

SPECIAL COMMON COUNCIL MEETING NOTICE

NOTICE IS HEREBY GIVEN that a Special Meeting of the Wisconsin Dells Common Council will be held on Wednesday, September 2, 2020 at 5:00P.M. in the Common Council Chambers at the Municipal Building, 300 La Crosse Street, to consider the following agenda items:

MAYOR	COUNCIL MEMBERS		
Ed Wojnicz	FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT
	Jesse DeFosse	Mike Freel	Ben Anderson
	Brian Holzem	Terry Marshall	Dan Anchor
OPENING			
1	Call to Order and Roll Call Attendance		
2	Pledge of Allegiance		
AGENDA ITEMS			
3	Approval of the August 17, 2020 Meeting Minutes		
4	Applications for Bartender Licenses		
RESOLUTIONS			
5	Resolution to Award the Contract for TID 2 Infrastructure Improvements – Phase I – Trout and Jones Road; and Any Other Related Updates Regarding the Project		
CLOSING			
6	Business for Referral to Committees or Subsequent Meetings		
7	Adjournment		
	Nancy R. Holzem City Clerk/Coordinator Posted: August 31, 2020		

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
APPLICATION FOR OPERATOR'S (BARTENDER) LICENS

ITEM 4

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73723
Council Date Granted: _____ Police Dept Verification: 8/20/20 By: (signature)
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: Deny:

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name Beard Amanda Lin
Last First Middle
Home Address 2100 5th Street Reedsburg WI 53959
Street City State Zip

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

Date of Birth: 9-19-1979 Drivers License # B230 0127-9839 00 State WI

Phone Number: (408) 844-3848

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): Quarterback

Have you been convicted of a felony? Yes ___ No
Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No
Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No

If you answered yes to any of the above questions, please list information below or on a separate page:

Date	Nature of Offense	County	State

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: Amanda L. Beard Date: 8/13/2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73797
 Council Date Granted: _____ Police Dept Verification: 8/22/20 By: [Signature]
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name Bradley Nicholas Michael
Last First Middle
 Home Address 19058 Johnson Dr. Wisconsin Dells WI 53965
Street City State Zip

Mail License to (if different from Home Address): _____

Date of Birth: 2/15/83 Drivers License # BC34 6338 3055 08 State WI
Street City State Zip

Phone Number: (541) 531-8566

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): Asgard axe and tap

Have you been convicted of a felony? Yes _____ No X
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes X No _____
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes X No _____
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes _____ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

Date	Nature of Offense	County	State
<u>1/2/2001</u>	<u>Rolled my car, Disturbing peace with motor vehicle</u>	<u>Columbia</u>	<u>WI</u>
<u>?/2/01 or 02</u>	<u>absolute Sobriety</u>	<u>Sauk</u>	<u>WI</u>
	<u>Possession + Paraphernalia</u>		
<u>?/2/04</u>	<u>Possession + paraphernalia / open Beer</u>	<u>Columbia</u>	<u>WI</u>
<u>?/2/04</u>	<u>open Beer</u>	<u>La Crosse</u>	<u>WI</u>
	<u>Nothing Since just young & dumb</u>		

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Signature of Applicant: Nicolas Bradley Date: 8/21/2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73646
Council Date Granted: _____ Police Dept Verification: 8/6/20 By: RC
License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: [Signature] Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name SIMENEZ GERMAN
Last First Middle
Home Address 610 COMMERCIAL AVE LOT 630 WISCONSIN DELLS WI 53965
Street City State Zip

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

Date of Birth: 12/26/1989 Drivers License # XDC929659 (International)
State

Phone Number: 608-849-2680

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): CHUCA VISTA RESORT

Have you been convicted of a felony? Yes ___ No X
Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No X
Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No X
Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes ___ No X

If you answered yes to any of the above questions, please list information below or on a separate page:

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: [Signature] Date: 8-9-2020

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60⁰⁰ Receipt No. 73698
 Council Date Granted: _____ Police Dept Verification: 8-11-20 By: PC
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name: Koon Lea Mane
Last First Middle
 Home Address: 529 N Dewey Apt 1 Reedsburg WI 53959
Street City State Zip

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

Date of Birth: 07/24/93 Drivers License # K200 5339 3764 05 State WI

Phone Number: 608 354 4578

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): Showboat Saloon

Have you been convicted of a felony? Yes _____ No
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes _____ No
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes _____ No
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes _____ No

If you answered yes to any of the above questions, please list information below or on a separate page:

<u>Date</u>	<u>Nature of Offense</u>	<u>County</u>	<u>State</u>

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: Lea Koon Date: 8/10/20

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

Per Wis. SS 125.32(2) and 125.68(2) and City Code 16.12(5)
SEE BACK SIDE OF APPLICATION FOR IMPORTANT INFORMATION.

FOR OFFICE USE ONLY

Current Licensing Period: July 1, 2020 to June 30, 2022 Amount Paid: \$ 60.00 Receipt No. 73724
 Council Date Granted: _____ Police Dept Verification: 8/20/20 By: RD
 License #: _____ Date Issued: _____ Police Chief Recommendation: Approve: X Deny: _____

New \$60 (attach Beverage Server Training Cert.) Renewal \$60 Temp. \$10 (Event Dates: _____)

Name Simonsen Haley Anne
Last First Middle
 Home Address 323 N Main St Westfield WI 53964
Street City State Zip

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

Date of Birth: 01-17-1997 Drivers License # 5552-3219-7517-00 State WI

Phone Number: (608) 369-3835

List any other State(s) resided in within the last 5 years: _____

License to be used at (Name of Wisconsin Dells Business): Asgard A-let Tap

Have you been convicted of a felony? Yes ___ No X
 Have you been arrested or convicted of any law or ordinance pertaining to alcohol or drugs? Yes ___ No X
 Have you been arrested or convicted of any State, Federal or Local Laws (other than speeding tickets)? Yes ___ No X
 Do you currently have any outstanding citations, parking tickets, and/or utilities owed to the City? Yes X No ___

If you answered yes to any of the above questions, please list information below or on a separate page:

Date	Nature of Offense	County	State
<u>Jan 2020</u>	<u>Parking ticket</u>	<u>Columbia</u>	<u>WI</u>

Under penalty by law, I, the undersigned, state that I am the person named in this application and that I have read and made complete and truthful answers to each question. I agree to comply with all Federal, State and Local Laws, Resolution and Ordinances regarding the sale of alcohol beverages if a license is granted to me. I have read the back of the application and understand the parameters for denial of this license.

Signature of Applicant: Haley Simonsen Date: 08/13/2020

CITY OF WISCONSIN DELLS
RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin:

IT AWARDS the TID 2 Infrastructure Improvements – Phase I – Trout Road and Jones Road Project to _____ for the low bid amount of \$ _____.

Edward E. Wojnicz, Mayor

Attest:

Nancy R. Holzem, City Clerk

Vote: _____ ayes; _____ nays
Date Introduced: September 2, 2020
Date Passed:
Date Published: