

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, MAY 14, 2018 **TIME:** 6:30PM **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

		COMMITTEE MEMBERS	
		Ald. Mike Freel, Chair	Ald. Brian Holzem
		Mayor Ed Wojnicz	Ald. Ben Anderson
AGENDA ITEMS			
1	CALL TO ORDER AND ATTENDANCE NOTED		
2	APPROVAL OF THE APRIL 9, 2018 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATION FOR CLASS B BEER LICENSE SUBMITTED BY GSR, LLC, AARON TROXEL AGENT, FOR THE "DELLS GAME SHOW", 411 BROADWAY, FOR THE LICENSING PERIOD THROUGH JUNE 30, 2018		
4	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF SEASONAL WORKFORCE HOUSING FACILITY LICENSES FOR THE LICENSING PERIOD OF MAY 1, 2018 THROUGH APRIL 30, 2019 RECEIVED FROM: <ul style="list-style-type: none"> a. AMERICAN WORLD BP HOUSING FOR 2020 WISCONSIN DELLS PARKWAY b. MNEG CONCESSION LLC FOR 725 VINE STREET c. BRAD PREISSEL FOR 1113 BROADWAY d. RIVERVIEW BOAT LINE FOR 2150 WISCONSIN DELLS PARKWAY e. SMART STAFF LLC FOR 612 VINE STREET f. SMART STAFF LLC FOR 519 BOWMAN ROAD g. WOODSIDE FOR 1114 BROADWAY h. WORLD TRAVELER HOUSING RENTALS, LLC FOR 726 VINE STREET 		
5	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO ELIMINATE THE RIVER ARTS DISTRICT COMMITTEE; AND TO INCREASE THE BUSINESS IMPROVEMENT DISTRICT'S BOARD MEMBERSHIP TO TEN MEMBERS		
6	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO ALLOW THE ASSISTANT FIRE CHIEF TO ACT IN ABSENCE OF THE FIRE CHIEF ON THE CITY PLAN COMMISSION		
7	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO REGULATE THE ISSUANCE OF CLASS A BEER AND CLASS A LIQUOR LICENSES		
8	NEXT MEETING DATE AND TIME (Monday, June 11, 2018 – tentative time of 6:30pm)		
9	ADJOURN		
		ALD. MIKE FREEL	POSTED & DISTRIBUTED: 05/11/18
<p>Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>			

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

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

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

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

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

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

R# 64250 **ITEM 3**

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>82-4773583</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>33.32</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>47.32</u>

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

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

3. Trade Name Dells Game Show Business Phone Number 608-678-2250
 4. Address of Premises 411 Broadway Post Office & Zip Code 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

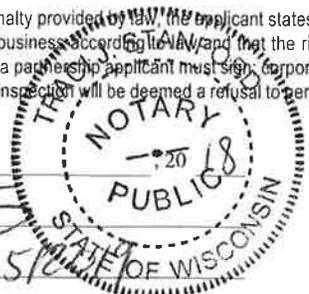
this 3rd day of May, 2018

 Clerk/Notary Public

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

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

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



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 3, 18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
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) Troxel		(first name) Aaron		(middle name) J	
Home Address (street/route) 1035 W Haseltine St		Post Office	City Richland Ctr	State WI	Zip Code 53581
Home Phone Number 608-604-3191		Age 30	Date of Birth 6/30/87	Place of Birth LaCrosse, WI	

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

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

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

which is making application for an alcohol beverage license.

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

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

6. Named individual must list in chronological order last two employers.

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

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

Subscribed and sworn to before me

this 3rd day of May
(Clerk/Notary Public)

My commission expires 7/25/2009



[Signature] Member
(Signature of Named Individual)



Printed on Recycled Paper

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

COPY

Submit to municipal clerk.

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

- Town
- Village
- City

To the governing body of: Wisconsin Dells County of Columbia

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Dells Game Show
(trade name)

located at 411 Broadway, Wisconsin Dells, WI 53965

appoints Aaron J. Troxel dob 6/30/87
(name of appointed agent)
1035 W Haseltine St, Richland Center, WI 53581
(home address of appointed agent)

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

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

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

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

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

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

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

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

ACCEPTANCE BY AGENT

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

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

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

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

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

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

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

To Police Dept 5/3/18

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4a

Date From May 1, 2018 to April 30, 2019 Fee \$ 950 Receipt No. 64025
((\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: American World¹³⁸ Housing - Adam Makowski

Applicant Address: 400 County Rd A

Telephone Number: 608-253-4451

Lodging Facility Address: 2020 Wisconsin Dells Parkway, Wis. Dells

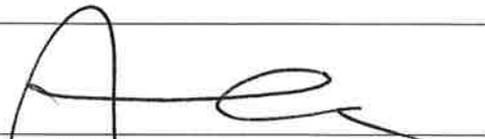
Number of Sleeping Units: 23

Zoning Classification: Commercial
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Rich. Makowski 608-448-9850

Manner in which the facility will be supervised and maintained: _____

24 hr supervision by American Resort Staff +
onsite RA provided by Noah's Ark.


Applicant's Signature

7/20/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: American World B. P. Workforce Housing
Date: 4/9/2018	Address: 2020 Wisconsin Dells Parkway
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Annual - Workforce Housing

Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: 5/1/2018

Fire Code Reference	Discrepancy / Remarks
NFPA 1:13.6.9.3	ANNUAL EXTINGUISHER MAINTENANCE Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year. Each fire extinguisher shall have a tag or label attached that indicates the month and year the maintenance was performed and identifies the person performing the service. ***DUE NOW
NFPA 1:13.7.3	MAINTENANCE OF FIRE ALARM SYSTEMS The inspection, maintenance and testing for fire alarm systems shall be in accordance with NFPA 72. An annual inspection maintenance test shall be conducted by a qualified service professional. All equipment and devices shall be listed on a report. Records of the IMT shall be kept until the next annual IMT, and shall be provided to the fire inspector as requested. ***PROVIDE DOCUMENTATION OF THE ANNUAL IMT.

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 46.

Date From May 1 18 to April 30, 20 18 Fee \$ 750.00 Receipt No. 63877
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: MNEG Concessions LLC

Applicant Address: 725 Vine Street - PO Box 33

Telephone Number: 608-385-9330

Lodging Facility Address: 725 Vine Street

Number of Sleeping Units: 15

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Zdravko Mrazov 608-718
1811

Manner in which the facility will be supervised and maintained: _____

Along with Zdravko, Frank Fedie takes care
of any issues at housing. Frank's number
is 608-385-9330

Frank Fedie
Applicant's Signature

4-15-18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Dells Jet Star Motel
Date: 4/25/2018	Address: 725 Vine ST
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED

Inspector Signature



City of Wisconsin Dells

Application for SEASONAL WORKFORCE HOUSING FACILITY LICENSE

ITEM 4c.

New Renewal

Date From 5/1/18 to April 30, 2018 Fee \$ 300.⁰⁰ Receipt No. 64340
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Brad Preissel

Applicant Address: P.O. Box 15 Wis. Dells, WI 53965

Telephone Number: 608-393-0876

Lodging Facility Address: 1113 Broadway - Ambers Inn & Suites

Number of Sleeping Units: 6

Zoning Classification: Commercial
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Jamie Hristov (608)963-8044

Manner in which the facility will be supervised and maintained: On site residence manager lives on site 24/7. Living quarters & property will be required to be kept clean & well maintained

Brad Preissel
Applicant's Signature

5/11/17
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.
Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Ambers Inn & Suites
Date: 4/30/2018	Address: 1113 Broadway ST
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Annual and Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED WORKFORCE HOUSING AREA IN BASEMENT OF 2-STORY MOTEL BUILDING WAS ALSO INSPECTED.

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4d.

Date From 5/1/18 to April 30, 2019 Fee \$ 600.00 Receipt No. 64021 Jm
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Riverview Boat Line

Applicant Address: 31 Broadway, Wise Dells

Telephone Number: 608-254-8336

Lodging Facility Address: 2150 Wise Dells Parkway (was: 700 US Hwy. 12)

Number of Sleeping Units: 12 units

Zoning Classification: A Commercial West

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Elena Chirituca : 608-432-8625
OR ERIC Helland (Riverview Gen. Mgr.) : 608-963-1130

Manner in which the facility will be supervised and maintained: All 12 units are being
operated by Riverview Boat Line, and they are responsible
for supervising & maintenance.

Karen (Diane) Acct.
Applicant's Signature

4/19/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Riverview Housing
Date: 4/11/2018	Address: 2150 Wisconsin Dells Parkway HWY
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Workforce Housing

Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: 5/18/18

Fire Code Reference	Discrepancy / Remarks
NFPA 1:11.1.2	ELECTRICAL FIRE SAFETY All electrical appliances, fixtures, equipment, and wiring shall be installed and maintained in accordance with NFPA 70, National Electrical Code. ***EXTERIOR REAR OF BUILDING NEAR ELECTRIC METER. LOOSE NON-COMPLIANT WIRING. (JOE WILL REPAIR/REPLACE/REMOVE) OTHER IMPROVEMENTS ARE ALSO BEING MADE

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4e.

Date From May 1, 2018 to April 30, 2019 Fee \$ 1250 Receipt No. 64049
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Smart Staff LLC - Calin Voicu

Applicant Address: 12445 Ocean Gateway , Suite 11, Ocean City, MD, 21842

Telephone Number: 443-928-6826

Lodging Facility Address: 612 Vine Street , Wisconsin Dells , WI , 53965

Number of Sleeping Units: 35

Zoning Classification: C-1 Commercial-neighborhood
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Catalin Varvara 410-831-8288

Manner in which the facility will be supervised and maintained:
The facility will be supervised by Property Manager Catalin Varvara (Phone #: 410-831-8288; Mailing Address: 612 Vine St. Email: catalin.varvara@allfriends.co). Mr. Varvara will live on-site and be available at all times(24/7) to respond to questions or complaints. Two employees will assist Mr. Varvara with check-in/check-out and ensuring that all tenants respect property rules and local laws. This includes addressing noise, garbage, and maintenance/management issues immediately. Smart Staff will continue to rent the two free-standing houses on the Rainbow property to local families(white house + cottage 35). Mr. Varvara will live in the third free-standing house, and the remaining 35 units will be rented to students Smart Staff LLC already installed surveillance cameras on the property and replaced beds/purchased additional bunk beds as necessary.


Applicant's Signature

03/12/2018
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Rainbow Summer Housing
Date: 4/25/2018	Address: 612 Vine ST
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED NOT COMPLETELY OPEN YET. WILL RETURN LATER IN THE SEASON.

Inspector Signature



City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4f.

Date From May 1, 2018 to April 30, 2019 Fee \$ 700 Receipt No. 64049
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Smart Staff LLC - CALIN VOICU

Applicant Address: 12445 Ocean Gateway, Suite 11, Ocean City, MD, 21842

Telephone Number: 443-928-6826

Lodging Facility Address: 519 Bowman, Wisconsin Dells, WI, 53965

Number of Sleeping Units: 14

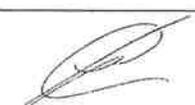
Zoning Classification: C - 1 Commercial neighborhood

(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Catalin Varvara - 410-831-8288

Manner in which the facility will be supervised and maintained:

The facility will be supervised by Property Manager Catalin Varvara (Phone #: 410-831-8288; Mailing Address: 612 Vine St. Email: catalin.varvara@allfriends.co). Mr. Varvara will live at Rainbow (1 minute away from the Bowman property) and be available at all times(24/7) to respond to questions or complaints. Two employees will assist Mr. Varvara with check-in/check-out and ensuring that all tenants respect property rules and local laws. This includes addressing noise, garbage, and maintenance/management issues immediately. Smart Staff will rent the 5 units and 1 house to J1 students. Mr Varvara has experience working with J1 students in Wisconsin Dells, Ocean City MD, Virginia Beach VA, Tennessee.


Applicant's Signature

05/16/2017

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4g.

