

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: Monday, October 14, 2019 **TIME:** 6:00pm **LOCATION:** Municipal Building
Common Council Chambers - 300 La Crosse Street, Wisconsin Dells, WI 53965

COMMITTEE MEMBERS	
Ald. Mike Freel, Chair	Ald. Brian Holzem
Mayor Ed Wojnicz	Ald. Ben Anderson
AGENDA ITEMS	
1	Call to Order and Attendance Noted
2	Approval of the September 9, 2019 Meeting Minutes
3	Discussion/Decision on Application for an Original Class B Beer and Class B Liquor License Submitted by Wisconsin Apple LLC, Kent Billingsley Agent, for Applebee's Neighborhood Grill & Bar, 340 Hwy 13, for the Licensing Period of October 22, 2019 Through June 30, 2020 (Contingent upon Apple Hospitality Group LLC surrendering the current license for this location)
4	Discussion/Decision on Application for an Original Class B Beer and Class B Liquor License Submitted by Jose's Authentic Mexican Restaurant LLC, Heather Parra Wilson Agent, for Jose's Mexican Restaurant, 951 Stand Rock Road, for the Licensing Period of October 22, 2019 Through June 30, 2020 (Contingent upon Timber Falls Food LLC surrendering the current license for this location)
5	Discussion/Decision on Proposed Changes to Sign Code Regarding Monument Signs, Roof Signs, Portable Signs, Projections over Public Property and Appeals.
6	Future meeting agenda items – Next meeting date if needed
7	Adjourn
	Chairperson Ald. Mike Freel
	Posted: 10/11/2019
	<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>

LEGISLATIVE COMMITTEE MEETING
CITY OF WISCONSIN DELLS
SEPTEMBER 9, 2019

Chairperson Mike Freel called the meeting to order at 6:15P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

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

Others: Ald. Terry Marshall, City Clerk/Coordinator Nancy Holzem, City Treasurer Karen Terry, Police Chief Jody Ward, Public Works Director David Holzem, City Planner/Zoning Administrator Chris Tollaksen, Dawn Baker and City Attorney Joseph Hasler.
2. Motion by Mayor Wojnicz seconded by Ald. Anderson to approve the July 8, 2019 meeting minutes. Motion carried unanimously.
3. Motion by Mayor Wojnicz seconded by Ald. Anderson to recommend to the Common Council for approval, the application for an Original Class B Beer and Original Population Reserve Class B Liquor License submitted by Jillybeaners LLC, Jillian Campbell agent, for River Walk Pub, 911 River Road, for the licensing period of September 17, 2019 through June 30, 2020. Approval is contingent upon the current reserve license being surrendered by Y Knot 2, LLC for this same location. Motion carried unanimously.
4. Future agenda item to include discussion on requiring those who rent out their residential yard space to vendors during WoZhaWa weekend to obtain a permit in order to do so. Currently one is not required and there are issues with the amount of garbage that these vendors on private property are generating. No date was set for the next meeting.
5. Motion by Ald. Holzem seconded by Ald. Anderson to adjourn. Motion carried unanimously and the meeting adjourned at 6:18pm.

Nancy R. Holzem
City Clerk/Coordinator

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/22/2019 ending: 6/30/2020
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number 456103043651904	
FEIN Number 84-3033622	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>66.64</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>333.36</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>417.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
WISCONSIN APPLE LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KASTURI	SEENU	G.	103 WOODBRIDGE DR., LAFAYETTE, LA 70508
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BILLINGSLEY	KENT	D.	W312 S285 WILDWOOD TR., DELAFIELD, WI 53018
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLEBEE'S NEIGHBORHOOD GRILL & BAR Business Phone Number (608) 254-6900

2. Address of Premises 340 HIGHWAY 13 Post Office & Zip Code 53965

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

RESTAURANT, FREE STANDING BAR, AND PATIO

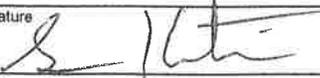
4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? APPLE HOSPITALITY GROUP LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state LOUISIANA and date 09/12/19 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) Kasturi, Seenu G.	Title/Member President/Member	Date
Signature 	Phone Number (337) 981-1447	Email Address seenukasturi@yahoo.com

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
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

To the governing body of: Town
 Village of WISCONSIN DELLS County of SAUK
 City

The undersigned duly authorized officer/member/manager of WISCONSIN APPLE 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 APPLEBEE'S NEIGHBORHOOD GRILL & BAR
(Trade Name)

located at 340 HIGHWAY 13

appoints KENT D. BILLINGSLEY
(Name of Appointed Agent)
W312 S285 WILDWOOD TRAIL, DELAFIELD, WI 53018
(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?

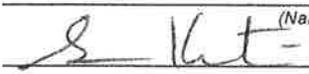
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
SEE LIST ATTACHED

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? 3 YRS, 5 MOS

Place of residence last year W312 S285 WILDWOOD TRAIL, DELAFIELD, WI 53018

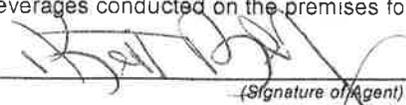
For: WISCONSIN APPLE LLC
(Name of Corporation / Organization / Limited Liability Company)

By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, KENT D. BILLINGSLEY, 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.

 9-23-19 Agent's age 51
(Signature of Agent) (Date)
W312 S285 WILDWOOD TRAIL, DELAFIELD, WI 53018 Date of birth 10/23/1967
(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)

Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

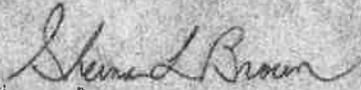
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 17034674
CARD # 17636004

ServSafe Alcohol® CERTIFICATE

KENT BILLINGSLEY



NAME
4/8/2019

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.

NOTE: You can access your score and certification information anytime at servsafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at

www.nra.com/ServSafeSupporting or
800.745.2122, ext. 8100.

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Sherman Brown
Executive Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



211 South West 20th Ave
Fort Lauderdale, FL 33311
Phone: 800.745.2122
Fax: 954.473.1111
www.servsafe.com

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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BILLINGSLEY		KENT		D.	
Home Address (street/route)		Post Office	City	State	Zip Code
W312 S285 WILDWOOD TRAIL			DELAFIELD	WI	53018
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 442-3526		51	10/23/1967	ELMHURST, IL	

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 **WISCONSIN APPLE LLC**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

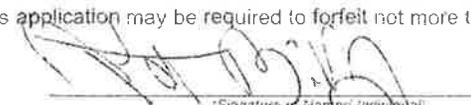
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 3 YEARS, 5 MONTHS
- 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	Employer's Address	Employed From	To
Diageo Beer Company	801 Main Ave., Norwalk, CT	June 1997	February 2016
Employer's Name	Employer's Address	Employed From	To
Chicago Beverage Systems	411 N. Kilbourn Ave., Chicago, IL	July 1990	June 1997

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



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KASTURI		SEENU			
Home Address (street/route)		Post Office	City	State	Zip Code
103 WOODBRIDGE DR		LAFAYETTE	LAFAYETTE	LA	70508
Home Phone Number		Age	Date of Birth	Place of Birth	
3377816670		50	04-25-1969	INDIA	

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

- Applying for an alcohol beverage license as an Individual.
- A member of a partnership which is making application for an alcohol beverage license.
- MEMBER** of **WISCONSIN APPLE LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

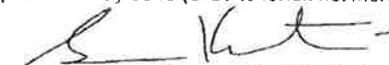
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- 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 SELF	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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



(Signature of Named Individual)



2120 Pewaukee Road, Suite 200
Waukesha, WI 53188
Telephone / Fax: 414.259.8466
E-mail: tim.randall@whgroup.com

September 30, 2019

Via US Mail

City of Wisconsin Dells
Attn: Nancy Holzen, Deputy Clerk/Treasurer
300 LaCrosse Street
Wisconsin Dells, WI 53965

RE: Applebee's No. 278, 340 State Highway 13, Wisconsin Dells: Liquor License

Dear Ms. Holzen:

As you know, Apple Hospitality Group, LLC ("AHG"), is the current holder of a Class "B" liquor license (the "Existing Liquor License") with respect to the above-referenced Applebee's restaurant. AHG is in the process of transferring ownership and operations of the Applebee's restaurant to Wisconsin Apple LLC (the "Successor Licensee"). The Successor Licensee has applied to your office for approval for a new Liquor License in its name. This letter confirms that upon the granting of the new Liquor License to the Successor Licensee, AHG will immediately surrender the Existing Liquor License to your office.

Thank you for your time and attention to this matter. Of course, if you have any questions or comments, please do not hesitate to contact me.

Very Truly Yours,

A handwritten signature in dark ink, appearing to read "Timothy J. Randall".

Timothy J. Randall
Chief Legal Counsel / Chief Development Officer

cc: Adam Fudala - afudala@reinhardt.com
Kent Billingsley - kent.billingsley@whgroup.com

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Oct. 22, 2019 ending: June 30, 2020
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1029271377-02</u>	
FEIN Number <u>81-4530571</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
TOTAL FEE	\$ <u>414.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Jose's Authentic Mexican Restaurant, LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Parra Wilson</u>	<u>Heather</u>	<u>Diane</u>	<u>1909 Jefferson St, Baraboo 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Parra Wilson</u>	<u>Heather</u>	<u>Diane</u>	<u>1909 Jefferson St, Baraboo 53913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Jose's Authentic Mexican Restaurant Business Phone Number 608-253-7337
2. Address of Premises 951 Stand Back Road Post Office & Zip Code WI Dells 53945

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

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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Kickers

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

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Contact Person's Name (Last, First, M.I.) <u>Parra Wilson Heather D</u>	Title/Member <u>owner</u>	Date <u>10.3.19</u>
Signature <u>Heather Wilson</u>	Phone Number <u>608-477-2022</u>	Email Address <u>wilson5111784@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10/3/2019</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Jose's Authentic Mexican Restaurant
(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 Jose's Authentic Mexican Restaurant
(Trade Name)

located at 951 Stand Rock Road WI Dells 53965

appoints Heather Farra Wilson
(Name of Appointed Agent)
1909 Jefferson St Baraboo WI 53913
(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).
Jose's in Baraboo & Lake Delton, Jose's Bakery in Baraboo

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? 12 yrs

Place of residence last year 1909 Jefferson St Baraboo 53913

For: Jose's Authentic Mexican Restaurant
(Name of Corporation / Organization / Limited Liability Company)
By: Jamal Wilson
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Heather Farra Wilson, 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.

Jamal Wilson 10.3.19 Agent's age 35
(Signature of Agent) (Date)
1909 Jefferson St Baraboo 53913 Date of birth 9.17.84
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Parra Wilson		Heather		Diane	
Home Address (street/route)		Post Office	City	State	Zip Code
1909 Jefferson St			Baraboo	WI	53913
Home Phone Number		Age	Date of Birth	Place of Birth	
608-477-2022		35	9.17.84	Tomah, 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 Jose's Authentic Mexican Restaurant
(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? 12 yrs
- 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. Jose's in Baraboo & Lake Delton, Jose's Bakery in Baraboo
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Missoula Mac	Baraboo	7.1.11	2.1.12
Hardee's	Wausau	9.1.10	12.1.11

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

Parra Wilson
(Signature of Named Individual)

October 3, 2019

To whom it may concern:

Timber Falls Food LLC wishes to surrender its "Class B" Retailers License for the sale of Fermented Malt Beverages and Intoxicating Liquors to Jose's Authentic Mexican Restaurant LLC upon granting of such license.

A handwritten signature in black ink, appearing to read 'M. Schmitz', with a long horizontal stroke extending to the right.

Mark Schmitz

Timber Falls Food LLC

Managing Member

Section 22.02 Definitions

(18) Monument Sign: a detached, self-supporting sign mounted or incorporated into a solid base. (In certain cases the base may have two (2) separate legs that are no taller than the width of the base, with approval of the DRC).

(33) Roof Sign: any sign erected, constructed or maintained wholly upon or above the roof of any building with the principal support attached to the roof structure. The Design Review Committee may consider signs technically attached to the roof of a structure a "Wall Sign" if such sign is within eighteen (18) inches of the building wall and projects no more than 5 feet above the roof line of the building

Section 22.05 Exemptions

The following signs are exempt from the permit requirements of this ordinance:

(16) Sandwich boards, "A" frame and Pedestal Signs in the C-1 or C-2 District, following the downtown design standard and subject to review of the Design Review Committee (DRC).

Section 22.09 General Sign Regulations

(9) Portable Signs.

(a) Location. The sign shall be located within ten (10) feet of the business entrance, but shall not be placed in a location where the public paved area for passage is reduced to less than six (6) continuous feet in width or within twelve (12) feet of an intersection, driveway, public stairwell or crosswalk. Where possible, portable signs shall be located on private property.

C-1 and C-2 Zoning District. The Design Review Committee may approve signs on public property in the C-1 and C-2 Zoning District. Where possible the signs are to be located in the dedicated terrace area, which is delineated from the public walking path as colored and stamped concrete or pavers that separates the walking path from the vehicle lanes.

(b) Usage. The sign shall only be used during business hours.

(c) Material. The sign shall be made of a durable material such as wood or metal.

(10) Projecting Signs.

(a) Area Limitations. Projecting signs shall not exceed three hundred (300) square feet on each side, or as defined in Code Sec. 22.10,

whichever is stricter.

- (b) Projection over Public Property. Every projecting sign shall be placed at least ten (10) feet above the public sidewalk over which it is erected. No projecting sign shall project more than four (4) feet, six (6) inches into the public way.

Off-Broadway Exception: The Design Review Committee may allow a projecting sign that is NOT ON BROADWAY to project up to six (6) feet into the public way. Following notification of property owners & business operators within 50 feet of the subject parcel, the Design Review Committee shall determine that such projection would not cause undue hardship to a neighboring business.

(c) Height. The highest point of a projecting sign shall be no more than ten (10) feet above the roof line of the building upon which the projecting sign is placed, or as defined in Code Sec. 22.10, whichever is stricter.

- (d) Content. Projecting signs shall promote or relate only to on-premises goods, services or activities.
- (e) Placement. Projecting signs shall be a minimum of forty (40) feet apart; except that each building or business may have a projecting sign.
- (f) Declaration of Policy. The erection of a projecting sign over the public right-of-way is declared to be a privilege granted by the City of Wisconsin Dells. There is no guarantee that all applications for projecting signs will be approved or that all designs will be permitted. Applications will be considered on a case by case basis and evaluated on their contribution to downtown Wisconsin Dells.

Section 22.03 Administration and Sign Permit Issuance

(6) Appeals.

(a) **The Design Review Committee may approve a deviation from the strict application of any of the requirements of this ordinance following:**

- i. Payment of the Public Hearing fee (\$225)**
- ii. Publication of a Class 1 Public Notice.**
- iii. Public hearing in front of the D.R.C.,**

(b) Within thirty (30) days after denial of a sign permit by the zoning administrator per direction of the Design Review Committee, an appeal or request for variance may be filed with the Board of Appeals pursuant to Ord. sections. 1.04(2) and Chapter

19 Article 3 Division 2 (19.220-19.239)

- (c) The board, upon appeal from a decision by the zoning administrator, may decide any question involving the interpretation of any provision of this ordinance.
- (d) The board may vary or adapt the strict application of any of the requirements of this ordinance in the case of exceptionally irregular, narrow, shallow or steep lots, or other exceptional physical conditions, whereby such strict application would result in practical difficulty or unnecessary hardship that would deprive the owner of the reasonable use of the land or building involved, but in no other case. In granting any variance, the board shall prescribe any conditions that it deems to be necessary or desirable. However, no variance in the strict application of any provision of this ordinance shall be granted by the board unless it finds:
 - (i) That there are special circumstances or conditions, fully described in the findings, applicable to the land or building for which the variance is sought, which circumstances or conditions are peculiar to such land or buildings and do not apply generally to land or buildings in the neighborhood, and that circumstances or conditions are such that the strict application of the provisions of this ordinance would deprive the applicant of the reasonable use of such land or building.
 - (ii) That, for reasons fully set forth in the findings, the granting of the variance is for the reasonable use of the land or building and that the variance as granted by the board is the minimum variance that will accomplish this purpose.
 - (iii) That the granting of the variance will be in harmony with the general purpose and intent of this ordinance and will not be injurious to the neighborhood or otherwise detrimental to the public welfare. In addition to considering the character and use of adjoining buildings and those in the vicinity, the board, in determining its finding, shall take into account the number of persons residing or working in such buildings or upon such land and traffic conditions in the vicinity.
 - (iv) Except as specifically provided, no action by the board shall have the effect of permitting, in any district, uses prohibited in such district.