnification Agreement is by and between the City of Wisconsin Dells (City) and the following Owners of real estate in the City:

Richard Makowski and Rich and Chet Partnership (Owners)

Owners own ~~Columbia~~ Sauk County Tax Parcel Nos. 291-0170 (Rich and Chet Partnership) and 291-0191/0141 (Richard Makowski) which are located on and separated by Sweet Briar Drive, a city street and right of way.

Owners have requested permission from the City to connect its facilities and equipment by boring beneath the public right-of-way to install and maintain fiber optic cable and wires and appurtenant communication facilities and equipment.

1. The City consents and grants to Owners a revocable privilege to install and maintain fiber optic cables and wires and related appurtenant communications facilities and equipment in the public right-of-way on River Road in the location depicted in the site plan attached as Exhibit A.

2. The cables and wires shall be installed and maintained below the surface of the right-of-way and Owners shall restore the surface disturbed by installation and maintenance. Installation shall be by directional boring.

3. The Owners agree to indemnify and hold the City harmless for any liability that may be incurred for damages to persons or property resulting from the grant of this privilege and to reimburse the City for all costs of defending any claims related to this privilege, including reasonable attorney fees.

4. Owners are obligated to remove its installed fixtures upon ten (10) days' written notice of the termination of this privilege from the City. Upon such notice, Owners must remove the installed fixtures with no damages or expense accruing to the City. If Owners do not timely remove the installed fixtures, Owners waive all claims for damages resulting from removal by the City, and the City may remove them at the Owners expense, which if not timely paid, may become a special charge on the Owners real estate tax bill, in accordance with Wis. Stat. sec. 66.0627.

5. By the acceptance and implementation of this privilege, the Owners acknowledges that the granting of this privilege constitutes a permissive use of City property and does not cause adverse possession right to accrue against the City's real estate title; the Owners permanently waive any adverse claim against the City's real estate affected by this Privilege in the Street.

6. Property Owners shall pay compensation for this privilege at the rate of _____($___) Dollars per ____ which shall be paid into the City's general fund.

7. Third parties whose rights are interfered with by the granting of this privilege shall have a right of action against the Owners only and the Owners shall indemnify and hold the City harmless.

8. Property Owners shall be responsible for all repairs, maintenance and upkeep associated with this Agreement and the fixtures installed in the public right of way.

9. This Agreement is terminable by the City at any time for any reason in its sole discretion.

10. This Privilege Agreement is made and entered into pursuant to Wis. Stat. sec. 66.0425 and shall be binding on the Owners and the Owners heirs, successors and assigns.

11. Address for Owners is Richard Makowski, 2040 Wisconsin Dells Parkway, Wisconsin Dells, Wisconsin 53965 and Rich and Chet Partnership c/o Richard Makowski, 400 County Road A, Wisconsin Dells, Wisconsin 53965.

12. The following additional terms and conditions are part of this Agreement: Owners shall register and maintain the location of this facility with Digger's Hotline and pay all costs associated with such registration.

13. City and Owners shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

City of Wisconsin Dells

Date: _____

By: _____
Brian Landers, Mayor

Date: _____

By: _____
Nancy Holzem, Clerk/Administrative Coordinator

Owners

Date: _____

_____
Richard Makowski

Rich and Chet Partnership

Date: _____

By: _____

DRAFT

CONSENT & INDEMNIFICATION AGREEMENT

This Consent and Indemnification Agreement is by and between the City of Wisconsin Dells (City) and the following Owner of real estate in the City:

RRAD Development, LLC (owner).

Owner owns Columbia County Tax Parcel Nos. 11291-458 and 11291-466.3 which are located on and separated by River Road, a city street and right of way.

Santorini

Owner has requested permission from the City to connect its facilities and equipment by boring beneath the public right-of-way to install and maintain fiber optic cable and wires and appurtenant communication facilities and equipment.

1. The City consents and grants to Owner a revocable privilege to install and maintain fiber optic cables and wires and related appurtenant communications facilities and equipment in the public right-of-way on River Road in the location depicted in the site plan attached as Exhibit A.

2. The cables and wires shall be installed and maintained below the surface of the right-of-way and Owner shall restore the surface disturbed by installation and maintenance. Installation shall be by directional boring.

3. The Owner agrees to indemnify and hold the City harmless for any liability that may be incurred for damages to persons or property resulting from the grant of this privilege and to reimburse the City for all costs of defending any claims related to this privilege, including reasonable attorney fees.

4. Owner is obligated to remove its installed fixtures upon ten (10) days' written notice of the termination of this privilege from the City. Upon such notice, Owner must remove the installed fixtures with no damages or expense accruing to the City. If Owner does not timely remove the installed fixtures, Owner waives all claims for damages resulting from removal by the City, and the City may remove them at the Owner's expense, which if not timely paid, may become a special charge on the Owner's real estate tax bill, in accordance with Wis. Stat. sec. 66.0627.

5. By the acceptance and implementation of this privilege, the Owner acknowledges that the granting of this privilege constitutes a permissive use of City property and does not cause adverse possession right to accrue against the City's real estate title; the Owner permanently waives any adverse claim against the City's real estate affected by this Privilege in the Street.

6. Property Owner shall pay compensation for this privilege at the rate of _____($___) Dollars per ____ which shall be paid into the City's general fund.

7. Third parties whose rights are interfered with by the granting of this privilege shall have a right of action against the Owner only and the Owner shall indemnify and hold the City harmless.

8. Property Owner shall be responsible for all repairs, maintenance and upkeep associated with this Agreement and the fixtures installed in the public right of way.

9. This Agreement is terminable by the City at any time for any reason in its sole discretion.

10. This Privilege Agreement is made and entered into pursuant to Wis. Stat. sec. 66.0425 and shall be binding on the Owner and the Owner's heirs, successors and assigns.

11. Address for owner is 400 County Road A, Wisconsin Dells, WI 53965.

12. The following additional terms and conditions are part of this Agreement: Owner shall register and maintain the location of this facility with Digger's Hotline and pay all costs associated with such registration.

13. City and Owner shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

City of Wisconsin Dells

Date: _____

By: _____
Brian Landers, Mayor

Date: _____

By: _____
Nancy Holzem, Clerk/Administrative Coordinator

Owner

RRAD Development, LLC

Date: _____

By: _____

RESOLUTION NO. _____

ITEM 33

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams, and Juneau Counties, Wisconsin, that based upon the recommendation of the PUBLIC SAFETY COMMITTEE from their March 8, 2017 meeting;

It APPROVES the promotion of part-time Officer William Nehring to full-time effective June 1, 2017. The vacancy is due to a retirement.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: _____ayes _____nays _____ abs.
Date Introduced: March 20, 2017
Date Passed:
Date Published:

ITEM 34

DRAFT

City of Wisconsin Dells

ORDINANCE NO. _____

(Tourist Rooming House)

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

SECTION I: PURPOSE

The term "Tourist Rooming House" is used in Wisconsin in connection with the regulation of short-term rentals of residential overnight lodging accommodations. The purpose of this ordinance is set forth in the purpose section below. This measure is modeled on the Village of Lake Delton Ordinance.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 16.35 is created.

SECTION III: PROVISION AS CREATED:

16.35 TOURIST ROOMING HOUSE

(1) **Purpose.** The purpose of this section is to ensure that the quality of tourist rooming houses operating within the City is adequate to protect public health, safety and general welfare, including establishing minimum standards of space for human occupancy, for adequate levels of maintenance, determining the responsibilities of owners, operators and property managers offering these properties for tourists, to protect the character and stability of City neighborhoods, to provide minimum standards for the health and safety of persons occupying or using the regulated premises; and, provisions for the administration and enforcement.

(2) **Definitions.**

(a) **Bathroom.** Full bath.

(b) **Clerk.** The City Clerk of the City of Wisconsin Dells, or designee.

(c) **Corporate Entity:** A corporation, partnership, limited liability company, or sole proprietorship licensed to conduct business in this state.

(d) **Dwelling Unit:** One (1) or more rooms with provisions for living, cooking, sanitary, and sleeping facilities and a bathroom arranged for exclusive use by one (1) person or one (1) family. Dwelling Units include residential, tourist rooming house, seasonal employee housing and dormitory units.

(e) **License.** The Property Management License issued under 16.35(4).

(f) **Owner .** The owner of a tourist rooming house.

(g) **Permit.** An individual tourist rooming house permit issued under sub. sec. (4).

(h) **Person.** Shall include a corporation, firm, partnership, association, organization and any other group acting as a unit as well as individuals, including a personal representative, receiver or other representative appointed according to law. Whenever the word person is used in any section of this section prescribing a penalty or fine, as to partnerships or associations, the word shall include the partners or members, and as to corporations, shall include the officers, agents or members who are responsible for any violation of this section.

(i) **Resident Agent.** Any person appointed by the owner of a tourist rooming house to act as agent on behalf of the owner.

(j) **Property Manager.** Any person providing property management services to a least five (5) tourist rooming houses.

(k) **Short Term Rental.** The rental of a dwelling unit for a period of less than 29 consecutive days.

(l) **State.** The State of Wisconsin Department of Health, or its designee.

(m) **Tourist Rooming House.** Any lodging place or tourist cabin or cottage where sleeping accommodations are offered for pay to tourists or transients. Houses, cabins, and/or condominium units operated by a hotel, motel or resort are not tourist rooming houses under this section.

(n) **Tourist Rooming House Complex.** A condominium with eight (8) or more units operating as tourist rooming houses.

(3) **Operation of Tourist Rooming Houses.**

(a) Tourist Room Houses are a form of overnight lodging (Code Sec. 19.11.5.5) conditionally permitted in the following districts: C-1, C-2, C-3, C-4 and M-1)

(b) No person may operate a tourist rooming house without a tourist rooming house permit. Every tourist rooming house shall be operated by a Resident Agent or licensed Property Manager.

(c) Each tourist rooming house is required to have the following licenses and permits:

1. State of Wisconsin Department of Health Service License
2. Seller's permit issued by the Wisconsin Department of Revenue;
3. Conditional Use Permit;
4. Wisconsin Department of Revenue Premier Resort Tax number;
5. Room Tax Permit; and
6. Permit or license issued pursuant to the provisions of this Section.

(d) Exemptions. The following activities are exempt from complying with the requirements of this section:

1. Private boarding or rooming house, ordinarily conducted as such, not accommodating tourists or transients.
2. Hotel, motel or resort license issued by the State of Wisconsin Department of Health Services, pursuant to Wis. Stats. sec.254.64.
3. Bed and breakfast establishments.

(4) **Tourist Rooming House Permit; Property Manager License.**

(a) The Clerk shall issue an original tourist rooming house permit to all applicants following the approval of an application by the Common Council and the filing of all documents and records required under this Section.

(b) The Clerk shall issue a property manager license to all applicants following the approval of the application by the Common Council and the filing of all documents and records required under this Section.

(c) No person may act as a property manager of a tourist rooming house without a property manager license issued in accordance with the provisions of this Section. The property manager license shall apply to all tourist rooming houses for which the property manager has exclusive rights for the rental of the property. The property manager must certify to the City that each tourist rooming house operating under the property manager license complies with the standards of this Section.

(d) All Property Managers shall carry casualty and liability insurance issued by an insurance company authorized to do business in this state by the Wisconsin Office of the Commissioner of Insurance, with liability limits of not less than $300,000 per individual and $1,000,000 aggregate.

(e) Certification of compliance. As a condition of issuance of a license under this Chapter, the Property Manager shall certify that each managed property is in compliance with the terms and conditions of the license and this Section.

(5) **Resident Agent; Property Manager.**

(a) All tourist rooming houses are required to appoint a Resident Agent for the receipt of service of notice of violation of this Section's provisions and for service of process pursuant to this Section. Such a designation shall be made by the owner and shall accompany each application form. The applicant shall immediately notify the Clerk of any change in residence or information regarding the Resident Agent.

(b) To qualify as a Resident Agent the person must meet the following requirements:

1. Be a natural person residing in or within twenty-five (25) miles of the City of Wisconsin Dells; or a corporate entity with offices located within twenty-five (25) miles of the City of Wisconsin Dells.

2. The applicant does not have pending any criminal charge and has not been convicted of a felony or misdemeanor of any offense involving dishonesty, fraud, deceit, robbery, the use or threatened use of force or violence upon the person of another, or sexual immorality under Wis. Stat. Chap. 944, as amended.

3. The applicant is authorized by owner to accept service of process for all City communications, citations and orders.

(c) Resident Agent Permit. Application for a Resident Agent permit, and payment of the application fee, shall be filed with the Clerk, who shall issue the permit to all qualified applicants. Each Resident Agent permit shall be for a period of one (1) year commencing on July 1, or the date of issuance, and shall expire on June 30 of each year. No fee is required for the owner of a tourist rooming house residing within twenty-five (25) miles of the City of Wisconsin Dells who is serving as Resident Agent.

(d) Property Manager License. No person may act as a property manager for a tourist rooming house without a property manager license issued in accordance with the provisions of this Section. The property manager license shall apply to all tourist rooming houses for which the property manager has exclusive rights for the rental the property. The property manager shall serve as the Resident Agent for the property owner. The property manager must certify to the City that each tourist rooming house operating under the license complies with the standards of this Section.

(e) Property Manager qualifications. To qualify as a Property Manager the applicant must meet the following requirements:

1. Comply with the qualifications for a Resident Agent as set forth in 5(b).

2. Shall be managing not less than five (5) tourist rooming houses operating in the City of Wisconsin Dells.

3. Shall hold the following licenses and permits in its name:

   a. Seller's Permit issued by the Wisconsin Department of Revenue;
   b. Room Tax Permit issued by the City of Wisconsin Dells;

c. Employer identification number issued by the Internal Revenue Service;

d. Wisconsin Department of Revenue Premier Resort Tax number.

(f) Each Resident Agent and Property Manager shall be authorized by the property owner to act as the agent for the owner for the receipt of service of notice of violation of this Section's provisions and for service of process pursuant to this Section and shall be authorized by the owner to allow City employees, officers and their designees, to enter the owner's property for purposes of inspection and enforcement of this Chapter and/or the City Code.

(6) **Procedure.**

(a) All applications for a tourist rooming house permit shall be filed with the Clerk on forms provided. Applications must be filed by the property owner or on the owner's behalf by the licensed Property Manager. Each applicant shall certify that the tourist rooming house included in the permit is in compliance with the provisions of this Section. No permit shall be issued unless the completed application form is accompanied by payment of the required fee.

(b) Each application shall include the following information and documentation for each tourist rooming house unit:

1. Conditional Use Permit (or application).
2. State of Wisconsin Department of Health Services License for a tourist rooming house license issued under Wis. Stats. sec. 254.64
3. Copy of a completed State Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal.
4. Wisconsin Department of Revenue Premier Resort Sales Tax Number.
5. Proof of Insurance.
6. Seller's Permit from the Department
7. Floor plan and requested maximum occupancy
8. Site plan including available onsite parking.
9. Property Management Agreement (if applicable)
10. Designation of the Resident Agent.

11. Certification from the owner or licensee that the property meets the requirements of (12) below.

12. Applications for renewal permits filed by Property Managers are not required to include the documentation for each individual unit for items listed in subparagraph 4, 5, 6, 7, 8, 9, 10, unless the information on the renewal application has changed.

(c) Terms and Filing date. Each permit and license shall run from July 1 through June 30 of the following year. All applications must be filed on or before May 1. The filing fee shall be paid upon filing of the application. The Clerk may conditionally accept untimely filed applications, subject to payment of a penalty filing fee. Any application which does not include all of the information and documentation shall not be considered as complete.

(d) Application/Renewal Review Procedure.

1. Initial applications for a Tourist Rooming House (TRH) site shall be accompanied by a Conditional Use Permit (CUP) application. The CUP and TRH applications shall proceed simultaneously.

2. TRH applications and annual renewals shall be accepted and reviewed by the Building Inspector/Planning & Zoning Administration who shall prepare and submit a report and recommendation to the appropriate Common Council Committee. The Committee shall make a recommendation to the Common Council which shall approve or deny the application.

3. Approvals may include conditions and restrictions. Denials shall be based upon specified reasons; and non-renewal denials shall be subject to due process standards of notice and opportunity to be heard.

(e) The City shall issue a permit for each tourist rooming house approved by the Common Council . The permit shall include the following information:

1. Identify the Property Owner;

2. Identify the Resident Agent/Property Manager with contact information;
3. The maximum occupancy for the premises;
4. The permit term;
5. State lodging license number; and
6. Contact information for the City.

(f) No permit or license shall be issued or renewed unless there is filed with the Building Inspector a completed Fire Inspection Report dated not more than one (1) year before the date of issuance or renewal.

(g) No permit or license shall be issued or renewed, if the applicant or property has outstanding fees, taxes or forfeitures owed to the City, unless arrangements for payment have been approved by the Common Council.

(h) Electronic Filing. Applications, reports and supporting documentation filed under this section may be filed electronically in the manner and form prescribed by the City Clerk.

(7) **Renewal.**

(a) Each application for a renewal of a permit shall include updated information for the documentation on file with the City and payment of the applicable fee. The Building Inspector/Zoning Administrator shall verify that the information provided on the renewal application is complete and in accordance with the requirements of this Section. The Building Inspector/Zoning Administrator shall request reports from the Police Department and the Zoning Administrator regarding any complaints received, calls for service or actions taken regarding the permitted properties. The Building Inspector/Zoning Administrator shall issue renewal permits within ten (10) days of the filing of the application unless the information provided is incomplete or otherwise not in compliance with the requirements of this Section and/or the reports from the Police Department and the Zoning Administrator indicate that there are complaints or actions involving the property.

(b) If the Building Inspector/Zoning Administrator finds that the license or permit should not be renewed, or that the application should be considered by the designated Common Council/Committee, the Building Inspector/Zoning Administrator shall forward the application to the

appropriate Common Council Committee for action along with a written explanation of the reason for referral.

(c) No permit shall be issued or renewed unless there is filed with the Building Inspector/Zoning Administrator a completed Fire Inspection Report by the City fire inspector dated within one (1) year of the issue date.

(d) No permit or license shall be renewed if the applicant or property has outstanding fees, taxes or forfeitures owed to the City, or is under an order issued by the Building Inspector, or designee, to bring the premises into compliance with City ordinances, unless arrangements for payment have been approved by the Common Council.

(8) **Room Tax.**

(a) Each tourist rooming house shall comply with the room tax reporting requirements of the City Code.

(b) Each Property Manager Licensee shall file consolidated room tax returns for the managed tourist rooming houses.

(c) All tax returns and supporting documentation filed with the Clerk are confidential and subject to the protections provided under the City Code and Wis. Stat. secs. 66.0 615(3) and 77.61.

(9) **Inspections.**

(a) Each separate unit which is offered for rental as a tourist rooming house is required to be inspected annually by the State and the City Fire Inspector. If the State fails to inspect the tourist rooming house, the applicant may request that the building inspector conduct the inspection.

(b) If the Building Inspector conducts the inspection, the holder of a permit or license shall be responsible for payment of the inspection fees.