Date From May 1, 2018 to April 30, 2019 Fee \$ 300.00 Receipt No. 64094
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: Woodside

Applicant Address: 1114 Broadway

Telephone Number: 608 678 3380 608 ^{Ken} 209 3759

Lodging Facility Address: Same

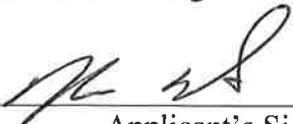
Number of Sleeping Units: 6

Zoning Classification: C 2
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: 608 209 3759
Ken Korish Maint Director

Manner in which the facility will be supervised and maintained: _____

Occupants will be supervised by
Jillian Serman, she will give them rules
and regular visits


Applicant's Signature

4-26-18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Fire Inspection Report

Page 1 of 1

	Name: Woodside Hotel & Suites
Date: 4/26/2018	Address: 1114 Broadway
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Annual & Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED WORKFORCE HOUSING AREA IN BASEMENT OF BLDG. 2 WAS ALSO INSPECTED.

Inspector Signature



Housing Inspection Report

General Property Information

Date of Inspection

Facility Name

Address

Contact Information

Manager on Premises

Address numbers posted

Overall evaluation of property

Building appearance

Neighborhood

Landscaping

Entry

Parking

Adequate lighting in rooms, stairwells and entry

Posted Fire/Emergency Plan evacuation route, emergency numbers

Fire Exits marked

Extinguishers current year and date on tag

Fire Sprinklers

Smoke Detectors on each level and each sleeping room

Exit lights and Battery Backup

CO Detectors (+see note)

Egress from sleeping rooms and common areas

Lockable storage for each occupant within unit

Proper number of beds per room

Wi-Fi available and working

Separate bed for each occupant

UNSAFE OR UNSANITARY CONDITIONS (See below)

Locking door and windows

Window screens in place and in good condition

Bathrooms (toilet, sink and shower) in good condition

ADA compliant rooms with access to common areas

Elevators in working order

Access to Refrigerator, Microwave

HVAC operational

Woodside

Broadway

Ken 209.3759

Yes

No

Yes

No

Good

Fair

Poor

Yes

No

Yes

No

NA

Violation: Put lock on door of mechanical room; fill in abandoned closet flange (in concrete floor) in mechanical room permanently.

Remarks:

*CO Detectors on each level and within 15' of a sleeping room adjacent to a fuel burning appliance and no more than 75' from a fuel burning appliance.

Kheli Mason

.4/26/2018

Inspector

Date

Please notify when above listed items have been addressed. Thank you.

City of Wisconsin Dells

Application for LODGING FACILITY LICENSE

ITEM 4h.

Date From 5/1/18 to April 30, 20 19 Fee \$ 700⁰⁰ Receipt No. 64157
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: WORLD TRAVELER HOUSING RENTALS LLC

Applicant Address: 726 VINE ST

Telephone Number: 608 432 2484

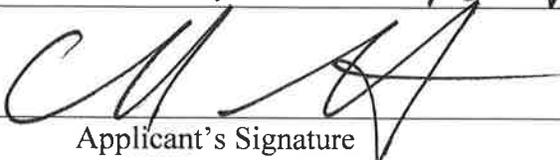
Lodging Facility Address: 726 VINE ST

Number of Sleeping Units: 14

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: CHRIS SWART
608 432 2484

Manner in which the facility will be supervised and maintained: FACILITY WILL
CONTINUE TO BE SUPERVISED + MAINTAINED AS
IN THE PAST TO PROVIDE SAFE HOUSING AND
BE AN ASSET TO THE COMMUNITY


Applicant's Signature

4/30/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.06

Note: Incomplete, false, or misleading information can delay the review process and/or be grounds for denial of license.

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____
Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____

Kilbourn Volunteer Fire Department
P. O. Box 689 Wisconsin Dells, WI 53965-0689
ph. 608-254-2040 fax. 608-254-2022

Inspection Report

Page 1 of 1

	Name: World Traveler LLC
Date: 4/25/2018	Address: 726 Vine ST
Inspector Name:	Fire Inspector Jerry Wolfram
Type of Inspection:	Workforce Housing
Each discrepancy detailed herein is a violation of the Fire Code and shall be corrected by: N/A	
Fire Code Reference	Discrepancy / Remarks
N V O	NO VIOLATIONS OBSERVED FIRE EXTINGUISHER ANNUAL MAINTENANCE IS DUE PRIOR TO JUNE 1ST.

Inspector Signature



CITY OF WISCONSIN DELLS
ORDINANCE NO. _____
Repeals River Arts District Committee
Expands Business Improvement District Board

ITEM 5

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

SECTION I: PURPOSE

The purpose of this ordinance is to repeal the River Arts District Committee and expand the Business Improvement District Committee membership

SECTION II: PROVISIONS AFFECTED

- A. Wisconsin Dells Code sec. 1.11(3) is amended
- B. Wisconsin Dells Code sec. 1.12 is repealed

SECTION III: PROVISIONS AS AFFECTED:

A. 1.11 BUSINESS IMPROVEMENT DISTRICT

- (3) The board shall consist of ~~seven (7)~~ **ten (10)** members appointed by the Mayor and confirmed by the Common Council. ~~Six (6)~~ **Nine (9)** of the members shall serve staggered terms of three years; and, a member of the Common Council shall be appointed annually. A majority of the board shall own or occupy real property in the district.

B. 1.11 RIVER ARTS DISTRICT COMMITTEE - **Repealed**

~~(1) Committee Established. The City shall have a "River Arts District Committee".~~

~~(2) Members/Officers. The Rivers Arts District Committee shall have six (6) members as follows:~~

- ~~(a) A member of the common council who shall serve as chairperson of the committee, the entertainment coordinator of the Wisconsin Dells Visitors and Convention Bureau; and four (4) public members.~~
- ~~(b) The members of the committee shall be appointed annually by the Mayor and confirmed by the Common Council.~~
- ~~(c) Two (2) of the public members may be non-residents of the City. The public members shall have backgrounds in the fields of tourism, arts or entertainment.~~

~~(3) Without limitation the Committee shall oversee, plan and manage the following:~~

- ~~(a) River Arts District entertainment venues including Duchess Plaza.~~

- ~~(b) Busker program.~~
- ~~(c) Network with state, local and national artists for events and opportunities in the River Arts District.~~

- ~~(d) River Arts District trademark and trade name.~~
- ~~(e) Seek and coordinate funding and sponsorship of cultural and historic art opportunities.~~
- ~~(f) Other such responsibilities as designated by the Mayor and/or Common Council.~~

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 1.

Edward E. Wojnicz, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:
Second Reading Passed:
Publication:

City of Wisconsin Dells

ORDINANCE NO. _____
(Plan Commission Member/Fire Chief)

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

SECTION I: PURPOSE

This ordinance permits the Fire Chief to designate an assistant Fire Chief to act as a plan commission member in the Chief's absence.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 19.203(5) is created.

SECTION III: PROVISION AS CREATED:

19.203(5)

(5) The Fire Chief may designate an Assistant Fire Chief to act in the absence of the Chief

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 19.

Edward Wojnicz, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____

PUBLISHED: _____

PASSED: _____

City of Wisconsin Dells

ORDINANCE NO. _____
("Class A" License Locations)

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

SECTION I: PURPOSE

The current code does not specifically delineate establishments which may sell alcohol beverages for off premises consumption; i.e. Retail "Class A" licenses. This creates two (2) categories for potential "Class A" licenses:

- 1.) Specific types of businesses which automatically qualify; and,
- 2.) Specialty venues on a case by case basis

SECTION II: PROVISION AFFECTED

Wisconsin Dells Code Sec. 16.12(14) is renumbered Wisconsin Dells Code Sec. 16.12(20).
Wisconsin Dells Code Sec. 16.12(14) is created.

SECTION III: PROVISION AS CREATED:

16.12(14)

(14) Retail "Class A" Licenses.

(a) Retail "Class A" licenses may be issued to:

1. Liquor Stores
2. Drug Stores/Pharmacies
3. Department Stores
4. Convenience Stores with/without gasoline
5. Grocery Stores;

subject to appropriate site by site limitations and/or restrictions.

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

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

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

Edward Wojnicz, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____