(c) If the Building Inspector or Fire Inspector at any time is unable to conduct an inspection due to denial of access, the tourist rooming house shall not operate until it has passed the inspection.

(10) **Display of Permit.** Each permit shall be displayed on the inside of the main entrance door of each tourist rooming house.

(11) **Standards for Tourist Rooming Houses.** Each tourist rooming house shall comply with the requirements of this Section and any other applicable City ordinance; and failure to do so constitutes a nuisance. Each tourist rooming house shall comply with the following minimum standards:

(a) not less than one (1) bathroom for every six (6) occupants.

(b) not less one hundred fifty (150) square feet of floor space for the first occupant thereof and at least an additional one hundred (100) square feet of floor space for every additional occupant thereof; the floor space shall be calculated on the basis of total habitable room area. Floor space is determined using interior measurements of each room. Floor space does not include kitchens, bathrooms, closets, garages, or rooms not meeting Uniform Dwelling Code requirements for occupancy. The maximum occupancy for any premises without a separate enclosed bedroom is two (2) people.

(c) each tourist rooming house complex shall have a designated manager residing on the premises.

(d) not less than one and one quarter (1 ¼) onsite off-street parking spaces for every four (4) occupants based upon maximum occupancy.

(e) a safe, unobstructed means of egress leading to safe, open space at ground level.

(f) shall have functional smoke detectors and carbon monoxide detectors in accordance with the requirements of Wis. Admin. Code Chap SPS 362.

(g) shall not have an accessible wood burning fireplace unless the owner provides a certificate from a licensed commercial building inspector, dated not more than thirty (30) days prior to submission, certifying that

the fireplace and chimney have been inspected and are in compliance with National Fire Prevention Association Fire Code Chapter 211 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances.

(h) shall not have a hibachi, gas-fired grill, charcoal grill, or other similar devices used for cooking, heating, or any other purpose on any balcony, deck or under any overhanging structure or within ten (10) feet of any structure.

(12) **Fees.** The City may establish by resolution fees related to TRH regulation, including, without limitation, application, inspection and renewal.

(13) **Enforcement.**

(a) The provisions of this ordinance shall be enforced by the Fire Chief, Chief of Police, Building Inspector, Zoning Administrator, Code Compliance Officer, or their designees or agents.

(b) Owners and others shall be subject to fines or forfeitures for failure to abide by the terms of this ordinance or other relevant city or state codes or regulations; including, without limitation, the provisions of Code Sec. 17.10 "Chronic Nuisance Premises"; and, for failure to observe or implement license conditions. The penalty provisions of Code Sec. 30.04 shall apply. Each day a violation continues shall constitute a separate offense.

(c) Repeated and unabated violations of this cost may also subject the permit to non-renewal, suspension or revocation proceedings. Such proceedings shall include written notice to the permit holder, a hearing and decision by the Common Council.

(d) If a license is non-renewed, suspended or revoked, the City shall take those actions necessary to protect the interests of effected occupants.

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: _____

January 11, 2017

ORDINANCE NO. _____
(Group Accommodation Definitions Updated)

ITEM 35

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

SECTION I: PURPOSE

To amend Land Use Definitions for Group Accommodations.

SECTION II: PROVISIONS AMENDED

19.111(5.3) & (5.5) of Group Accommodations are amended.

SECTION III: PROVISIONS AS AMENDED

5.3 ~~Group lodging facility~~ *Seasonal Workforce Housing.* A single unit or a multi-unit building in which 5 or more unrelated persons reside. By way of example, a group lodging facility may be a converted hotel or motel, a dormitory or a residence shared by 5 or more unrelated persons. The term does not include a bed and breakfast; a hotel, motel, or other facility regulated under chapter HRS 195, Wis. Admin. Code; an apartment building in which the individual units have complete kitchen and bathroom facilities; and residential facilities for senior citizens or disabled persons licensed by the State.

5.5 Overnight Lodging. A building, or portion thereof, *where sleeping accommodations are provided for pay to tourist or transients; and all related rooms, buildings, and areas.* ~~that has individual guest rooms with private bathrooms and may include recreational/fitness rooms for the exclusive use of guests~~. The term includes hotels, ~~and~~ motels *and tourist rooming houses. It does not include bed & breakfast establishments*.

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII:

This ordinance becomes a part of Wisconsin Dells Code, Chapter 5.

Brian L. Landers, Mayor

Nancy R. Holzem, City Clerk

ORDINANCE NO. _____ ITEM 36
(Workforce Housing Licensing Updates)

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

SECTION I: PURPOSE

This ordinance changes the name of Workforce Housing to Seasonal Workforce Housing as it pertains to licensing.

SECTION II: PROVISIONS AMENDED AND CREATED

Wisconsin Dells Code Sec. 16.06(1) is amended.
Wisconsin Dells Code Sec. 16.06(9)(j-m) are created.

SECTION III: PROVISIONS AS AMENDED AND CREATED

16.06 *SEASONAL* WORKFORCE HOUSING FACILITIES

(1) Definition. In this section, "*Seasonal* Workforce Housing Facility" means:

(a) A single family dwelling unit occupied by more than four unrelated persons.

(b) A building or buildings formerly operated and occupied as a hotel or motel, now occupied for limited term residential purposes; i.e., more than thirty (30) days in a sixty (60) day period.

(c) A dormitory; i.e., a building or buildings with private or semi-private rooms and sleeping areas for residents along with common bathroom facilities, cooking/eating areas, and recreation areas.

(9) Minimum Facility Requirements.

(j) Licensed premises shall provide each occupant with a lockable storage closet or cabinet of not less than twelve inches (12") by twelve inches (12") by eighteen inches (18").

(k) Licensed premises shall provide free internet/wifi service in common areas to its occupants.

(l) Licenses premises shall provide each occupant with a separate bed.

(m) All occupants of a room in a license premises must be of the same gender unless all occupants of the bedroom consent to mixed-gender occupancy.

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, City Clerk

First Reading Passed:
Second Reading passed:
Published:

ITEM 37

DRAFT

ORDINANCE NO. _____
(Sidewalk Litter & Debris)

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

SECTION I: PURPOSE

This ordinance expands the defined sidewalk area, including café zones, to be kept clean by persons owning or occupying places of business in the city.

SECTION II: PROVISION RECREATED

Wisconsin Dells Code sec. 6.05 is recreated.

SECTION III: PROVISION AS RECREATED

6.05 SIDEWALK LITTER AND DEBRIS

(1) Merchants Duty to Keep Sidewalk and Other Areas Orderly and Free of Litter. Persons owning or occupying places of business within the city shall keep all pedestrian walkways (both public and private) and any other area between the business place and the roadway/curb, clean and free of any litter, debris or garbage. This is to include keeping clean and in an orderly state, any city approved table, chair, bench or other part of those areas. Merchants shall report to the Public Works or Police Department, any missing, stolen or damaged property in front of their business as soon as possible.

(2) Café Zones. Any portion of the established "Cafe Zones" along Broadway in the C-2 Commercial Downtown Zoning District that are permitted to a downtown business, as approved by the City Council, shall be maintained as above at all times by the permitted business. Garbage generated by these permitted businesses shall not be placed in the garbage receptacles placed downtown by the city.

(3) Sweeping Litter Into Gutter Prohibited and Sidewalk Cleanliness. No person shall sweep into or deposit in any gutter, street or other public place within the city the accumulation of litter from any building or lot, or from any public or private sidewalk or driveway.

(4) Penalty. Persons who violate this section shall first receive a warning. Thereafter, the following fines, plus cost of prosecution shall be imposed:
Second offense: $100; Third offense: $200; Subsequent offenses: $300

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one

or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

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 6.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:
Second Reading Passed:
Publication: